Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2023 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.
Answering Multi-Part Narrative Questions
Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments
Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.
- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

1A-1. CoC Name and Number: MA-503 - Cape Cod Islands CoC

1A-2. Collaborative Applicant Name: Barnstable County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Barnstable County

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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  - PHA Crosswalk; and
  - Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	

	In the chart below for the period from May 1, 2022 to April 30, 2023:
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	No
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	No
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	No
5.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	No
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
9.	Law Enforcement	Yes	Yes	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	Yes	No
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	No
17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	No
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	No
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	No
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	No	No	No
29.	State Domestic Violence Coalition	No	No	No
30.	State Sexual Assault Coalition	No	No	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Veteran's Services Provider	Yes	Yes	Yes
35.	Healthcare for the Homeless	Yes	Yes	Yes

1B-2.	**Open Invitation for New Members.**	
	NOFO Section V.B.1.a.(2)	

	Describe in the field below how your CoC:	
	1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
	2.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
	3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1.The Cape & Islands Regional Network on Homelessness Policy Board (PB) recruits members from diverse backgrounds to ensure committees and working groups are representative of the geographic area and regional homeless sub-populations. The PB encourages participation by groups with a stated interest in and/or commitment to preventing and ending homelessness. The CoC engages new members by inviting guests to PB and other CoC meetings and by welcoming the presentation of new initiatives and best practices. PB meeting announcements are emailed to a wide range of organizations, published in the County e-newsletter (circulation 2,000+), and posted on the County website; all meetings are open to the public and comply with open meeting laws. Meeting minutes are posted on the County website. Recipients of COC related information has expanded with inclusion of individuals and agencies involved in the development of the YHDP Coordinated Community Plan.
2.The CoC ensures effective communication with individuals with disabilities by making documents available online in accessible electronic format (such as PDF); by advertising and providing ASL interpreter services with advance notice; and by providing communication formats for those with disabilities, such as the Federal Communications Commission's relay line, Braille, audio, large type, etc. Massachusetts has extended COVID exemptions for open meetings and all COC meetings are held virtually, mitigating barriers for individuals with mobility disadvantages.
3.The COC has included all organizations serving culturally specific communities experiencing homelessness on invitations to participate in systems level planning and decision making, which is reflected in PB membership. The COC has an especially strong connection to agencies serving LGBTQ+, as AIDS Support Group of Cape Cod is a CE access point, and staff from Fenway Health, which specializes in services for trans individuals, was a core member of the YHDP Planning Committee and sits on the Youth Homelessness Committee. The CoC has conducted additional targeted outreach to the two regional tribes, the Mashpee Wampanoag and the Aquinnah Wampanoag on Martha's Vineyard, to encourage participation in the PB and the CoC and to promote submission of project applications in response to the NOFO.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	

		Describe in the field below how your CoC:
	1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
	2.	communicated information during public meetings or other forums your CoC uses to solicit public information;
	3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
	4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1. The Cape & Islands Regional Network on Homelessness Policy Board (PB) membership includes representatives from the YAB, homeless/formerly homeless persons, nonprofit agencies, DV providers, disaster planning/prevention agencies, funders, governments, public housing agencies, school districts, social service providers, medical professionals, mental health agencies, the community college, affordable housing developers, law enforcement, veteran's services, and faith-based groups. The PB recruits from diverse backgrounds to ensure membership is representative of the geographic area and homeless sub-populations and facilitates participation by groups with a stated interest in preventing and ending homelessness. The CoC engages new members by inviting guests to PB and other CoC meetings and by soliciting presentations on new initiatives and best practices from guests and members alike.

2. Announcements of meetings are widely disseminated via email, publication of e-newsletters, and posting to the County webpage. All meetings are open to the public, comply with open meeting laws and held virtually. PB meeting notices and agendas are disseminated at least two business days prior to scheduled meetings. Meeting minutes are emailed to PB members and are posted on the Barnstable County website. All information is available upon request.

3. The CoC ensures effective communication with individuals with disabilities by making documents available online in accessible electronic format (such as PDF); by advertising and providing ASL interpreter services with advance notice; and by providing communication formats for those with disabilities, such as the Federal Communications Commission's relay line, Braille, audio, large type, etc. Massachusetts has extended COVID exemptions for open meetings and all COC meetings are held virtually, mitigating barriers for individuals with mobility disadvantages.

4. The CoC encourages members to participate in webinars sponsored by HUD, USICH, NAEH, and other organizations to promote communitywide sharing of information. The CoC gathers and conveys information to the PB about new approaches and homelessness strategies gleaned from public meetings and forums. System improvements are discussed by the PB and other CoC committees to inform and guide future decision making.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications–the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

1.On 7/24/2023 the Collaborative Applicant posted a Request for Proposals (RFP) on the Barnstable County Department of Human Services (BCDHS) website and the CoC webpage (update published 7/31/23), emailed notices to 371 targeted CoC contacts, published an announcement in the BCDHS's E-Newsletter (2,000+ contacts). The RFP encouraged applications for New Projects from organizations not previously funded and included a Letter of Intent (LOI) for New Project Proposals. The RFP listed project types being accepted; dates, times, and coordinator contact details for Public Information Sessions; and funding sources and amounts available.

2.Public Information Sessions were held on 7/31/2023 for renewal projects and 8/7/23 for new project applicants; written outlines of the processes for submitting applications were provided to attendees and widely disseminated through e-mail. The RFP included a timeline for steps in the application process, including the deadline for application submission in e-snaps. LOIs were requested to determine if proposed new projects met eligibility thresholds; eligible applicants were notified via email to submit applications in e-snaps by the local submission deadline.

3.An explanation of the Scoring, Ranking, and Selection process for new and renewal projects was included in the RFP and in Public Information Sessions. Each new and renewal project application was scored using standardized tools adopted by the CoC and included in the RFP and preliminarily ranked based on total score. Project applications and rankings were reviewed by the Review and Ranking Committee for prioritization. The Committee also considered additional criteria when ranking projects to avoid any critical service gaps, to prevent potential displacement of vulnerable households, and to protect successful existing projects.

4.The CoC ensures effective communication with individuals with disabilities by making documents available online in accessible electronic format (such as PDF); by advertising and providing ASL interpreter services with advance notice; and by providing communication formats for those with disabilities, such as the Federal Communications Commission's relay line, Braille, audio, large type, etc.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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   - Frequently Asked Questions

| | 1C-1. | Coordination with Federal, State, Local, Private, and Other Organizations. | |
| | | NOFO Section V.B.1.b. | |

		In the chart below:
	1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or
	2.	select Nonexistent if the organization does not exist within your CoC's geographic area.

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Nonexistent
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Nonexistent
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Nonexistent
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		

	1C-2.	CoC Consultation with ESG Program Recipients.	
		NOFO Section V.B.1.b.	

		Describe in the field below how your CoC:
	1.	consulted with ESG Program recipients in planning and allocating ESG Program funds;
	2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
	3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
	4.	provided information to Consolidated Plan Jurisdictions to address homelessness within your CoC's geographic area so it could be addressed in the Consolidated Plan update.

(limit 2,500 characters)

1. As of March of 2023, the MA-503 region no longer receives ESG funding for Rapid Rehousing or Homelessness Prevention. Last year, Duffy Health Center and Catholic Social Services, who are both CoC grantees and members of the Regional Network on Homelessness Policy Board (PB), were awarded ESG-CV Round 1 and 2 funds to provide services and resources to address challenges posed by COVID-19 including a testing/isolation/quarantine site, a hotel response for those experiencing unsheltered homelessness due to beds lost to distancing guidelines and a variety of basic needs. For the upcoming winter season, Duffy Health Center and Harbor Homes of Martha's Vineyard have both been awarded ESG funding to establish and operate seasonal winter shelters.
2. While receiving ESG funds, Housing Assistance Corporation (HAC) submitted progress reports to both the MA Executive Office of Housing and Livable Communities (HLC) and the PB. Any monitoring findings were reported to the PB Executive Committee (EC). In the upcoming winter season, Duffy and Harbor Homes will provide performance reports to HLC as well as to the PB Regional Emergency Response Committee.
3. Barnstable County Department of Human Services (BCDHS) is the Collaborative Applicant (CA) and Participating Jurisdiction for the Barnstable County HOME Consortium, and PIT and HIC information, as well as additional details regarding homelessness in the region, are shared directly to inform the Consolidated Plan.
4. The Policy Board Executive Committee (EC) and the Collaborative Applicant ensure that the local homelessness information is communicated and reflected in Consolidated Plan updates. CoC and HOME staff work closely on sharing information and leveraging resources when possible. In addition, the CoC and HOME staff work with the two CDGB entitlement communities in our region, the Towns of Barnstable and Yarmouth, and town representatives participate on the PB, EC and CES Steering Committee.

	1C-3.	Ensuring Families are not Separated.	
		NOFO Section V.B.1.c.	

> Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers.	No

1C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

> Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

> Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

1.The CoC collaborates with school systems from all towns on the Cape, Nantucket and Martha's Vineyard. Education providers participate in work groups, case coordination and advocacy initiatives, including the Youth Homelessness Committee, the Children's Behavioral Health workgroup, the state funded Unaccompanied Homeless Youth and Young Adult (YYA) grant and the Health and Human Services Advisory Council, all led by the Collaborative Applicant. Additionally, a wide range of Youth Education Providers participated in Subject Matter Expert Convenings in development of the YHDP Coordinated Community Plan.

2. The Mass. Executive Office of Housing and Livable Communities (HLC) and Housing Assistance Corporation (HAC), the COC entity responsible for operating family shelters, work with the Mass. Dept. of Early and Secondary Education (DESE) to ensure educational access for homeless YYA including transportation to the school they were attending. When a youth enters shelter, HAC contacts the McKinney-Vento Liaisons (MVL) to identify how to meet their educational needs. DESE also works with the Unaccompanied Homeless YYA providers to coordinate systems level services and resources. A Regional MVL supports all school districts in accessing services and resources for students experiencing homelessness and works directly with DESE on implementation of state-wide services and resources and training to individual districts on effectively engaging students.

3. HAC, the regional family shelter lead, has a formal agreement with Horizons for Homeless Children to provide early educational services. HLC, the state-wide access point for family shelters, has formal agreements with Child Development and Education Inc., L.P. College Inc. and the Community Action Committee of Cape Cod and the Islands to provide child-care and education resources, including child-care vouchers.

4. The COC has formal MOUs in place with Barnstable and Monomoy School Districts and the Cape Cod Collaborative which coordinates special education services in all 15 towns.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section V.B.1.d.	

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The CoC follows the MA Executive Office of Housing and Livable Communities (HLC) policy requiring all Emergency Shelter (ES) and ESG providers to inform families and unaccompanied youth of their educational rights and to ensure collaboration with the local school districts. Massachusetts is the only "right to shelter" state in the country. Right to shelter is a mandate that requires a state or municipality to provide temporary emergency shelter to every man, woman and child who is eligible for services. HLC administers the statewide family shelter system and maintains a centralized by-name list to place families from all over the Commonwealth into shelters based on household eligibility and availability of units. Families are assigned to available beds regardless of where they are in the state. Consequently, families might be placed into Family Shelters that are not in their hometowns or even in the same county where they had been living.

When a family with children who are (1) in primary and/or secondary school, or (2) at least two years of age and receiving or in need of early intervention, is placed in ES in the CoC region, the McKinney-Vento Liaisons (MVL) work with the family to coordinate the children's academic needs. They also work with providers to ensure that children are enrolled in schools and connected to appropriate services such as counseling, after school programs, and Head Start. The regional MVL, who coordinates with all school districts in the region, is a member of the Regional Network on Homelessness Policy Board and disseminates information to the districts during monthly School Counselor and regional planning meetings. Travel services are also ensured for every child as schools are required to provide transportation for up to 50 miles to keep children within the same school district. MVLs collaborate with the Department of Children and Families and Dept. of Early and Secondary Education to support family services plans and work directly with unaccompanied youth to refer them to the appropriate services. MVL and ES staff work closely with DV shelter staff to provide educational services to and ensure the safety of children in households fleeing domestic violence.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	No
2.	Child Care and Development Fund	No	Yes
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	Yes	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	Yes	No
7.	Healthy Start	No	No
8.	Public Pre-K	Yes	No
9.	Tribal Home Visiting Program	No	No

	Other (limit 150 characters)		
10.			

	1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Collaboration with Federally Funded Programs and Victim Service Providers.
		NOFO Section V.B.1.e.

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

	1C-5a.	Collaboration with Federally Funded Programs and Victim Service Providers to Address Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
		NOFO Section V.B.1.e.	

	Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:
1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1.The COVID pandemic had a profound effect on the updating of CoC policies regarding services for DV victims. Regular collaboration with Independence House (IH), the regional Victim Service Provider (VSP), has triggered discussions about tele-advocacy programs accessible to survivors with disabilities that ensure victim safety and privacy. Hotlines, tech-based tools like online chat, text messaging, and video calls can also provide services to survivors. Front-line health workers should be trained to spot the signs of intimate partner violence. Collaborating with service providers to address mental health and substance abuse issues and to focus more on preventing acts of DV is another policy topic. Recognizing the disparate impact of DV on members of the BIPOC, LGBTQ+, and disability communities, the CoC will work with IH to increase public awareness of resources, so that family, friends, and neighbors may be better able to connect those affected by domestic violence with resources, such as shelters, treatment intervention programs and therapeutic professionals. IH also encourages abuse survivors to develop a safety plan and tell someone about their situation. Public outreach is key in educating DV victims about after-hours resources, such as 24/7 on-call judges for restraining orders.

2. To ensure that all DV services in the CoC region are trauma-informed and client driven, the CoC conducts annual DV training for CoC grantees and non-CoC funded agencies that promotes best practices in trauma-informed, client-centered assessing, triaging, and assisting DV victims to find housing and to be connected with support services that meet their needs. IH provides system-wide training through a series of instructional modules that cover assessing DV victims utilizing a trauma-informed, client-centered approach. Seminar topics include an overview of DV services offered in the region, the use of a harm reduction approach to identify those fleeing DV and/or DV survivors, sensitivity and cultural competency in working with DV survivors, increasing project staff's understanding of the dynamics involved in DV such as power/control, financial instability, trauma, confidentiality, racial inequity in the DV system, short- and long-term safety planning and harm reduction approaches that do not further traumatize survivors. The trainings are open to all staff from CoC and non-CoC funded programs, as well as staff from any other interested collaborative partners.

	1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
		NOFO Section V.B.1.e.	

		Describe in the field below how your CoC coordinates to provide training for:
	1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
	2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,500 characters)

1.Under the direction of the CoC Program Manager, the CoC conducts annual DV training for CoC grantees and non-CoC funded agencies that promotes best practices (trauma-informed, client-centered) for assessing and triaging DV survivors with severe needs, including safety and planning protocols. The most recent training was held February 22, 2023. Homeless outreach workers from Duffy Health Center, Housing Assistance Corporation, Vinfen, and Homeless Prevention Council are uniquely positioned to make contact with and provide assessment services to victims of DV who are currently unsheltered and homeless due to fleeing domestic violence, to assist such clients in accessing housing placements and support services through CES, and to refer victims to Independence House (IH), the local Victim Service Provider and a CoC grantee, if they prefer.

2. Partnering with IH, the CES Committee incorporates annual system-wide training through a series of instructional modules that train community outreach and CES intake workers to assess DV victims utilizing a trauma-informed, client-centered approach. Seminar topics include an overview of DV services offered in the region, the use of a harm reduction approach to identify those fleeing DV and/or DV survivors, sensitivity and cultural competency in working with DV survivors, increasing project staff's understanding of the dynamics involved in DV such as power/control, financial instability, trauma, confidentiality, racial inequity in the DV system, short- and long-term safety planning and harm reduction approaches that do not further traumatize survivors. The trainings are open to all CES staff from CoC and non-CoC funded programs, as well as staff from any other interested collaborative partners.

| | 1C-5c. | Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. | |
| | | NOFO Section V.B.1.e. | |

	Describe in the field below how your CoC's coordinated entry includes:
1.	safety planning protocols; and
2.	confidentiality protocols.

(limit 2,500 characters)

1.Utilizing the No Wrong Door approach, the CoC's CES has 14 regional access points, one of which is Independence House (IH), a Victim Service Provider and CoC grantee. Persons who are fleeing domestic violence may access CES at any access point and be assessed on site or referred directly to IH. IH has adopted the Safe Housing Partnership's Decision Tree as its CE assessment tool for referrals into IH. The Decision Tree is a brief and easy to use scoring tool that facilitates conversations about housing stability and safety and enables assessment of each person's situation and needs. A conversation focused specifically on housing needs covers the following topics: (i) Safety concerns as they relate to housing; (ii) How stably or unstably housed the person has been in the last 6-12 months; and (iii) What issues could prevent them from accessing/maintaining safe and stable housing now and into the future. CES has adopted HUD's Safety Planning model and has specific written policies and procedures to address the needs of persons who are fleeing DV but who are seeking shelter or services from non-DV service providers. Through CES, DV clients are offered equal access to all available housing options and supportive services, and decisions regarding location and type of housing and level and type of services are entirely client- driven.
2.CES policies ensure that DV victims have safe and confidential access to the CE process and immediate access to emergency services such as DV hotlines and shelter. IH maintains an HMIS-comparable database and only shares de-identified, aggregated data with the CoC. Because IH does not have a stand-alone CES and because the CoC must collect CE data elements (assessments and events), a CE protocol for referrals of DV survivors to TH or PH projects has been developed. IH provides CES with randomly generated unique client IDs (no PII) and assessment dates only. No PII is ever shared. CES is able to collect the appropriate data elements to complete mandatory HUD reports while maintaining complete client safety, security, and confidentiality. The CoC employs a Housing First approach for DV survivors. Intake does not screen applicants out due to employment, income, drug or alcohol use, criminal history, or other factors. Within CES, client information is not shared, client data is de-identified, and all matters related to DV clients, including emergency shelter location, are confidential.

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

	Describe in the field below:
	1.	the de-identified aggregate data source(s) your CoC used for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and
	2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.

(limit 2,500 characters)

1. Independence House (IH) is the only Victim Service Provider in the region. IH uses a comparable database to collect data regarding the DV survivors whom they serve. IH is a CoC grantee with a Joint TH-PH/RRH project, Empowered Survivors. The project started operations at the end of 2022, and although they are not yet at 100% capacity, they have been making progress in enrolling participants. According to the CoC reporting timetable, aggregated data are scheduled to be shared on a quarterly basis, beginning with the 3rd quarter of 2023 and in time for all required reporting to HUD. IH provides Emergency Shelter data for the annual PIT Count and other aggregated datasets for various regional ad hoc analyses. In such datasets, individuals are assigned proxy unique identifiers in lieu of personally identifying information to avoid over-counting and duplication. The CoC has used the de-identified data to quantify the need for more secure housing options, including more Individual and Family ES beds. Although there are no DV Emergency Shelter beds in Dukes or Nantucket Counties, DV providers on both islands share information with the CoC on numbers of hotline calls and types of services requested and accessed. The local Community Health Needs Assessment, local law enforcement, regional organizations, and national DV advisory groups serve as additional sources for DV data.

2.The CoC uses de-identified aggregate data from the PIT (and soon our first quarterly report from IH's comparable Awards VSP database) to assess the scope of community needs related to domestic violence. Awards will collect and store CoC client information pertaining to DV emergency shelter, rapid rehousing, and transitional housing, statistics that will be used to document the need for more secure housing options, including more Individual and Family ES beds. Going forward, the CoC plans to use the regional deidentified aggregate data from Awards to assess the types of victimizations, physical limitations/disabilities, general age groups, race, gender, educational levels, employment barriers, and other client experiences. Through examination of these data categories, the CoC plans to identify service gaps, to tailor specialized services to those survivors who are homeless due to fleeing DV, to improve availability and delivery of those specialized services, and to work toward a more efficient pathway to safe and stable permanent housing.

1C-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:
1.	whether your CoC has policies and procedures that include an emergency transfer plan;
2.	the process for individuals and families to request an emergency transfer; and
3.	the process your CoC uses to respond to individuals' and families' emergency transfer requests.

(limit 2,500 characters)

1.The CoC has adopted HUD's Safety Planning model, including specific written policies and procedures regarding emergency transfer plans. Annual CoC grantee monitoring includes examination of grantee transfer plan policies to ensure that they are updated as needed. Regional projects funded through the HOME program adhere to the MA Executive Office of Housing and Livable Communities Emergency Transfer Plan.

2.All regional program participants are advised that they may request a confidential emergency transfer if they (1) are subject to ongoing violence or threats of violence, (2) expressly request the emergency transfer, and (3) believe that they are threatened with imminent harm if they remain in their current housing situation, or if they were a victim or sexual assault within 3 months prior to the transfer request. CoC partners incorporate protocols for emergency transfers into the individual agencies' policies and procedures. If the housing provider requests documentation of DV, the client may submit Form HUD-5382, or any one of the other types of documentation listed on that form.

3.Emergency transfers may involve moving to a different unit within the same complex or moving to a completely different location. Grantees may use grant funds to facilitate such transfers, and location choices must consider the client's needs and wants. Providers must continue to offer supportive services and assist the client with all aspects of moving. The CoC plans to devote future discussion time to a number of DV protocols, with the intention of making them region-wide practices: the HUD Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking; the Emergency Transfer Request for Certain Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking; the HUD Notice of Occupancy Rights under the Violence Against Women Act; and The National Network to End Domestic Violence Basics of the Voluntary Services Approach.

1C-5f.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.		
	NOFO Section V.B.1.e.		

	Describe in the field below how your CoC:	
	1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and
	2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.

(limit 2,500 characters)

1.The CoC's CES offers DV survivors equal access to all available housing and service options. Decisions regarding location, type of housing, and services are entirely client driven. CES policies ensure that people fleeing DV have safe and confidential access to the CE process and immediate access to emergency services. The CoC's CES follows the No Wrong Door approach. In the past year, the CoC has added 3 new Access Points, for a total of 14 regional access points. Independence House (IH) is a Victim Service Provider, a CoC grantee, and a CE Access Point. Individuals and families who are fleeing domestic violence may access CES at any access point and be assessed on site or referred directly to IH. IH has selected the Safe Housing Partnership's Decision Tree for their CE assessment tool. IH conducts assessments in strict confidentiality. Because IH does not have its own stand-alone CES, in order to enable CE events to be recorded and CE referrals made (for inclusion in the CE APR), IH issues de-identified alphanumeric aliases for each client assessment. The only information shared with the CoC HMIS is the alias, the date of event, and the event type (assessment or referral). No PII is ever transmitted or recorded in HMIS.
2.The remaining Access Points use the MA-503 CES Assessments, which include discrete DV evaluation sections. Assessors are trained in trauma-informed interviewing techniques with heightened sensitivity to the vulnerabilities of trauma survivors to help restore their feelings of safety, choice, and control. CES has adopted HUD's Safety Planning model and has specific written policies and procedures to address the needs of persons who are fleeing DV but who are seeking shelter or services from non-DV service providers. The CoC employs a Housing First approach for DV survivors. Intake does not screen applicants out due to employment, income, drug or alcohol use, criminal history, or other factors. Within CES, DV client information is not shared, client data is de-identified, and all matters related to DV clients, including emergency shelter location, are confidential.

	1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
		NOFO Section V.B.1.e.	

		Describe in the field below how your CoC:
	1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and
	2.	accounted for the unique and complex needs of survivors.

(limit 2,500 characters)

1.Independence House (IH), the region's only Victim Service Provider, engages survivors in policy and program development in 3 ways: (1) Continuous program evaluation through Questionnaires; (2) Advisory groups which focus on policies and practices from a survivor lens; (3) Ad hoc focus groups. Survivors provide input and offer constructive feedback to address concerns, policies, or decisions made by IH that affect the region, aiming to inform service improvement and delivery. As a CoC grantee and a member of the Regional Network on Homelessness Policy Board, IH has developed programmatic guidance for DV projects and contributes to the development of regional policies regarding availability of services to DV survivors.

2.IH provides leadership for the CoC's response to the unique needs of DV survivors using a progressive engagement model: outreach, intake, assessment, individualized goal plans, housing search, placement support, case management, housing stabilization, financial education, and landlord relationships. Black adult and youth survivors are centered in outreach efforts. Staff work with survivors to overcome obstacles to independence and to identify strengths and support systems. Individualized stability plans are developed which include shared agreements between the survivor, IH, and landlords. IH offers regular CoC-wide trauma-informed trainings and policy guidance about VAWA emergency transfer plans (e.g., assistance with articulating and documenting requests for transfers). IH helps survivors to find housing and supports survivors with relevant tailored safety plans. The Community Action Committee of the Cape & Islands (CACCI) operates Safe Harbor (SH), an emergency shelter for women and their children who are fleeing domestic violence. With a case manager, each family develops a Family Life Plan: referrals are made, service provider appointments are set, progress is discussed, and weekly meetings assist survivors to overcome obstacles that may have prevented them from being self-sufficient. Families are helped to find safe, affordable housing with Stabilization Services for 1 year, including connections to local resources. The Children's Center Play Space is a supervised program for children of SH residents and offers two-hour play sessions 3-4 times a week. Play sessions run concurrently with educational workshops for mothers. When Play Space is not in operation, mothers may take their children to playgrounds on site.

| 1C-6. | Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--Anti-Discrimination Policy and Training. | |
| | NOFO Section V.B.1.f. | |

	1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
	3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy–Updating Policies–Assisting Providers–Evaluating Compliance–Addressing Noncompliance.	
	NOFO Section V.B.1.f.	

	Describe in the field below:	
1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1. The CoC and its partner agencies collaborate with Fenway Health which advocates for and delivers innovative, equitable, accessible health care, supportive services, and transformative education centering LGBTQIA+ people, BIPOC individuals, and other underserved communities. The partnership includes collaboration with Fenway on ensuring services and resources are accessible and free from discrimination; training for direct care workers on the resources available for those who identify as LGBTQIA+ and best practices in engagement; and advocacy for expanded services targeting these populations. The Homeless Prevention Council and AIDS Support Group of Cape Cod provide targeted outreach to individuals who identify as LGBTQIA+. Both agencies utilize meeting locations that ensure privacy and safety and are CE access points. All regional agencies that provide LGBTQIA+ services are participants in various COC workgroups that review and update policies and procedures as needed.
2. All CoC funded programs, shelters, and CE access points operate in accordance with HUD's 2016 Equal Access Rule, which informed the CoC-wide anti-discrimination policy. Any updates to federal, state or local statutes are disseminated to CoC funded agencies to adjust internal policies and procedures. Additionally, feedback from key stakeholders, including the Youth Action Board (YAB), Consumer Advisor Boards and program participants is used as a guide for assessing whether regional or agency specific Policies and Procedures should be updated.
3. The CoC reviews agency Policies and Procedures, including those on anti-discrimination, during annual monitoring visits.
4. Violations of the CoC-wide or agency specific anti-discrimination policies will first be brought to the attention of the service agency directly through written notice. If the matter is not resolved within a reasonable time frame, it would be noted in the annual monitoring tool and could result in reduced review and ranking scoring during the CoC competition. All individuals in CoC funded programs, including CE, are provided with information on anti-discrimination policies and are able to report violations to the Barnstable County Dept. of Human Services as the Collaborative Applicant and regional homelessness coordinator, the CE Steering Committee, the Barnstable County Human Rights Advisory Commission and/or the Massachusetts Commission Against Discrimination.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section V.B.1.g.	

	You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.
	Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Falmouth Housing Authority	40%	Yes-Both	No
Sandwich Housing Authority	80%	Yes-HCV	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.B.1.g.	

	Describe in the field below:
1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference–if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,500 characters)

1.Falmouth Housing Authority's (FHA) Admissions and Continued Occupancy Plan (ACOP) establishes preferences for applicants who have been involuntarily displaced, are living in sub-standard housing, or are homeless according to the Federal Definition of Homelessness (Title 42, Chapter 119, Subchapter I, of the US Code). In the 2018 NOFO competition, funding for Barnstable Housing Authority's (BHA) Housing First project was cut in half, and BHA decided not to renew its contract at the reduced funding level for the upcoming year. The CoC had only three months to find new vouchers for 24 individuals who entered the project from homelessness and who were about to be displaced. The CoC collaborated with FHA to utilize their ACOP-stated displaced/homeless preference to transfer most of those formerly homeless individuals to FHA Housing Choice Vouchers and to maintain their residences without disruption. FHA has also been a COC grantee, administering the Cape Regional Housing Initiative (CRHI) project for several years. CRHI proved to be financially unsustainable, and FHA decided not to submit a renewal application in FY2021. Because of their ACOP displaced/homeless preference, FHA was able to transfer all involuntarily displaced formerly homeless program participants to other vouchers and avoid residential disruption. FHA has also been in partnership with the COC on Fostering Youth to Independence (FYI) vouchers, prior to the program being centralized at the Executive Office of Housing and Livable Communities (HLC). The Sandwich Housing Authority (SHA) has established homeless admissions preferences based on local housing needs and priorities, consistent with SHA's Agency Plan and the Consolidated Plan that covers the jurisdiction. These preferences include applicants who are homeless, live in sub-standard housing, are involuntarily displaced, are rent burdened, or have the singles preference detailed in the MA HLC Administrative Plan. Discussions with the COC have included the possibility of making Housing Choice Vouchers available for use in a Moving On process for COC PSH participants.
2.Not applicable.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored–For Information Only	

	Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:	

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	No
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section V.B.1.g.	
	In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:	

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	No
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	No
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	No
8.	Other Units from PHAs:	

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section V.B.1.g.	

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Fostering Youth to Independence Vouchers

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section V.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes

1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored–For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	

PHA
Massachusetts Exe...

1C-7e.1. List of PHAs with MOUs

Name of PHA: Massachusetts Executive Office of Housing and
Livable Communities

1D. Coordination and Engagement Cont'd

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
   - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
   - Section 3 Resources;
   - PHA Crosswalk; and
   - Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1D-2.	Housing First–Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	10
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition that have adopted the Housing First approach.	10
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

		Describe in the field below:
	1.	how your CoC evaluates every project–where the applicant checks Housing First on their project application–to determine if they are using a Housing First approach;
	2.	the list of factors and performance indicators your CoC uses during its evaluation; and
	3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1. The CoC requires that every CoC-funded project adhere to Housing First and to prioritize persons with the longest time homeless, the highest level of service needs, the highest assessment score, and serious disabilities and/or substance use disorders. All projects must remove barriers to entering and remaining in the project. Only new project applications that guarantee the HF approach will be allowed. The CoC examines provider policies to ensure that participants are provided with housing choices and access to voluntary supportive services that focus on participants' preferences and goals.
2. New and renewal applications are scored on project adherence to the HF model. Projects are awarded points for NOT excluding clients from project entry for the following: history of victimization/abuse, criminal history, low or no income, current or past substance use, disability, sexual orientation/gender identity, race/ethnicity, or resistance to receiving services. The CoC specifically examines applications and awards points to project applicants who do not deny clients entry into their projects for having little or no income, for active or history of substance use, for a criminal record (excluding state-mandated restrictions, and for being victims of sexual abuse or domestic violence. The CoC also awards points to applicants who prevent participant program termination for lack of participation in support services, failure to make progress in service plan, loss of income or failure to improve income, and any other activity not covered in a typical lease.
3. Outside the NOFO, annually the CoC monitors grantees to ensure that projects do not impose entrance requirements, that they do not require participation in services, that they do not terminate clients for substance use, and that they do not evict clients for non-payment of rent without intervention. Grantees must supply the CoC with copies of all intake forms to ensure that the HF approach is followed. The CoC awards points during the yearly Site Visit to Grantees that offer annual updates to ISPs to accommodate participants' changing service needs. While the CoC recommends that agencies encourage program participants to engage in supportive services, clients are never required to participate in such services. The CoC has developed a Housing First survey to be circulated among regional service providers to determine the level of adherence to the Housing First model among all programs in the CoC area.

1D-3.	Street Outreach–Scope.	
	NOFO Section V.B.1.j.	

		Describe in the field below:
	1.	your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
	2.	whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;
	3.	how often your CoC conducts street outreach; and
	4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

1. CoC outreach includes staff from Duffy Health Center, Vinfen (this agency specializing in working with those diagnosed with severe and persistent mental health conditions), Housing Assistance Corporation (inlcuding bi-lingual staff), Homeless Prevention Council, MA Dept of Mental Health, MI5, Nantucket Interfaith Council, the ACK (Nantucket) Homelessness Team/Warming Place, Harbor Homes of Martha's Vineyard and Martha's Vineyard Community Services. The Barnstable and Dennis PDs' Community Impact Units (CIU) hold weekly Street Outreach Team meetings to identify and coordinate engagement with those in need of services. Every town Police Dept. in the region have received Community Crisis Intervention Training (CCIT) and participate in monthly CCIT meetings designed to identify residents in need of services and collaborate on meeting their needs. The Barnstable PD has worked directly with the COC to determine whether homeless individuals are enrolled in HMIS and have been assessed for Coordinated Entry. The Emergency Planning Committee holds monthly multiagency meetings to address the needs of unsheltered homeless in crisis year-round and ensure they are offered shelter during bad weather.

2. CoC outreach teams cover 100% of the CoC's geographic area.

3. Team Members conduct outreach at least weekly, and usually daily, and share information to target homeless persons in specific locations. In order to meet the needs of all persons accessing services, outreach teams have developed strategies to connect with and engage homeless persons through phone calls, text messaging, and virtual meetings, as well as face-to-face encounters based on stated preferences and needs related to special accommodations.

4. All street outreach providers and police departments across the region share information in regularly scheduled meetings to focus on known gathering locations (such as encampments, the Transportation Center, etc.) and continue to make attempts to engage those persons that have chosen not to access services and housing. Outreach workers make telephone and internet services available, provide transportation, and use ASL and translator services as needed. The Executive Committee and the Coordinated Entry System Committee are all part of the collaborative effort to address the needs of challenging populations.

| 1D-4. | Strategies to Prevent Criminalization of Homelessness. | |
| | NOFO Section V.B.1.k. | |

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

	Your CoC's Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	No
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	Yes	No

5.	Other:(limit 500 characters)		

| 1D-5. | | Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS. | |
| | | NOFO Section V.B.1.l. | |

			HIC Longitudinal HMIS Data	2022	2023
		Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	26	28

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.B.1.m	

	Describe in the field below how your CoC:	
1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, SSDI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1. The COC Policy Board, Health and Human Services Advisory Council, Youth Homelessness Committee, Youth Action Board and Coordinated Entry System meeting agendas are structured to provide presentations and networking to keep participants up to date on mainstream resources. Agencies representing the entire geographic area attend these meetings. CoC leadership includes the Department of Transitional Assistance (SNAP and TANF) and the Barnstable County Dept. of Human Services (BCDHS), the Collaborative Applicant, chairs the Regional Substance Use Council (RSAC) and maintains a robust on-line service directory. County staff provide information on substance use disorders (SUD), effective methods of accessing SUD treatment, recovery, and harm reduction services, including medication assisted treatment and needle exchange.

2. Duffy Health Center (Healthcare for the Homeless provider) and Cape Cod Healthcare (the largest provider of medical and behavioral care in the region) are members of the Policy Board, Human Services Advisory Committee and YYA Homelessness Committee and collaborate with all COC partner agencies. Staff from homelessness serving agencies participate in monthly homelessness Winter Response/Emergency planning meetings to coordinate medical and behavioral health care. Additionally, access to inpatient substance use treatment is facilitated by outreach staff and Cape Cod Healthcare Navigators. Duffy offers substance use services to all patients, including medication assisted treatment and an Alternative Peer Group program staffed by those with lived experience.

3. Duffy staff members are trained in SOAR and utilize resources provided by the state to assist those experiencing housing instability to apply for SSI/SSDI. All COC funded projects have staff who assist participants to apply for all mainstream resources. Cape Cod Healthcare Navigators engage those in shelter, meal programs and in the ER to provide assistance with applying for health insurance and other mainstream benefits. BCDHS administers the Serving the Health Insurance Needs of Everyone (SHINE) program for Medicare beneficiaries and their families to guide them through the system and identify the insurance products that will best meet their needs. COC providers work with veteran organizations, community health centers, senior centers, and local hospitals to assist homeless households apply for VA Benefits, MassHealth/Medicaid and Medicare.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section V.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

Due to the seasonal, tourism-based economy on Cape Cod and the Islands, the Regional Network on Homelessness has relied on a motel/hotel Winter Weather/Emergency response utilizing resources available during the offseason. Additionally, Duffy Health Center provides year-round Medical Respite for those who are discharged from the hospital, but do not have a safe location to go upon leaving a healthcare facility and has been awarded funding for a pilot to expand medical respite resources. Prior to the pandemic, resources were targeted to those with severe medical and behavioral health needs which limited their access to the one regional individual shelter. The existing infrastructure allowed the CoC and its partners to quickly respond to shelter beds lost to distancing guidelines and the isolation/quarantine needs of the community due to COVID-19 and expand use of motels/hotels. CoC partners on both Martha's Vineyard and Nantucket also received funding to stand up Emergency/Winter response resources not previously offered, which have received additional funding streams due to the unstable housing availability revealed during the pandemic. The CoC utilizes data collected, including the changes in the sheltered vs. unsheltered populations counted during the PIT year over year, as the basis for advocacy for expanded funding to shelters to continue provision of non-congregate housing resources. Local data informed the sheltering, outreach and winter/emergency response proposals submitted by CoC partners to the Executive Office of Housing and Livable Communities (HLC) for the Individual Shelter RFP, and funding was increased across the Commonwealth for expanded sheltering services and resources, including daytime supports. Based on the successful local response to the pandemic, planning for another public health emergency includes replacement of "overflow" beds connected to the shelter and isolation/quarantine programs would be resumed. The CoC has partnered with all members of the state legislative delegation who signed a letter of support to advocate for both the state-wide funding increases and the specific non-congregate sheltering needs of the MA-503 region. The county is also currently engaged in public information gathering on use of HOME-ARP funding, including expansion of non-congregate shelter resources.

ID-8.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases.		
	NOFO Section V.B.1.o.		

	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and
2.	prevent infectious disease outbreaks among people experiencing homelessness.

(limit 2,500 characters)

1. The Regional Network on Homelessness has added the following prioritization update to its Coordinated Entry Policies and Procedures: "In the event of an emergency declaration, the Cape and Islands CoC/CES will consider guidance and waivers of regulations promulgated by the U.S. Department of Housing and Urban Development, its state designee or local emergency management entity, in modifying CES Policies and Procedures." This policy change will allow the CoC and its partner agencies to modify services and resources for future infectious disease outbreaks based on guidance from health experts including the CDC, the Massachusetts Health Department and/or the Barnstable County Dept. Of Health and Environment (the regional lead for pandemic response).

2. Many of the efforts that successfully mitigated the impact of COVID-19 on those experiencing housing instability have been used to inform future practice. For instance, Duffy Health Center, the County Dept. of Health and fire department EMTs from across the region provided on-site COVID-19 and flu vaccination services to all individual and family shelters in the region and all transitional housing programs. Bringing preventative treatment options directly to those experiencing homelessness resulted in approximately 70% of guests/residents and program staff receiving both doses of the vaccine and boosters within the first four months of availability. Based on advocacy from homelessness services providers, guests/residents and staff at these programs were placed in the highest priority category when vaccines were first made available. Additionally, vaccine clinics were held multiple times per week for drop ins throughout the pandemic surges. The CoC partners and public health entities will provide similar services, if needed, during any future infectious disease outbreaks. Preventative treatment, including flu shots and COVID boosters, continue to be offered at multiple locations throughout the region, and the CoC partner agencies work directly with Duffy, Cape Cod Healthcare, the Community Health Centers of Cape Cod, Harbor Community Health Center, Outer Cape Health (Policy Board member), Martha's Vineyard Hospital and Nantucket Cottage Hospital on any preventative health services depending on which sub-region of the Cape or islands they are located.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC:
1.	shared information related to public health measures and homelessness, and
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.

(limit 2,500 characters)

1. The CoC Emergency Planning/Winter Response committee met weekly during the active stages of the pandemic and currently meets monthly, to disseminate public health information and ensure access to needed services and resources for those experiencing homelessness and housing instability. A representative from the County Dept. Of Public Health, the Medical Director for Duffy Health Center, Visiting Nursing agencies, RNs who staffed the vaccination sites and other medical professionals attend the planning meetings to provide up to date information on public health measures and coordinate medical response for those experiencing sheltered and unsheltered homelessness in response to federal, state and/or local guidance.
2. The CoC and its partners, including representatives from both islands, have strong collaborative relationships with healthcare providers and public health agencies throughout the region. Representatives from three healthcare agencies and a representative from the County Dept. Of Public Health sit on the Regional Network on Homelessness Policy Board and are available to communicate directly with the Individual and Family Shelter staff, transitional housing programs, outreach teams and other entities that provide resources to those experiencing housing instability (I.e. soup kitchens, seasonal shelters, faith-based organizations) to provide guidance on limiting infectious disease outbreaks. Through its connection to the CoC partners, the County Dept. of Public Health has also continued to provid resources to outreach teams, shelters and housing programs to reduce exposure including masks and other PPE, gloves, test kits, sanitizer and cleaning supplies. They also coordinated vaccination clinics at the shelters as well as a mobile vaccine clinic for those who were unsheltered. Similar services will be offered in the event of future infectious disease emergencies.

1D-9.	Centralized or Coordinated Entry System--Assessment Process.	
	NOFO Section V.B.1.p.	

		Describe in the field below how your CoC's coordinated entry system:
	1.	covers 100 percent of your CoC's geographic area;
	2.	uses a standardized assessment process; and
	3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

1.The CoC's CE System utilizes a No Wrong Door approach and covers the CoC's entire geographic area (Barnstable, Dukes, and Nantucket Counties) through 14 access points. Information on CES is posted and updated on the Barnstable County Department of Human Services website and in its monthly e-newsletter that reaches over 1500 regional health and human service organizations (2000+ individual recipients). For those with limited English proficiency, interpreters and/or translation services are available.
2.CES has previously used the three SPDAT assessment tools (adult, youth, families) but is in the process of implementing 2 new assessment tools (adults and youth) based on the Matching to Appropriate Placement (MAP), with customization to address local priorities. The impetus for designing new assessment tools was the desire to reduce and/or eliminate disparities in access to housing and services for BIPOC, youth, members of the LGBTQ community, and other marginalized groups. Clients may be assessed in person, via telephone, or virtually. No preference is given to clients based on modality of interview. Assessment results can be reconsidered following additional engagement or if the case conferencing committee agrees that the score is not an accurate reflection of a person's level of service needs.
3.CES Policies and Procedures are reviewed regularly by the CES Steering Committee, who consider recommendations from participating projects and forward updates to the Regional Network on Homelessness Policy Board's Executive Committee as necessary. For example, the COVID pandemic made certain categories of homeless persons (e.g., 60 and older) more vulnerable to the ravages of homelessness. In 2021, the CES Policies and Procedures were updated to include the ability to modify prioritization in the event of an emergency declaration by HUD, its state designee, or local emergency management entity. The Policies and Procedures have recently been updated to include references to the new assessment tools, which were developed utilizing input from the Cape and Islands Youth Action Board (YAB) and from Street Outreach staff serving as beta testers, who gathered suggestions from clients that were considered in the assessment development. At the recommendation of Independence House, the region's largest Victim Service Provider and a new CoC grantee, the CoC CES has adopted the Safe Housing Partnership Decision Tree Assessment for persons fleeing domestic violence.

| | 1D-9a. | Program Participant-Centered Approach to Centralized or Coordinated Entry. | |
| | | NOFO Section V.B.1.p. | |

		Describe in the field below how your CoC's coordinated entry system:
	1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
	2.	prioritizes people most in need of assistance;
	3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and
	4.	takes steps to reduce burdens on people using coordinated entry.

(limit 2,500 characters)

1.Seven regional agencies support street outreach staff trained to administer assessments to those least likely to apply for homeless assistance. Access to CE is offered at venues such as churches, meal programs, health centers, senior centers, libraries, bus station, and government offices. CES information is available at the Family Resource Center, a centralized Information and referral hub for children's services. Independence House, a Victim Service Provider, is an access point specializing in trauma informed assessments.

2.The CoC's CES Policies & Procedures (P&P) incorporate priorities from CPD-16-11. CES referrals to PH are based on total score from the vulnerability assessment, qualification as chronically homeless, length of time homeless, and severity of service needs. In 2021 the CES P&P were updated to authorize modifying prioritization in the event of an emergency declaration by HUD, its state designee, or local emergency management entity. Currently CE recognizes those over age 60 as a population in special need of assistance due to the additional vulnerability imposed by COVID. Thus, age is another consideration the CoC recognizes when identifying those in most need of assistance. CES also prioritizes veterans when two households (one veteran) have a tie score on their assessments.

3.When slots open in PH projects, the CE coordinator sends housing providers at least five referrals drawn from the top of the by name list. Case Managers are notified that their clients have been referred for a voucher and are expected to execute a "warm handoff" by providing the housing agency with necessary documentation to streamline the process. Housing agencies assist clients in locating appropriate units, and clients may accept or reject vouchers offered to them based on their housing preference, with no adverse effect to their entitlement to services or their place on the by-name list if they reject the voucher. If the client accepts the voucher, s/he has choice in housing type and location.

4.Clients may complete CES assessments in person, via telephone, or virtually. Clients may be assessed as agency walk-ins or may schedule appointments for agency staff to come to them. Because of the No Wrong Door Approach, clients may select any of the 14 Access Points at which to complete an assessment. Translation services are available for non-English speakers, and accommodations are available in CE for those with disabilities.

	1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry–Reporting Violations.	
		NOFO Section V.B.1.p.	

		Describe in the field below how your CoC through its centralized or coordinated entry:
	1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;
	2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and
	3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

(limit 2,500 characters)

1.The CoC affirmatively markets CES in several ways. The CoC's CES flyer is posted on the CoC's webpage, with embedded links to Access Points websites. The HMIS Program Manager's name, email, and phone number appear at the bottom of the flyer. Outreach workers bring CES access to unsheltered persons as part of their regular services. Each participating agency is required to publicly post a CE notice in waiting areas and other areas where participants may congregate. Agencies must advise clients that (1) CES access, assessment, prioritization, and referral are available to all without regard race, color, national origin, religion, sex, age, familial status, or disability, and (2) all subpopulations, including chronically homeless persons, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process.

2.CES clients are informed that they may refuse to answer questions or refuse a referral, neither of which adversely affects access to services or place on the prioritization list. (Exceptions exist for documentation of a participant's disability as a condition of eligibility, and participants who do not provide this information might be limiting potential referral options). Participating agencies must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws (Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI, Title II of the Americans with Disabilities Act, HUD's Equal Access Rule). The CoC's CES Policies and Procedures provides guidelines for agencies to inform participants of their civil rights.

3.All participants in CES are notified by the participating agency of their right to file a grievance if they feel their civil rights have been violated. Grievances may be handled by the agency at whom the grievance is directed following the agency's appeal process. Or individuals may submit a verbal or written grievance within 30 calendar days of the event at any participating agency or directly to the CES Coordinator. If the complaint is not resolved to the individual's satisfaction, the complainant may request that the matter be forwarded to the CES Steering Committee for review. Matters that impede fair housing choice and that cannot be resolved within the outlined scope of the CES process are elevated to Barnstable County Administration, the certifying entity for consistency with the Consolidated Plan, for resolution.

1D-10.	Advancing Racial Equity in Homelessness–Conducting Assessment.	
	NOFO Section V.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	09/18/2023

1D-10a.	Process for Analyzing Racial Disparities–Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.B.1.q.	

Describe in the field below:

1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and	
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.	

(limit 2,500 characters)

1.The CoC assesses its homeless assistance system every year utilizing the MA-503 HMIS Racial Equity Analysis Tool to identify racial disparities in services and outcomes. Black persons exhibit the largest difference between their % of the regional population and % of persons in the CoC/HMIS homelessness system. During the period 7/1/22-6/30/23, the CoC looked for racial disparities by examining HMIS data for rates of access to services, utilization of services, and outcomes. Access and utilization were calculated as the % of Black persons enrolled in each CoC-funded project in HMIS. Outcomes were based on length of time in Permanent Housing and exit destination. Coordinated Entry data were also examined for the rate at which Black persons were assessed and referred to CoC-funded housing and the rate of successful referral results. Because statistics among other racial groups and Hispanic persons closely aligned with their % of the population, most attention was focused on Black and white populations.

2. Data from HMIS and CES indicate that some disparities do exist. Black persons, who make up only 3% of the regional population, account for 14% of all persons served in HMIS and 13% of all HMIS project enrollments, but only 11% of CoC-funded project enrollments. Likewise, while the overall average Length of Stay (LOS) in Permanent Supportive Housing (PSH) was 1462 days, black participants averaged only 998 days, while white participants averaged 1527 days. The origins of this discrepancy may be explained by the manner in which LOS was calculated, but still the difference is significant. During the scope of the analysis, 100% of project leavers were white while all black persons enrolled in CoC-funded PSH retained their housing. Coordinated Entry showed that black persons made up only 10% of assessments and 10% of referrals to PSH, but 0% of successful referrals. Of all referrals made during the year through CES, only 10% were categorized as Successful: Client Accepted. All referrals of black clients to PSH were categorized as Unsuccessful: Client Rejected. The most obvious disparities in CoC provision of services lie in the rate of regional black population (3%) compared to the rate rate of black persons accessing services as recorded in HMIS (14%), the rate of black persons in HMIS compared to those enrolled in CoC-funded projects (14% versus 11%), the rates of assessments and referrals through CES (10% each), and the rate of successful referrals (0%).

1D-10b.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.B.1.q.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes

4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1D-10c.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC region encompasses a 3-county homeless services system. The CoC does not limit its activities to only CoC funded projects and is collaboratively involved in all homeless initiatives in the area. Black persons make up only 3% of the regional population, but of the 1389 unduplicated individuals who received services as noted in HMIS from 7/1/22-6/30/23, 74% were white and 14% were black. There is a similar rate of disparity in project enrollments: whites had 75% of all enrollments, blacks had 13%. While parity exists between demographics of all other racial and ethnic groups of the region, the greatest disparity exists between white and Black participants. Black persons access homeless services at almost 5 times the rate of their % of the regional population. In CoC-funded projects, Black persons make up only 11% of total enrollments. STEPS THE CoC IS TAKING: (A)PSH projects have notoriously low turnover rates, but when they do occur, the CoC strives to connect more black clients to the openings. (B)Outreach staff turn more of their focus on engaging members of minority populations. (C)The CoC already provides BIPOC participants with opportunities to access housing through targeted communications, guided support services, housing search and landlord outreach. The CoC will increase these efforts and expand services to reach every member of the minority community. (D)Duffy Health Center, a CoC grantee, has an active Diversity, Equity, and Inclusion Committee. Duffy conducts trainings on health equity and targets outreach to homeless Black persons to provide medical treatment, case management, behavioral health treatment, and substance use services, and connects these patients with collaborative service partners in the area. (E)Because of the disproportionate effect of Domestic Violence among Black Heads of Household, particularly in shelter, the CoC and its partners are working on community initiatives such as culturally sensitive DV awareness trainings and community outreach to stop the violence before it begins. (F)The CoC has designed a new CE assessment tool based on the Matching for Appropriate Placement (MAP) assessment, with customization to allow for local priorities. The new assessment gives points for membership in marginalized populations (BIPOC, youth, LGBTQ). (G)Independence House, the regional Victim Services Provider, centers outreach services on Black adult and youth survivors, who are overrepresented in the homeless population.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	

	Describe in the field below:
1.	the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and
2.	the tools your CoC uses.

(limit 2,500 characters)

1. The CoC region encompasses a 3-county homeless services system & the CoC does not limit its activities to only CoC funded projects. We are collaboratively involved in all homeless service initiatives in the area. To track progress in eliminating disparities, we depend on HMIS analyses, CE and PIT reports, and Emergency Shelter (ES) reports. The largest demographic disparity in services and outcomes is between black and white clients. Blacks make up 3% of total population, 14% of persons served in HMIS [decrease of 1 % from last year], and 13% of total project enrollments in HMIS [2% decrease from last year]. The most startling comparisons are in ES: in 2022-2023, Blacks made up 16% of individual ES enrollments (an increase of 6% from last year) and 54% of family shelter enrollments (an increase of 93% from last year, due to the influx of migrants). The rate of turnover in PSH projects was lower this year than in past years. In 2022-2023, blacks made up 7% of new enrollments in PSH (including non-Coc funded projects), the same rate as last year. Of all current enrollments in PSH, blacks made up 9%, an increase of 2% from last year, and blacks had a rate of 85% stayers and 15% leavers (which closely paralleled white enrollees at 87% and 13% respectively). None of the black persons who exited from PSH had negative outcomes, while 21% of white leavers had negative outcomes. The CoC analyzed a new element: the rate and race of clients who exited Individual ES to Unsheltered. Of the 1387 unduplicated individuals with project exits, blacks accounted for 6% and whites for 74%. However, black clients accounted for 13% of all individuals exiting ES to Unsheltered, while whites represented 55%. The CoC must continue to develop more effective approaches to connect black individuals in ES to better service outcomes. In CE, blacks made up 15% of all clients assessed (up 3% from last year) and 10% of all referrals to PSH (down 5% from last year). Of the referrals of black clients to PSH, 77% were rejected by the clients and 23% were pending as of 6/30/2023. PIT data showed that black persons made up 35% of total counted and 46% of persons in shelter, increases of 16% and 24% (respectively) from 2022. Once again, the large number of migrants has a substantial impact on shelter populations. In other categories, blacks made up 7% of those in TH (1% decrease from 2022) and 13% of unsheltered persons (a 4% decrease from 2022).

2. The CoC uses HMIS, CE, YYA, and PIT data.

1D-11.	**Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC's Outreach Efforts.**	
	NOFO Section V.B.1.r.	

Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

The CoC, its partner agencies, and the Cape and Islands Regional Network on Homelessness have used targeted outreach to engage those with lived experience of homelessness to serve in leadership roles and decision making. These efforts have led to; an individual with lived experience of homelessness serving as a member of the Regional Network Policy Board and Executive Committees including as the Chair and Vice Chair; two individuals with lived experience participating as members of the Review and Ranking Committee for the CoC competition; two official seats on the Policy Board for members of the Youth Action Board (YAB) who had formerly experienced unsheltered homelessness; a YAB member who is a PSH participant attending the annual monitoring visit for four CoC funded programs; and the YAB's full integration in the development of the YHDP Coordinated Community Plan. The YAB is currently establishing social media sites that will be linked to the Dept. of Human Services (Collaborative Applicant and regional homelessness services convening agency) sites to expand distribution. Housing Assistance Corporation- which provides outreach to unsheltered individuals and families, is a COC grantee and a family shelter provider- has been funded for a YYA Peer Navigator/YAB Coordinator position that gave hiring preference to a YYA with lived experience of homelessness. Additionally, all projects funded through Round 6 of YHDP include staff positions that will prioritize recruitment of applicants with lived experience. COC partner agencies provide those who are currently or formerly homeless opportunities for involvement in decision making through participation on their Board of Directors or other committees formed specific to the agency's mission and service options.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.
Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included in the decisionmaking processes related to addressing homelessness.	11	8
2.	Participate on CoC committees, subcommittees, or workgroups.	6	6
3.	Included in the development or revision of your CoC's local competition rating factors.	2	2
4.	Included in the development or revision of your CoC's coordinated entry process.	5	5

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

CoC partner agencies provide professional development and employment opportunities for those with lived experience in a number of roles. Duffy Health Center, the regional Healthcare for the Homeless Provider and a CoC grantee, sponsors an Alternative Peer Group program that employs individuals with lived experience of homelessness and/or substance use disorders. Duffy actively solicits and recruits persons with lived experience to serve on its Board of Directors, and the Duffy Consumer Advisory Board, a standing subcommittee which is made up of current and past Duffy clients, provides regular reports and updates at the monthly BoD meetings. Housing Assistance Corporation (HAC) and Homeless Prevention Council include individuals with lived experience on its BoD as well. As a CoC grantee administering a PSH project with a target population of Youth and Young Adults, HAC has a Peer Navigator/YAB Coordinator position for a young person with lived experience funded through the MA Unaccompanied Homeless Youth and Young Adults Grant program. All members of the Youth Action Board (YAB) are compensated for any meetings or YAB functions they attend. Both HAC and Catholic Social Services (CSS), who operate three family shelters and one individual shelter, respectively, employ those with lived experience in direct care and leadership roles. Homeless Not Hopeless, one of the region's largest providers of Transitional Housing, and Belonging to Each Other, a seasonal Transitional Housing program, employ current and former residents as house managers. Vinfen employs Peer Coordinators with lived experience to provide support services and offers access to Recovery Coach training as a step toward professional status and licensure. Other organizations, such as Harwich Ecumenical Council for Housing, provide volunteer opportunities for residents that can be transferred to resumes as they apply for employment. All projects funded through Round 6 of YHDP include staff positions that will prioritize recruitment of applicants with lived experience, including a YYA Coordinated Entry Specialist position with Barnstable County Dept. of Human Services and Peer Navigators as part of a mobile support project.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.		
	NOFO Section V.B.1.r.		

	Describe in the field below:	
1.	how your CoC routinely gathers feedback from people experiencing homelessness;	
2.	how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and	
3.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness.	

(limit 2,500 characters)

1.All CoC funded programs and CES access points provide satisfaction surveys to participants a minimum of once per year or during delivery of time limited services. COC partner agencies provide participants ongoing opportunities for feedback using client/patient web portals. The Regional Network on Homelessness Policy Board (PB), the governance body of the COC, meets quarterly and includes members with lived experience of homelessness, including in leadership roles. Two PB seats are held by YAB members. The PB is tasked with system analysis and improvement and utilizes the unique perspective of those with lived experience to shape systemic change.
2.Housing Assistance Corporation, the regional ESG subrecipient, provides participants with feedback opportunities including surveys when accessing funds. An individual currently living in a HUD-funded PSH project participated in annual CoC grantee monitoring. Extensive input from the YAB and other homeless and at-risk young persons guided the YHDP Coordinated Community Plan. The experiences of the young persons, their familiarity with the homelessness system, their knowledge of gaps in services, and their unique perspective on ways the system effectiveness was centered in the recommended YHDP funded projects. Five YYA also participated on the YHDP project review committee.
3.Some of the challenges faced by persons with lived experience of homelessness and the steps taken to address these challenges: (1) scarcity of affordable housing units - the CoC Emergency Planning workgroup collaborated with State Senator Julian Cyr's office to advocate for change in regulations prohibiting length of occupancy in hotels/motels to allow for conversion of empty hotel/motels to housing units; (2) limited public transportation, restricting people's ability to get to jobs, doctor's appointments, etc. – flex funds are available through the YYA grant for transportation costs, including, ferry tickets, bus passes and vouchers for taxis/Uber/Lyft; (3) food insecurity – the PB includes representatives from the regional Hunger Network (who work with the Harwich Family Pantry) and the Council of Churches (which operates a food pantry and provides meals at the Faith Family Kitchen), while the Salvation Army provides breakfast and lunch daily; (4) equitable access to housing opportunities- those with lived experience provided feedback on new CE assessment tools to replace the VI-SPDAT.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	

	Describe in the field below at least 2 steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:
1.	reforming zoning and land use policies to permit more housing development; and
2.	reducing regulatory barriers to housing development.

(limit 2,500 characters)

1. As the Barnstable County Home Consortium (BCHC) lead, the Department of Human Services has been at the forefront on reforming zoning, land use policies and permitting to expand affordable housing development. The Home Annual Action Plan includes the following steps: "1)Housing Policy- BCHC will continue to revise and supplement programmatic requirements to align to the greatest extent possible with those of other public funders, especially the Executive Office of Housing and Livable Communities for consistency purposes. HSD staff will continue to provide guidance to other Barnstable County departments and other housing providers and stakeholders regarding regional housing policy. Barnstable County is increasing its resources and engagement in addressing housing policy in the region and has recently received ARPA funds to implement a regional Housing Initiative Manager to centralize housing policy in the region; 2)Land Use Policies- BCHC will advocate that towns adopt local affordable housing bylaws, including ADU bylaws and multi-family zoning districts. BCHC will also assist in locating appropriate properties to be developed or redeveloped for affordable housing in collaboration with other non-profit or governmental entities".

2.The Director of the Department of Human Services, which serves as the Collaborative Applicant, participated in the Cod Commission OneCape summit where zoning, regulatory barriers and affordable housing were discussed with stakeholders including non-profit organizations, local, county and state government. He also attended two "Housing to Protect Cape Cod" forums co-hosted by Housing Assistance Corporation, leadership from the Chamber of Commerce and the Cape and Islands Realtors Assoc. where zoning and housing development were discussed. These meetings included state legislators from Barnstable, Dukes and Nantucket counties.

1E. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

1E-1.	Web Posting of Your CoC's Local Competition Deadline–Advance Public Notice.	
	NOFO Section V.B.2.a. and 2.g.	
	You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	

1.	Enter your CoC's local competition submission deadline date for New Project applicants to submit their project applications to your CoC–meaning the date your CoC published the deadline.	08/28/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC's local competition–meaning the date your CoC published the deadline.	08/28/2023

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.
Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes

	5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes
	6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes

	1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
		NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
Complete the chart below to provide details of your CoC's local competition:

	1.	What were the maximum number of points available for the renewal project form(s)?	162
	2.	How many renewal projects did your CoC submit?	11
	3.	What renewal project type did most applicants use?	PH-PSH

	1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
		NOFO Section V.B.2.d.	

		Describe in the field below:
	1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
	2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
	3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
	4.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

1.The CoC relies on data from APRs and HMIS. Projects are awarded points based on meeting established benchmarks for project type, size of inventory, % of CH or DedicatedPLUS beds, Housing First approach, % of CH participants, referrals to DV services, priority & additional populations served, data quality, utilization, spend down, cost effectiveness, length of stay in PH, returns to homelessness, cash income & benefits, exit destinations, and racial and ethnic equity in access and outcomes.

2.Additionally, the CoC relies on APR, HMIS, & CE data to determine length of time to housing. After CE assessments, clients' length of time on the by-name wait list is calculated from assessment date to date of referral to housing. Length of time from referral to outcome (accepted, rejected, expired) is tracked and recorded in CE, with enrollment in PSH the optimum outcome. During annual monitoring, grantees are evaluated on APR Q22e: Length of Time Prior to Housing (<1 year, 1-2 years, >2years). Full HMIS csv downloads are analyzed for number of days between enrollment in PSH to Move-in Date.

3.The CoC uses standardized objective scoring tools. HUD priority populations are incorporated into scoring categories (veterans, DV survivors, families & children, unaccompanied youth, & chronically homeless individuals & families, history of victimization/abuse, criminal history, low or no income, substance use, & resistance to services. Projects can earn up to 11 points for serving priority populations, including being the only project of its kind in the area serving a special homeless population. Projects receive points based on % of CH or DedicatedPLUS beds, adherence to the HF model, % of participants entering from chronic homelessness, prioritization of equitable access for traditionally underserved racial/ethnic homeless populations. Additional points are awarded to projects that regularly review & adjust program participants' ISPs to promote longer stays in PSH by the hardest to serve populations.

4.All project applicants confirm that they follow the HF model, verification of which is made during annual grantee monitoring. By its very nature, HF requires a low threshold for project entry, and the hardest to serve populations cannot be turned away. The CoC awards points to projects for each "barrier" that is set aside by agencies when enrolling clients into permanent housing.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	

	Describe in the field below:
1.	how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and
3.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.

(limit 2,500 characters)

1.As a result of the 2023 Racial Equity Analysis, the CoC has identified racial disparities in the homeless services system. Despite their small percentage of the general population (3%), Black persons made up 14% of unduplicated individuals in HMIS, 13% of all HMIS project enrollments, and 11% of CoC funded projects. Rating factors used in FY2023 NOFO scoring were developed collaboratively by the CoC and the Regional Network on Homelessness Policy Board (PB), which is made up of social service agencies, housing authorities, legal services, faith-based organizations, healthcare organizations, veterans organizations, law enforcement, educational groups, and governmental entities and whose membership includes several members of racial and ethnic minority communities. Approximately 17% of the PB's membership are black persons.
2.Two years ago the membership of the CoC's Review and Ranking Committee, which selects projects and determines their positions on the Priority List, was increased to add participants and enable a greater equity lens for project scoring and ranking. Expansion of participation by minority populations is always encouraged. Active recruitment of new members of the under-represented communities is ongoing. The unique perspectives provided by minority members are important factors applied to the review, selection, and ranking of new and renewal projects. The membership of the Review and Ranking Committee is 20% black.
3.In the FY2023 NOFO, the CoC substantially increased the number of points awarded in project renewal applications for proof of racial and ethnic equity, placing more importance on access and outcomes for minority populations. Project enrollments, length of stay, and positive outcomes were evaluated and given higher ratings based on rates of minority populations enrolled in projects and rates of positive outcomes for minority populations that met or exceeded their percentage of the regional population. CoC-grantee Duffy Health Center, which has a robust Diversity, Equity, and Inclusion Department, has increased homeless outreach to minority populations and applies an equity lens to every service they offer. Independence House, the regional Victim Service Provider and a CoC grantee, centers Black adult and youth survivors in their outreach efforts. The CoC is actively pursuing greater participation by representatives of marginalized populations on boards and committees to expand their input in policy- and decision-making.

1E-4.	Reallocation–Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	

		Describe in the field below:
	1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
	2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;
	3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
	4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1.Reallocation may be voluntary or involuntary. Project funding may be reallocated: from 1 project into a new project by the same provider or by a different provider, from 1 project into more than 1 new project, from multiple projects into 1 new project, or from multiple projects into more than 1 new project. A grantee may reallocate funds to a new project if the grantee no longer wants to continue a project or no longer needs CoC funding. The CoC may reallocate funds for: unresolved audit finding(s), poor financial management, capacity issues, serving ineligible persons, expenditure on ineligible costs, HMIS non-compliance, non-alignment with CoC funding priorities and federal/state strategic goals, poor participation in CES, low ranking in the Coordinated Application, or evidence of under expenditure of CoC grant award. The CoC evaluates projects for reallocation during annual Grantee Monitoring. Projects that spend less than 90% of the previous year's grant (or an average over the previous 3 years) are subject to involuntary reallocation.

2.In 2023 the CoC identified five projects that met the criteria for involuntary reallocation due to insufficient spend down.

3.One of the five voluntarily relinquished funds for reallocation. The CoC chose not to enforce involuntary reallocation on the remaining four projects.

4. In August, applicants were notified via email that five projects were subject to involuntary reallocation, they were provided copies of the Reallocation Policy, they were given analyses of their under-spend, and they were provided an explanation of the appeal process. Provider agencies submitted appeals to the involuntary reallocation for four of the projects. None of the four projects was low performing or less needed, but only qualified for involuntary reallocation due to a spenddown average of below 90%. In all cases, scarcity of affordable housing made locating appropriate units extremely difficult and left projects with vacancies that remained open due to a lack of affordable apartments. While none of the projects experienced significant turnover, vouchers became available due to death, hospitalization, movement to long term care facilities, and other unforeseen situations. Agencies have been working with landlords to locate affordable units so that holders of new vouchers can moved in as quickly as possible. The CoC determined that, based on this reasoning, none of the four projects warranted involuntary reallocation.

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

| | Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023? | No |

1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	No
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/08/2023

1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes

1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/22/2023

1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/22/2023

2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
 - PHA Crosswalk; and
  - Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.	WellSky

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2023 HIC data into HDX.	03/27/2023

2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases;	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database–compliant with the FY 2022 HMIS Data Standards; and	

3.	state whether your CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

1.When Independence House (IH) was awarded funding for Empowered Survivors, its Joint TH/PH-RRH Domestic Violence project, the HMIS Program Manager worked with the Executive Director of IH to explain the data collection and reporting requirements of a Comparable Database that complies with HMIS Data Standards and to clarify the expectations of aggregate data provision to the CoC for reporting purposes. IH selected Awards VSP software, a product of Foothold Technology, and they have been entering data into their system since the project began operations. The HMIS Program Manager has advised the IH data manager on technical subjects such as project set up and inventory dates, and the Program Manager is always available to assist in any way that is needed. Because IH does not have a stand-alone Coordinated Entry System and because CE events, assessments, and referrals must be collected in HMIS for reporting on the CES APR, the HMIS Program Manager and the IH data manager collaborated on a method of creating a de-identified place holder in HMIS to collect basic information about CE events without using any PII. When IH conducts a CE assessment, a random alphanumeric ID is generated by IH for the client. IH passes very limited information to the HMIS Program Manager for entry into the system-wide CES. The only information shared is the alphanumeric ID, the type of CE event, and the date of the event. No information regarding age, race, DOB, DSS#, gender, etc., is ever shared with the CoC.
2. Independence House uses a HUD compliant database with FY2022 HMIS Data Standards.
3. The CoC's HMIS is compliant with the FY2022 HMIS Data Standards.

2A-5.	Bed Coverage Rate–Using HIC, HMIS Data–CoC Merger Bonus Points.	
	NOFO Section V.B.3.c. and V.B.7.	

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	227	13	214	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	109	2	91	85.05%
4. Rapid Re-Housing (RRH) beds	28	0	28	100.00%
5. Permanent Supportive Housing (PSH) beds	229	0	221	96.51%
6. Other Permanent Housing (OPH) beds	0	0	0	

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section V.B.3.c.	

		For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
	1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
	2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

Not Applicable

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	Yes

2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2023 PIT count.	01/24/2023

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	03/27/2023

2B-3.	PIT Count–Effectively Counting Youth in Your CoC's Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:	
1.	engaged unaccompanied youth and youth serving organizations in your CoC's most recent PIT count planning process;	
2.	worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC's most recent PIT count planning process; and	
3.	included youth experiencing homelessness as counters during your CoC's most recent unsheltered PIT count.	

(limit 2,500 characters)

1.Planning for the 2023 PIT included representatives from all agencies in the region offering services targeted to homeless youth. Additionally, all survey teams included youth serving providers who provided information on the best places to engage homeless youth.
2.The Cape and Islands Youth Action Board (YAB) was directly involved in the PIT and the Massachusetts YOUth Count, an annual survey used to learn about the scope and needs of youth and young adults (YYA) under the age of 25 who are unstably housed or experiencing homelessness. The YOUth Count is conducted in addition to the PIT and captures data points from youth experiencing housing instability that would not be considered "homeless" by the traditional PIT (i.e., couch surfing, doubled up). Additionally, the YOUth Count workgroup included youth "Ambassadors" with lived experience of housing instability to develop the survey and plan for engaging young people to respond. The ambassador for the Cape and Islands worked directly with the YAB on social media and other strategies for distribution of surveys to diverse groups throughout the region.
3.As part of the state funded YYA homelessness grant, YYA provide information throughout the year on locations frequented by those experiencing housing instability. During the PIT, outreach workers and case managers, who are the lead surveyors, utilize this information to target YYA on the night of the count. Additionally, the YAB provides information on engaging YYA prior to the PIT to increase the likelihood they can be located.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	

	In the field below:
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; and
3.	describe how the changes affected your CoC's PIT count results; or
4.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2023.

(limit 2,500 characters)

Not Applicable

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section V.B.5.b.	

	In the field below:
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;
2.	describe your CoC's strategies to address individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time

(limit 2,500 characters)

1. The CoC uses information from advocacy groups, collaboration with service partners, participation in homelessness seminars, membership in Statewide CoC organizations, gaps analysis, Youth and Young Adults (YYA) Homeless Needs Assessment, analysis of HMIS & PIT data, and ad hoc analyses (such as Emergency Shelter Utilization trends) to identify risk factors for first time homelessness across the entire geographic area. There was substantial information shared on homelessness risk factors for YYA in development of the YHDP Coordinated Community Plan. Some factors are universal (poverty, lack of affordable housing, unemployment, etc.), and financial impacts of the pandemic continue to add another layer of housing instability for those already at risk. Other factors pertain to specific groups. YYA: poor relationships with caregivers, sexual orientation/gender identity, neglect, physical/sexual abuse, "cliff effect" after leaving school, poor social networks, emerging mental health conditions, connection to foster care systems & unstable living conditions. Elders: loss of homes due to death of spouse or divorce & poor financial decisions. Non-elderly adult females: domestic violence is the most prevalent risk factor. All non-elderly adults: chronic health problems, criminal history, mental illness, and addiction.
2. Duffy Health Center offers training on "How to Ask Elders Difficult Questions" leading to prevention services upstream. The Tenant Preservation Coordinator and South Coastal Legal Services offer legal help to at-risk elders. Barnstable County administers a state YYA Homelessness grant, partnering with 6 agencies to link homeless YYA to housing & services including a PSH project dedicated to YYA. DV survivors receive counseling, legal, educational, and housing services through the local Victim Service Provider, Independence House. Outreach workers connect with non-elderly adults in a variety of settings. Collaborative partners provide prevention, diversion, & stabilization resources to help at risk individuals and families maintain their housing. A YHDP funded Mobile Support and Resource Navigators project will provide additional upstream resources to YYA at risk of homelessness and staff with lived experience of homelessness will be trained in "Problem Solving" an evidence informed prevention technique.
3. The CoC Program Manager.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

	Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:	

1.	natural disasters?	No
2.	having recently arrived in your CoCs' geographic area?	No

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section V.B.5.c.	

	In the field below:	
1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	

	2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
	3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

1. The CoC relies on its Coordinated Entry System as its main strategy to reduce the length of time homeless. Through CES, individuals and families are assessed and prioritized for housing placement. Following CPD-16-11, the CoC has incorporated HUD's prioritization list into it Written Standards and CES Governance Documents, and length of time homeless is a top-priority factor for referring individuals and families to PSH. CES coordinates CoC resources to match those experiencing homelessness to appropriate PSH and informs the CoC of service needs and gaps. To address the limited inventory of rentals in the region the CoC collaborates with housing advocates and developers to increase the number of affordable rental units.

2. Outreach staff use standardized CE assessment tools to assess homeless persons, and the data are entered into the CE project within HMIS. CE data are regularly examined, analyzed, and filtered to identify individuals and families with the greatest number of days on the by name list to prioritize them for referrals to PSH openings and to other voucher projects within the region. Family shelter staff prioritize housing search and services for those with the longest stays and focus on streamlining the process for applying for public housing and voucher programs. Additionally, participation in the MA Rehousing Data Collective (the state's Homeless Data Warehouse) facilitates tracking homelessness across regions to verify length of time homeless without repeated requests for documentation. While the state-funded Family ES system remains separate from the CoC's CES, the long-term goal is to incorporate family shelter beds into CES. Members of the CES committee and all CES access points have been trained in the statewide online PHA application (CHAMP), which reduces wait time for affordable housing and matches applicants with preferred locations.

3.The Regional Network Policy Board oversees these strategies and works in conjunction with the CES Steering Committee, shelter providers, and partner agencies to share data and coordinate resources.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing–CoC's Strategy	
	NOFO Section V.B.5.d.	

		In the field below:
	1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
	2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
	3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

(limit 2,500 characters)

1.The CoC's Coordinated Entry System prioritizes homeless individuals and families to refer to PH destinations, whether CoC-funded or not. Monthly case conferencing among outreach staff from several agencies is a regular occurrence, during which active cases are reviewed and staff collaborate with provider agencies to match the highest priority clients with the "best fit". Because the operating agencies serve as CE Access Points for the CoC, all Family and Individual Emergency shelters in the region have trained their staff to administer CE assessments and offer CE enrollments to shelter guests. To free up CoC-funded PSH beds, the CoC has developed move-on strategies with local PHAs that shift recipients who no longer require intensive services to other permanent mainstream housing vouchers. CoC grantees are awarded full points for Moving On during annual monitoring Site Visits if they have a formalized written Moving-On Policy and half the available number of points for incorporating a Moving On process into each client's Individual Service Plan. The CoC continues to provide outreach to local PH providers who do not currently participate in CES to promote the efficiency of a centralized by-name referral system.

2.Between 7/1/2022 and 6/30/2023, HMIS recorded a rate of 92% of participants enrolled in PSH and RRH who either retained their permanent housing or exited to permanent housing destinations, a 4% decrease from last year. The average length of stay for stayers in PH projects is 1,763 days (as of 6/30/2023), while the average Length of stay for leavers who exit to PH is 699 days. These averages represent increases of 20 days (1%) for stayers and 76 days (12%) for leavers from 2022. The CoC's strategy to maintain and/or increase the rate is threefold: to increase income and other cash resources by ensuring that all residents in PH are connected with employment opportunities and mainstream benefits; to promote housing stability through continued delivery of supportive services; and to assist participants in exiting to permanent housing destinations that are affordable (such as Section 8 voucher or an public housing unit), especially if income continues to be limited.

3.The Cape & Islands Regional Network on Homelessness Policy Board is responsible for overseeing the CoC's strategy to increase the rate of retention or exit to PH.

2C-4.	Returns to Homelessness–CoC's Strategy to Reduce Rate.	
	NOFO Section V.B.5.e.	

	In the field below:
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;
2.	describe your CoC's strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,500 characters)

1.The CoC identifies individuals and families who return to homelessness by analyzing HMIS exit data: from 7/1/2022 to 6/30/2023 there were 2438 active individual project enrollments (including CE) and 1315 project exits (1232, or 94%, with documented destinations). Of individual enrollments, 723 exited to homelessness (674 Unsheltered and 49 to ES). This high rate of returns is likely due to the year-round individual and seasonal winter Emergency Shelters, which use night-by-night tracking, and clients who do not have continuous stays of at least two nights are automatically exited and categorized as unsheltered. Conversely, HMIS data show that a core group of individuals continually cycle in and out of the shelter, accounting for a disproportionate number of entries and exits, and the returns to homelessness are, by and large, the same core group. 94% of project exits to unsheltered homelessness were for persons exiting from ES, while 5% represented exits from Street Outreach, and 1% were from TH. There were 109 active family shelter enrollments representing 40 families in shelter and 15 exits with documented destinations. All of the exits from Family Shelter were to Permanent Housing.
2.Although all CoC-funded projects follow the Housing First approach and do not require participation in support services as a qualification for enrollment, grantees strive to engage clients in activities to help them stay successfully housed, such as case management and counseling. The CoC works to ensure that clients exit projects with the maximum number of cash and non-cash benefits possible. Duffy Health Center, a SOAR recipient, assists service providers with the SSI/SSDI application process. Clients can access employment training and job search through Career Opportunities Center and the Mass Rehab Commission.
3.The CoC Program Manager in conjunction with grantees.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section V.B.5.f.	

	In the field below:
1.	describe your CoC's strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

(limit 2,500 characters)

1.The strategy is to work with grantees to give all unemployed program participants access to employment opportunities, while those who are employed can explore further education & training to build knowledge, skills, & experience for careers in full-time sustainable fields. The Regional Network Policy Board (PB) includes staff from multiple agencies that offer services & resources for training, education, & employment. Each PB meeting includes time for local workforce agencies to describe new services or expansions to their programs. PB meetings are open to the public, & any attendee can bring information which could benefit individuals served by the representative agencies.
2.Families receiving TAFDC, RAFT or HomeBASE funds are referred to SER-Jobs, which offers resources, training, job development & flex funds for "barrier busting" to pay for needed goods & services to maximize work opportunities. SER-Jobs works with participants for 2 years post-placement for job retention supports. All CoC agencies partner with the MassHire Career Center, which collaborates with private employers to organize job fairs, maintain job listings, & assist with interview skills & resume development. The CoC has an MOU with the Job Training & Employment Corp. (JTEC) which offers education & skills training & includes up to $10k per person for certificate programs & trainings like CNA, CDL & medical coding & billing. JTEC offers training at the individual ES & DV shelters on job skills & readiness. There are 4 Clubhouses in the region that offer employment services to those with a mental health disorder. The clubhouse model, an Evidence Based Practice (EBP), includes on-the-job training, education on entitlements & support with employer relations. Vinfen, an agency that provides support services to CoC PSH projects, uses Individualized Placements & Supports (IPS), an EBP, to support employment opportunities, education & job readiness skills. The Mass. Rehabilitation Commission offers education & training opportunities for those with disabilities to maximize their quality of life & economic self-sufficiency. The CoC has signed an MOA with the Cape & Islands Workforce Board, which specializes in workforce development for youth & young adults. The CoC has asked that each grantee make referrals to the programs that would best meet the abilities & preferences of the participants.
3. The PB, in conjunction with the PB Executive Committee, is responsible.

2C-5a.	Increasing Non-employment Cash Income–CoC's Strategy	
	NOFO Section V.B.5.f.	

		In the field below:
	1.	describe your CoC's strategy to access non-employment cash income; and
	2.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,500 characters)

1. The CoC tracks policy updates and advises grantees on changes in eligibility standards for program participants. A policy analyst from the MA Department of Transitional Assistance (DTA), who served as Chair of the Regional Network on Homelessness Policy Board (PB) and sits on the PB Executive Committee (EC), regularly reports to PB and EC meeting participants information regarding new or updated programs that can increase entitlements and/or improve outcomes for homeless individuals and families in need of financial assistance. The CoC evaluates APRs to monitor the rate at which program participants are enrolled in benefits and incorporates the data into the NOFO scoring for Renewal Project Applications. Additionally, the overall percentage of program participants with benefits and the measurement of increase in benefits within each project are reviewed during annual site visits and are also reflected in the scoring. The CoC works with grantees to ensure that participants apply for all cash and non-cash benefits for which they might qualify and monitors policies and procedures which grantees follow to maximize non-employment cash benefits available to program participants. Duffy Health Center's staff have completed SOAR-training and work with other CoC program staff to assist program participants in applying for SSI and SSDI benefits. Housing Assistance Corporation provides reports to the PB and EC on sources of cash assistance available to participants to cover unexpected expenses, such as utilities arrearages, transportation needs, etc. HAC has also implemented an online application for assistance that provides greater efficiency in applying for benefits and other cash assistance. Case managers at Family Shelters help households with children in obtaining other non-employment income benefits to prepare them for transitioning into permanent housing.
2. The CoC Program Manager is responsible for overseeing the CoC's strategy to increase non-employment cash income.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No

3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes

3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.B.6.b.	

	If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.	

Project Name	Project Type	Rank Number	Leverage Type
Fresh Start Expan...	PH-PSH	12	Healthcare

3A-3. List of Projects.

1. What is the name of the new project?   Fresh Start Expansion

2. Enter the Unique Entity Identifier (UEI):   M5DLMMQCANV9

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 12

5. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.s.	

	Is your CoC requesting funding for any new project application requesting $200,000 or more in funding for housing rehabilitation or new construction?	No

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.s.	

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:	
1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and	
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.	

(limit 2,500 characters)

Not Applicable

Applicant: Cape Cod Islands CoC

MA-503

Project: MA-503 CoC Registration and Application FY2023

COC_REG_2023_204697

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

	You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.
	If you answered yes to question 3C-1, describe in the field below:
1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

Not Applicable

FY2023 CoC Application	Page 68	09/22/2023

4A. DV Bonus Project Applicants for New DV Bonus Funding

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.l.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	No
Applicant Name	
This list contains no items	

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

	1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
	2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.
	3.	We prefer that you use PDF files, though other file types are supported–please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
	4.	Attachments must match the questions they are associated with.
	5.	Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.
	6.	If you cannot read the attachment, it is likely we cannot read it either.
		. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
		. We must be able to read everything you want us to consider in any attachment.
	7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
	8.	Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/22/2023
1C-7. PHA Moving On Preference	No		
1D-11a. Letter Signed by Working Group	Yes	Letters Signed by...	09/21/2023
1D-2a. Housing First Evaluation	Yes	Housing First Survey	08/29/2023
1E-1. Web Posting of Local Competition Deadline	Yes	Web Posting of Lo...	09/08/2023
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/22/2023
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	09/08/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/22/2023
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/15/2023
1E-5b. Local Competition Selection Results	Yes	Local Competition...	09/08/2023
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes	Web Posting - CoC...	09/22/2023

1E-5d. Notification of CoC-Approved Consolidated Application	Yes	Notification of C...	09/22/2023
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	HUD's Homeless Da...	08/09/2023
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	09/21/2023
3C-2. Project List for Other Federal Statutes	No		
Other	No	MA-503 FY2023 Ran...	09/22/2023

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Letters Signed by Working Group

Attachment Details

Document Description: Housing First Survey

Attachment Details

Document Description: Web Posting of Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: Web Posting - CoC-Approved Consolidated Application

Attachment Details

Document Description: Notification of CoC-Approved Consolidated
Application

Attachment Details

Document Description: HUD's Homeless Data Exchange (HDX)
Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description: Healthcare Formal Agreement

Attachment Details

Document Description:

Attachment Details

Document Description: MA-503 FY2023 Ranking and Review Minutes

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	08/03/2023
1B. Inclusive Structure	09/21/2023
1C. Coordination and Engagement	09/22/2023
1D. Coordination and Engagement Cont'd	09/22/2023
1E. Project Review/Ranking	09/22/2023
2A. HMIS Implementation	09/22/2023
2B. Point-in-Time (PIT) Count	09/22/2023
2C. System Performance	09/22/2023
3A. Coordination with Housing and Healthcare	09/22/2023
3B. Rehabilitation/New Construction Costs	09/22/2023
3C. Serving Homeless Under Other Federal Statutes	09/22/2023

4A. DV Bonus Project Applicants	09/22/2023
4B. Attachments Screen	09/22/2023
Submission Summary	No Input Required

FALMOUTH HOUSING AUTHORITY

10.0 TENANT SELECTION AND ASSIGNMENT PLAN

10.1 PREFERENCES

The Falmouth Housing Authority will select families based on the following preferences within each bedroom size category based on our local housing needs and priorities for all the property we own and/or manage regardless of the source of funds:

A.   The applicant has been involuntarily displaced and is not living in standard permanent housing, or:

   1.   The applicant has vacated his or her unit as a result of actual physical or mental abuse directed against applicant or one or more members of the applicant's family by a spouse or other member of the applicant household. Appropriate proof of this situation must be provided. The abuser cannot live in the unit without a specific finding by the Housing Authority that appropriate treatment has been received by the abuser.

   2.   Displacement to avoid reprisals if family members provided information on criminal activities to a law enforcement agency and the law enforcement agency recommends re-housing the family to avoid risk of violence against family members.

   3.   Displacement by hate crimes if one or more members of the applicant's family have been the victim of hate crimes, and the applicant has vacated a housing unit because of such crimes or the fear associated with such crimes.

   4.   Displacement by the inaccessibility of a unit because a member of the family has a mobility or other impairment that makes the person unable to use the critical elements of the unit, and the owner is not legally obligated to make changes to the unit that would make critical elements accessible to the disabled person as a reasonable accommodation.

   5.   Displacement because of HUD disposition of multi-family projects.

   6.   Homeless according to the Federal Definition of Homelessness (Title 42, Chapter 119, Subchapter I, of the United States Code).

B.   The applicant is living in substandard housing (a homeless family is considered to be living in substandard housing).

C.   The applicant is paying more than 50% of gross monthly income for rent and utilities for at least 90 days.

D.   People who live or work in the Town of Falmouth. The residency preference will not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin,

gender, religion, disability, or age of any member of an applicant family. Work is defined as working for at least 15 hours a week for the past 6 months.

E.   People who live or work in the remainder of Barnstable County, Dukes, or Nantucket Counties. Work is defined as working for at least 15 hours a week for the past 6 months.

F.   A veteran of the US Armed Forces with an honorable discharge or his or her surviving spouse.

Based on the above preferences, each of these preferences shall be worth one point each on a preference score except those applicants living or working in the Town of Falmouth shall get five points for that preference. Families with the greatest number of preference points shall be housed before families with a lesser number of points.

The date and time of application will be noted and either it or a lottery will be utilized to determine the sequence within the above-prescribed preferences.

Not withstanding the above, families who are elderly, disabled, or displaced will be offered housing before other single persons.

Buildings Designed for the Elderly and Disabled (Mixed Population Developments): Preference will be given to elderly and disabled families. If there are no elderly or disabled families on the list, preference will then be given to near-elderly families. If there are no near-elderly families on the waiting list, units will be offered to families who qualify for the appropriate bedroom size using these priorities. All such families will be selected from the waiting list using the preferences as outlined above.

Accessible Units: Accessible units will be first offered to families who may benefit from the accessible features who reside in the development that has the vacancy. If there are no families residing in that development needing the accessible unit, it shall then be offered to families residing in other developments who may benefit from the accessible unit. If there are no families residing in the other developments needing the accessible unit, it shall then be offered to applicants on the waiting list who may benefit from the accessible features. Applicants for these units will be selected utilizing the same preference system as outlined above.

If there are no applicants who would benefit from the accessible features, the units will be offered to other applicants in the order that their names come to the top of the waiting list. Such applicants, however, will be requested to sign a lease rider stating they will accept a transfer (at the Housing Authority's expense) if, at a future time, a family requiring an

accessible feature applies or a family requires a transfer from a non-accessible unit. Any family required to transfer will be given a 30-day notice.

10.1.1 FEDERAL DISASTERS

In the case of a federally declared disaster, the Falmouth Housing Authority reserves the right for its Executive Director to suspend its preference system for whatever duration the Executive Director feels is appropriate and to admit victims of the disaster to the program instead of those who would be normally admitted. Any other provisions of this policy can also be suspended during the emergency at the discretion of the Executive Director so long as the provision suspended does not violate a law. If regulatory waivers are necessary, they shall be promptly requested of the HUD Assistant Secretary for Public and Indian Housing.

10.2 ASSIGNMENT OF BEDROOM SIZES

The following guidelines will determine each family's unit size without overcrowding or over-housing:

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
0	N/A	N/A
1	1	2
2	N/A	N/A
3	N/A	N/A
4	N/A	N/A

These standards are based on the assumption that each bedroom will accommodate no more than two (2) persons.

10.3   SELECTION FROM THE WAITING LIST

The Falmouth Housing Authority shall follow the statutory requirement that at least 40% of newly-admitted families in any fiscal year are families whose annual income is the higher of either 30% of the Area Median Income or the Federal poverty level (defined at http://www.huduser.org/portal/datasets/il/il14/index.html as extremely low-income). To ensure this requirement is met, the Housing Authority shall monitor the incomes of both newly-admitted families and families on the waiting list on a quarterly basis. If it appears that the requirement to house extremely low-income families will not be met, the

Housing Authority will skip higher-income families on the waiting list to reach extremely low-income families.

If there are not enough extremely low-income families on the waiting list we will conduct outreach on a non-discriminatory basis to attract extremely low-income families to reach the statutory requirement.

10.4   OFFER OF A UNIT

When the Falmouth Housing Authority discovers that a unit will become available, we will contact the first family on the waiting list who has the highest priority for this type of unit or development.

The Falmouth Housing Authority will contact the family first by telephone to make the unit offer. If the family cannot be reached by telephone, the family will be notified of a unit offer via first class mail and given the right to view the unit. The family will be given five (5) business days from the date family was contacted by telephone or from the date the letter was received to contact the Falmouth Housing Authority regarding the offer.

This verbal offer and the family's decision must be documented in the tenant file. If the family rejects the offer of the unit, the Falmouth Housing Authority will send the family a letter documenting the offer and the rejection.

5.0   SELECTING FAMILIES FROM THE WAITING LIST

5.1   *WAITING LIST ADMISSIONS AND SPECIAL ADMISSIONS*

The Housing Authority may admit an applicant for participation in the program either as a special admission or as a waiting list admission.

If HUD awards funding that is targeted for families with specific characteristics or families living in specific units, the Sandwich Housing Authority will use the assistance for those families. If this occurs, the Sandwich Housing Authority will maintain records demonstrating that these targeted housing choice vouchers were used appropriately. When one of these targeted vouchers turns over, the voucher shall be issued to applicants with the same specific characteristic as the targeted program describes.

5.2   *PREFERENCES*

Consistent with the Sandwich Housing Authority Agency Plan and its agreement with the Housing Assistance Corporation, the Sandwich Housing Authority will select families based on the following preferences based on local housing needs and priorities. They are consistent with the Sandwich Housing Authority's Agency Plan and the Consolidated Plan that covers our jurisdiction.

A.   Applicants who are homeless, live in sub-standard housing, are involuntarily displaced, are rent burdened, or who have the singles preference all of which are detailed in the Massachusetts Department of Housing and Community Development Administrative Plan that is incorporated by reference into this Administrative Plan.

B.   Applicants who live or work in the Town of Sandwich for all vouchers that are issued to the Sandwich Housing Authority acting solely on its own and not in consort with other neighboring agencies.

C.   All other applicants who do not meet the definitions in the other preference categories.

The Sandwich Housing Authority will not deny a local preference, nor otherwise exclude or penalize a family in admission to the program, solely because the family resides in public housing.

5.3   *SELECTION FROM THE WAITING LIST*

Based on the above preferences, all families in preference A will be offered housing before any families in preference B, and preference B families will be offered housing before any families in preference C, and so forth.

The date and time of application will be utilized to determine the sequence within the above-prescribed preferences.

Not withstanding the above, if necessary to meet the statutory requirement that 75% of newly admitted families in any fiscal year be families who are extremely low-income (unless a different target is agreed to by HUD), the Sandwich Housing Authority retains the right to skip higher income families on the waiting to reach extremely low-income families. This measure will only be taken if it appears the goal will not otherwise be met. To ensure this goal is met, the Housing Authority will monitor incomes of newly admitted families and the income of the families on the waiting list.

If there are not enough extremely low-income families on the waiting list, Sandwich Housing Authority will conduct outreach on a non-discriminatory basis to attract extremely low-income families to reach the statutory requirement.

6.0 ASSIGNMENT OF BEDROOM SIZES (SUBSIDY STANDARDS)

The Sandwich Housing Authority will issue a housing choice voucher for a particular bedroom size – the bedroom size is a factor in determining the family's level of assistance. The following guidelines will determine each family's unit size without overcrowding or over-housing:

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
0	1	2
1	1	2
2	2	4
3	3	6
4	4	8
5	5	10

These standards are based on the assumption that each bedroom will accommodate no more than two (2) persons. Two adults will share a bedroom unless related by blood.

In determining bedroom size, the Sandwich Housing Authority will include the presence of children to be born to a pregnant woman, children who are in the process of being

Independence House, Inc.

160 Bassett Lane
Hyannis, Massachusetts
02601

Tel: 508-771-6507
Fax: 508-778-0143

24-HOUR HOTLINE
1 800 439 6507

September 13, 2023

To Whom it May Concern:

We are members of the Board of Directors of Independence House, Inc., a survivor centered organization serving the advocacy, counseling, housing, and support needs for survivors of domestic and sexual violence including survivors of domestic and sexual violence facing homelessness or housing instability in Barnstable County. Our Board of Directors is comprised of 90% of individuals who have experienced intimate partner violence, domestic violence, sexual violence, witnessed family violence and experienced housing insecurity and homelessness at points in their lives.

Our responsibilities as board members include strategic planning, program planning and approval, and governance of Independence House. We vote on the annual budget, review monthly financial statements, conduct the annual evaluation, and determine the compensation package of the executive director. We help to fundraise and are ambassadors for the work of the organization and educate our networks about the impact of domestic violence on families, including discussing how domestic violence victims flee their homes and as a result become homeless and/or experience housing insecurity.

We are extremely committed to the mission of the organization and do our best to ensure that mission is met. *Our mission is to help all domestic violence and sexual assault victims and their children by creating opportunities to find safety and become empowered through crisis intervention, advocacy, counseling, referral, prevention, outreach, education, and inspiring change in our community.* We meet monthly, eleven times per year and participate in all the committees of the board. Most importantly, we are proud that our work is informed by the voices, knowledge, and experience of all of us who "*have been there.*"

Sincerely,

Donna Zayatz
Independence House Board Member

Sandy Cashen
Independence House Board Member

Maggie Phelan
Independence House Board Member

Ron Larrivee
Independence House Board Member

IHBOD/jsw

September 11, 2023

To Whom it May Concern:

We are members of the Consumer Advisory Board of Duffy Health Center, which provides health care services to people experiencing homelessness or housing instability in Barnstable County. We also serve on the Board of Directors for Duffy Health Center.

As Board members, we are involved in all aspects of governance at Duffy. We oversee the annual budget development and review monthly financial statements, participate in the strategic planning committee and the planning process, review key metrics of organizational performance, and are invited to ask questions, approve the annual evaluation and compensation package of the CEO, and provide vital community contacts for Duffy.

As Consumer Advisory Board members, we recently reviewed and updated our charter, including our mission which is: to facilitate open communication between Duffy Health Center leadership and its consumers. The CAB is 'a critical source of insights about consumer issues and concerns and service requirements from Duffy. Members have the opportunity to influence decision-making at the highest levels of Duffy and to experience meaningful interaction with peers.

Thank you for this opportunity to share with you the important role that consumers plan in decision-making at Duffy Health Center.

Sincerely,

Jeffrey Haddad

David Hale

Vanessa Proc

September 20, 2023

To Whom It May Concern:

I currently serve as HMIS Program Manager and CE Coordinator for MA-503 Cape Cod and Islands CoC, and I provide technical assistance to the Cape and Islands Regional Network on Homelessness Policy Board and the Emergency Response Committee. I have lived experience of homelessness, which has prompted me to work in the field of homeless services.

As HMIS Program manager, my duties involve system administration, user training, scheduled reporting to HUD, ad hoc analyses to support regional initiatives, development of dashboards and interactive forms, and a number of other tasks. As CE Coordinator, I create the by-name list, make referrals to housing openings, track outcomes, and manage the many other activities that make our system work.

I submit this attestation of lived experience of homelessness in support of the FY2023 Collaborative Application of MA-503 Cape Cod and Islands CoC.

Sincerely,

DocuSigned by:

Martha Taylor

A968C126BA9641D...

9/20/2023

Martha Taylor
HMIS Program Manager | Human Services
Barnstable County, Regional Government of Cape Cod
✉ Email martha.taylor@capecod.gov ✆ Office (508) 375-6625
📍 3195 Main Street | P.O. Box 427 | Barnstable, MA 02630
[f] [◉] [in] [▸] [▸] | ⊕ www.capecod.gov

September 20, 2023
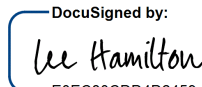
Lee M. Hamilton
Continuum of Care Review and Ranking Committee
Cape Cod and the Islands Regional Network on Homelessness

To Whom It May Concern:
I attest that the following undersigned is an active members of the Review and Ranking
Committee, with lived experience, and has participated in task of analyzing and ranking of all
new and renewal projects submitted as part of the 2023 Continuum of Care (COC) competition.
This person was also a member of this Committee for the FY2022 and FY2021 CoC
Competition.

The Regional Network on Homelessness Policy Board has empowered the Review and Ranking
Committee to utilize objective criteria to score, assess and prioritize projects for Tier 1 and Tier 2
for submission with the Collaborative Application. In our experience, the Cape and Islands COC
values the unique perspective of those who are currently or formally unstably housed and/or
unhoused and utilizes our input to best meet the housing needs of the residents of our region,
including selection of projects funded through the COC. This letter is written in support of the
Collaborative Application for the MA-503- Cape Cod and the Islands COC.

Sincerely,

DocuSigned by:

Lee Hamilton

E0EC80CDD4D2459...

Lee M. Hamilton, Consultant and Committee Chair

DocuSigned by:

Tricia Gentile

0FEB717BA59C4A1...

Tricia Gentile, Review and Ranking Committee Member

CAPE AND ISLANDS
YOUTH ACTION BOARD

To Whom It May Concern:

The Cape and Islands Youth Action Board (YAB) is composed of young people with lived experience of homelessness. The YAB plays a key role in creating solutions and approaches needed to meet the unique needs of youth experiencing homelessness within Cape Cod and the Islands. The mission of the YAB is to advance awareness and advocacy toward ending youth homelessness, with the intention of creating lasting macro-level change by challenging current assumptions and biases about youth homelessness through authentic youth collaboration and lived experience. We believe that young people deserve housing where they feel safe and secure with the support to achieve goals beyond housing, regardless of their background, identity, and capacity. Utilizing the network of young people with lived experience that the YAB has developed over the past year has been very effective in advocating for the larger youth homelessness community.

The YAB is pleased to work with the Cape Cod and Islands Continuum of Care (CoC) to increase opportunities for housing and services for youth and young adults. We provided input in the redesign of the Coordinated Entry System assessments that strive to eliminate specific disparities based on age, race and gender identity in response to overrepresentation of these marginalized groups in the homelessness system. Additionally, we were involved in all aspects of the YHDP Coordinated Community Plan development and will continue to work directly with the CoC during implementation. We are grateful to have the opportunity to collaborate with partners across the Cape and Islands as we address the particular housing needs of our youth community. We fully support the Collaborative Application for the MA-503, Cape Cod and the Islands CoC.

Sincerely,

The Cape and Islands Youth Action Board

_____   _____   _____
Brittni Cormier   Ranae Havalotti   Amanda Hutchinson

_____   _____
Dorothy Rose   Parker Thomson

MA-503 CAPE COD AND ISLANDS CoC - HOUSING FIRST SURVEY

CoC Grantee?	Survey Date	Agency	Project Name	Type	SUBSTANCE USE	MENTAL HEALTH ISSUES	CHRONIC ILLNESS	PHYSICAL DISABILITY	DEVELOPMENTAL DISABILITY	HIV/AIDS/HEPC	CRIMINAL JUSTICE HISTORY	UNWILLINGNESS TO PARTICIPATE IN SUPPORT SERVICES	NO FINANCIAL RESOURCES	PRIOR HOMELESS LIVING SITUATION	UNSUCCESSFUL HOUSING HISTORY	OTHER (PLEASE SPECIFY)
		CHAMP	Ready Lorusso House	PSH												
		CIVOC	Homestead I	PSH												
X		CSS	Mainstay	PSH												
X		DMH	Cape Cod Supported Housing	PSH												
X		DUFFY	Welcome Home VI	PSH												
		FHA	Flynn House	PSH												
		FHC	Bridgeport	PSH												
		HAC	Chase House	PSH												
X		HAC	Cape Homes V	PSH												
		HAC	Home and Healthy For Good	PSH												
		HAC	HUD-VASH	PSH												
X		HAC	New Housing First	PSH												
X		HAC	Parkway House	PSH												
X		HAC	Youth Supportive Housing	PSH												
		HAC	Emergency Solutions Grant Rapid Re-housing	RRH												
		HAC	HomeBASE RRH	RRH												
X		IH	Empowered Survivors PH/RRH	RRH												
		OHA	Canal House	PSH												
		PHA	Foley House	PSH												
X		SHA	Fresh Start	PSH												
		VINFEN	Chronic Homeless Outreach Program	PSH												
		VNOC	MA-503 RR SSVF	RRH												

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Homeless Management Information System

SPOTLIGHT: U.S. Department of Housing and Urban Development Continuum of Care FY2023 Notice of Funding Opportunity released

The U.S. Department of Housing and Urban Development (HUD) recently released the 2023 Continuum of Care Notice of Funding Opportunity FR-6700-N-25 14.267. MA-503 Cape Cod and Islands Continuum of Care is Accepting New and Renewal Project Applications For:

Permanent Housing-Permanent Supportive Housing (PH- PSH)

Permanent Housing – Rapid Rehousing (PH- RRH)

Joint Transitional Housing (TH and PH- RRH)

Homeless Management Information System (HMIS)

Supportive Services Only- Coordinated Entry (SSO-CE)

CoC Planning

An Information Session for Renewal Projects will be held on July 31, 2023, at 2:30PM.

An Information Session for New Projects will be held on August 7, 2023, at 2:30PM.

For more information, please see the entire Request for Proposals.

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Joint Transitional Housing (TH and PH- RRH)

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Continuum of Care

Homeless Management Information System

HOME Investment Partnership Program

HOME American Rescue Plan Program

Youth Homelessness

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For more information, please see the entire Request for Proposals.

Racial Equity in the Cape and Islands Homeless Services System

In August of 2021, the MA-503 Cape Cod and Islands Continuum of Care conducted an analysis of local homeless data to determine if

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For more information, please see the entire Request for Proposals.

2022 Annual Point in Time Count Results

The Cape and Islands Regional Network on Homelessness has released its findings from the 2022 Annual Point in Time Count, which took place on the night of February 22 on Cape Cod, Martha's Vineyard, and Nantucket. On the Cape and Islands, the total number of homeless persons was 397, an increase of 54 persons from last year.

The Point in Time (PIT) counts individuals and families experiencing homelessness in emergency shelters, transitional housing, motels (if paid for by an agency), on the street, in cars, in abandoned buildings, and in other places not meant for human habitation. The PIT does not count persons or families who are doubled-up and/or living with family and

MA-503 CAPE COD AND ISLANDS CONTINUUM OF CARE
FY2023 NOFO PROJECT SCORING METHODOLOGY SUMMARY

SCORING CATEGORY - FY2023 RENEWAL PROJECTS - 1 OR MORE APRS	MAXIMUM POINTS
INTRODUCTION: THRESHOLD CRITERIA	PASS
PART A: PROJECT QUALITY / PROGRAM POPULATION	57
PART B: PROJECT QUALITY / POLICIES & PROCEDURES	8
PART C: PROJECT QUALITY / COST EFFECTIVENESS	12
PART D: PROJECT QUALITY / SYSTEM PERFORMANCE - METRIC 2: RETURNS TO HOMELESSNESS FROM PH	12
PART E: PROJECT QUALITY / SYSTEM PERFORMANCE - METRIC 4: CASH INCOME AND BENEFITS	24
PART F: PROJECT QUALITY / DATA QUALITY	22
PART G: PROJECT QUALITY / PROGRAM OPERATION	14
PART H: PROJECT QUALITY / EQUITY OF ACCESS AND EQUITY OF OUTCOMES	10
PART I: PROJECT QUALITY / QUALITY OF APPLICATION	3
**TOTAL MAXIMUM POINTS	162

SCORING CATEGORY - FY2023 RENEWAL PROJECTS - NO APR / NEW PROJECT	MAXIMUM POINTS
INTRODUCTION: THRESHOLD CRITERIA	PASS
PART A: PROJECT QUALITY / ORGANIZATIONAL CAPACITY	18
PART B: PROJECT QUALITY / PROGRAM DESCRIPTION	47
PART C: PROJECT QUALITY / QUALITY OF APPLICATION	3
PART D: PROJECT QUALITY / COST EFFECTIVENESS	2
**TOTAL MAXIMUM POINTS 70	70

*APR data used in scoring of Project Renewal Applications are drawn from the most recent APR submitted at the time of the CY2023 Grantee Monitoring Site Visit.
** Project rankings are based on the percentage of TOTAL PROJECT SCORE compared to the TOTAL MAXIMUM POSSIBLE POINTS available to Renewal Projects - 1+ APRs, Renewal Projects - No APR, and New Projects, respectively.

MA-503 CAPE COD AND ISLANDS CONTINUUM OF CARE
FY2023 RENEWAL PROJECT SCORING METHODOLOGY - 1 or more APRS

Scoring Data Sources: Applicant Surveys, Applications, APRs, Attendance Rosters, CES Database, HMIS Database, Site Visit Checklists	DATA SOURCE	POINTS
INTRODUCTION: PROJECT QUALITY / PROJECT ELIGIBILITY THRESHOLD CRITERIA (PASS/FAIL)		
[A] Project meets eligibility requirements of the CoC Program as described in the Act and the Rule and provides evidence of eligibility required in the application		PASS
[B] Applicant demonstrates financial and management capacity and experience to carry out the project as detailed in project application and the capacity to administer federal funds		PASS
[C] Applicant has submitted the required certifications specified in the NOFO		PASS
[D] Population to be served meets program eligibility requirements as described in the Act, the Rule, and Section II.B.11.f of the NOFO.		PASS
[E] All application materials were received by the deadline		PASS
[F] Project is consistent with the Regional Network on Homelessness Strategic Plan and the Consolidated Plan		PASS
[G] No outstanding HUD and/or OIG Audit Findings where Grantee response is overdue or unsatisfactory (with approval from CoC, Grantee may be in process of working to resolve Findings)		PASS
[H] Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project fills all vacancies from the Cape Cod and Islands CoC Coordinated Entry System (or for DV projects, from a comparable DV Coordinated Entry System).		PASS
[I] Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project participates in the Cape Cod and Islands CoC HMIS (or for DV projects, in a comparable DV homeless information database).		PASS
[J] Project continues to be viable		PASS
	INTRODUCTION	**PASS**
PART A: PROJECT QUALITY / PROGRAM POPULATION		
(1) Project Type	APR Q01 - Project Renewal Application	**2**
a. Permanent Supportive Housing		2
b. Transitional Housing - Permanent Housing/Rapid Re-Housing		2
c. Transitional Housing		1
(2) Bed and Unit Inventory: Number of beds in project	HMIS Project Set Up-Project Renewal Application	**2**
a. 20 or more		2
b. Fewer than 20		1
(3) Bed and unit inventory: % of dedicated Chronically Homeless or DedicatedPLUS beds	Project Renewal Application	**5**
a. 100%		5
b. 75%		4
c. 50%		3
d. 25%		2
e. Less than 25% but more than 0%		1
f. None		0
(4) Percentage of Chronically Homeless project participants	APR Q26b	**10**
a. 100%		10
b. 80%-99%		8
c. 60%-79%		6
d. 40%-59%		4
e. 1%-39%		2
f. 0%		0
(5) Does this project have a specific subpopulation focus (check all that apply)	APR Q01 - Project Renewal Application	**11**
a. Veterans		1
b. Youth (under 25)		1
c. Families and Children		1
d. Domestic Violence		1
e. Substance Abuse		1
f. Mental Illness		1
g. HIV/AIDS		1
h. Chronic Homeless		1
i. LGBTQ+		1
j. BIPOC and other traditionally underserved populations		1
k. Other		1
l. N/A Project Serves All Subpopulations		11
(6) Housing First - Does the project enroll program participants who have the following barriers (check all that apply)	Project Renewal Application - Site Visit Checklist - Housing First Survey	**8**
a. Having little or income		2
b. Active or history of substance use		2
c. Having criminal record (with exceptions for state-mandated restrictions)		2
d. History of victimization/abuse, domestic violence, sexual assault, childhood abuse		2
e. None of the above		0
(7) Housing First - Will the project prevent participant termination for any of the following (check all that apply)	Project Renewal Application - Site Visit Checklist - Housing First Survey	**8**
a. Failure to participate in supportiver services		2
b. Failure to make progress on a service plan		2
c. Loss of income or failure to improve income		2
d. Any other activity no covered in a lease typically found for unassisted persons in geographic area		2
e. None of the above		0
(8) Does Grantee offer Domestic Violence services or referrals to Domestic Violence provider agencies to participants who report a history of Domestic Violence?	APR Q14a - Site Visit Checklist	**1**
a. Yes		1
b. No		0
(9) Does Grantee actively recruit persons with Lived Experience of Homelessness to serve in policy-making capacity or to represent Grantee agency in community collaborations?	Applicant Survey - Site Visit Checklist	**5**
a. Yes (N/A if governmental entity)		5
b. No		0

(10)	How many persons with Lived Experience serve on boards, committees, or working groups?	**Applicant Survey - Site Visit Checklist**	**5**
	a. 5 or more (N/A if governmental entity)		*5*
	b. 4		*4*
	c. 3		*3*
	d. 2		*2*
	e. 1		*1*
	f. 0		*0*
		PART A MAXIMUM POSSIBLE POINTS	**57**

PART B: PROJECT QUALITY / POLICIES & PROCEDURES

(11)	**Does Grantee follow CoC Coordinated Entry Policies and Procedures for (check as many as apply):**	**Site Visit Checklist**	**3**
	a. Prioritizing the most vulnerable individuals and families as outlined in Written Standards		*1*
	b. Responding to referrals		*1*
	c. Reporting unit vacancies		*1*
(12)	**Does Grantee follow all data security and privacy standards as outlined in the MA-503 CoC HMIS Policies and Procedures manual, including submission of annual HMIS Security Self-Certification?**	**Site Visit Checklist**	**1**
	a. Yes		*1*
	b. No		*0*
(13)	**Does Grantee follow HUD-approved Financial Policies and Procedures for management of CoC funds?**	**Site Visit Checklist**	**1**
	a. Yes		*1*
	b. No		*0*
(14)	**Has Grantee provided documented 25% Match for current project?**	**Site Visit Checklist**	**1**
	a. Yes		*1*
	b. No		*0*
(15)	**Does Grantee have "Move On" policy to help participants apply for and obtain mainstream housing vouchers?**	**Site Visit Checklist**	**2**
	a. Official written policy		*2*
	b. No written policy, but participant service plans include assistance in obtaining mainstream vouchers		*1*
	c. No Move On policy		*0*
		PART B MAXIMUM POSSIBLE POINTS	**8**

PART C: PROJECT QUALITY / COST EFFECTIVENESS

(16)	**Average length of time in PSH - Leavers**	**APR Q22b**	**3**
	a. 180 days or greater		*3*
	b. 90 to 179 days		*2*
	c. Fewer than 90 days		*1*
(17)	**Average length of time in PSH - Stayers**	**APR Q22b**	**3**
	a. 180 days or greater		*3*
	b. 90 to 179 days		*2*
	c. Fewer than 90 days		*1*
(18)	**Utilization Rate - Average Daily Utilization During Opearing Year / Beds**	**APR Q2**	**4**
	a. 90% or higher		*4*
	b. 80% -89%		*3*
	c. 70% - 79%		*2*
	d. 60% - 69%		*1*
	e. Less than 60%		*0*
(19)	**Cost per Permanent Housing Outcome (STAYERS and LEAVERS) is at or below regional average**	**HMIS Data Analysis**	**2**
	a. Yes		*2*
	b. No		*0*
		PART C MAXIMUM POSSIBLE POINTS	**12**

PART D: PROJECT QUALITY / SYSTEM PERFORMANCE - METRIC 2: RETURNS TO HOMELESSNESS FROM PH

(20)	**Percentage of LEAVERS who exited Permanent Housing to return to homelessness (unsheltered or Emergency Shelter)**	**HMIS Data Analysis, Site Visit Checklist**	**6**
	a. 0% or N/A		*2*
	b. Greater than 0%		*0*
(21)	**Percentage of STAYERS In Permanent Housing and LEAVERS exiting to PH destination**	**APR Q23c, HMIS Data Analysis**	**6**
	a. 100% (excluding exceptions)		*4*
	b. 90% - 99%		*3*
	c. 80% - 89%		*2*
	d. 70% -79%		*1*
	e. Less than 70%		*0*
		PART C MAXIMUM POSSIBLE POINTS	**12**

PART E: PROJECT QUALITY / SYSTEM PERFORMANCE - METRIC 4: CASH INCOME AND BENEFITS

(22)	**Mainstream Benefits: % Households with CASH INCOME of any kind during CURRENT CONTRACT YEAR**	**APR Q18**	**3**
	a. 90% or more		*3*
	b. 75% - 89%		*2*
	c. 60% - 74%		*1*
	d. Less than 60%		*0*
(23)	**Mainstream Benefits: % Households with INCREASED CASH INCOME OF ANY KIND during CURRENT CONTRACT YEAR**	**APR Q19a1**	**3**
	a. 20% or greater		*3*
	b. 10% to 19%		*2*
	c. 1% to 9%		*1*
	d. No Households		*0*

(24)	**Mainstream Benefits: % Households with EARNED INCOME during CURRENT CONTRACT YEAR**	**APR Q18**	**3**
	a. 90% or more		*3*
	b. 75% - 89%		*2*
	c. 60% - 74%		*1*
	d. Less than 60%		*0*
(25)	**Mainstream Benefits: % Households with INCREASED EARNED INCOME during CURRENT CONTRACT YEAR**	**APR Q19a1**	**3**
	a. 20% or greater		*3*
	b. 10% to 19%		*2*
	c. 1% to 9%		*1*
	d. No Households		*0*
(26)	**Mainstream Benefits: % Households with NON-EMPLOYMENT INCOME of any kind during CURRENT CONTRACT YEAR**	**APR Q18**	**3**
	a. 90% or more		*3*
	b. 75% - 89%		*2*
	c. 60% - 74%		*1*
	d. Less than 60%		*0*
(27)	**Mainstream Benefits: % Households with INCREASED NON-EMPLOYMENT INCOME during CURRENT CONTRACT YEAR**	**APR Q19a1**	**3**
	a. 20% or greater		*3*
	b. 10% to 19%		*2*
	c. 1% to 9%		*1*
	d. No Households		*0*
(28)	**Mainstream Benefits: % Households with NON-CASH BENEFITS of any kind**	**APR Q20b**	**3**
	a. 90% or more		*3*
	b. 75% - 89%		*2*
	c. 60% - 74%		*1*
	d. Less than 60%		*0*
(29)	**Health Insurance: % of Total Participants enrolled in health insurance of any kind**	**APR Q21**	**3**
	a. 90% or more		*3*
	b. 75% - 89%		*2*
	c. 60% - 74%		*1*
	d. Less than 60%		*0*
		PART D MAXIMUM POSSIBLE POINTS	**24**
PART F: PROJECT QUALITY / DATA QUALITY			
(30)	**Data Quality: Personally Identifiable Information (PII)**	**APR Q06a**	**2**
	a. 100%		*2*
	b. 80% - 99%		*1*
	c. Below 80%		*0*
(31)	**Data Quality: Universal Data Elements**	**APR Q06b**	**2**
	a. 100%		*2*
	b. 80% - 99%		*1*
	c. Below 80%		*0*
(32)	**Data Quality: Income and Housing Data Quality**	**APR Q06c**	**2**
	a. 100%		*2*
	b. 80% - 99%		*1*
	c. Below 80%		*0*
(33)	**Data Quality: Chronic Homelessness**	**APR Q06d**	**2**
	a. 100%		*2*
	b. 80% - 99%		*1*
	c. Below 80%		*0*
(34)	**Data Quality: Entry Assessments - Coverage**	**HMIS Data Quality Report**	**2**
	a. 100%		*2*
	b. 90% - 99%		*1*
	c. Below 90%		*0*
(35)	**Data Quality: Entry Assessments - Completeness**	**HMIS Data Quality Report**	**2**
	a. 100%		*2*
	b. 90% - 99%		*1*
	c. Below 90%		*0*
(36)	**Data Quality: Annual Assessments Completed**	**HMIS Data Quality Report**	**2**
	a. 100%		*2*
	b. 80% - 99%		*1*
	c. Below 80%		*0*
(37)	**Data Quality: Annual Assessments On Time**	**HMIS Data Quality Report**	**2**
	a. 100%		*2*
	b. 80% - 99%		*1*
	c. Below 80%		*0*
(38)	**Data Quality: Exit Assessments Completed**	**HMIS Data Quality Report**	**2**
	a. 100% (or N/A)		*2*
	b. 80% - 99%		*1*
	c. Below 80%		*0*

	Item	Source	Points
(39)	**Data Quality: Exit Destinations Recorded**	**HMIS Data Quality Report**	**2**
	a. 100% (or N/A)		*2*
	b. 80% - 99%		*1*
	c. Below 80%		*0*
(40)	**Data Quality: Positive Exit Destinations**	**HMIS Data Quality Report**	**2**
	a. 100% (or N/A)		*2*
	b. 50% - 99%		*1*
	c. Below 50%		*0*
	PART E MAXIMUM POSSIBLE POINTS		**22**

PART G: PROJECT QUALITY / PROGRAM OPERATION

	Item	Source	Points
(41)	**Timely expenditure of funds - total spend down of most recently completed contract**	**APR Grant Information**	**2**
	a. Greater than 90%		*2*
	b. Between 80 and 89%		*1*
	c. Less than 80%		*0*
(42)	**Timely expenditure of funds - average quarterly draw down of current contract**	**HUD Quarterly Spend Down Report**	**2**
	a. 25% or more		*2*
	b. 15% to 24%		*1*
	c. Less than 15%		*0*
(43)	**Grantee submitted Annual Performance Report (APR) within 90 days of Contract End Date OR within deadline of APR extension**	**APR Submission Notes, Site Visit Checklist**	**1**
	a. Yes		*1*
	b. No		*0*
(44)	**Grantee has attended at least one CoC / Regional Network technical training within the previous 12-month period, such as HMIS New User training, Point in Time Count, Tenant Preservation, Policy Board, DV/CES, HUD TTA webinars, CHAMP Application, CoC Start-Up webinar, etc.**	**Attendance Rosters**	**1**
	a. Yes		*1*
	b. No		*0*
(45)	**Grantee participates in Coordinated Entry meetings and Case Coordination meetings as requested by CoC**	**Attendance Rosters**	**1**
	a. Yes		*1*
	b. No		*0*
(46)	**Grantee follows CPD operational guidance (check as many as apply)**	**Site Visit Checklist**	**7**
	a. Grantee maintains homeless documentation in accordance with program requirements		*1*
	b. Grantee has written intake procedures which require documentation of participant's length of time homeless and qualifying disability		*1*
	c. Grantee prioritizes proof of homelessness as: (1) 3rd party documentation, (2) staff observation, (3) client self-certification		*1*
	d. Grantee conducts an annual assessment of service needs of program participants and adjusts services accordingly		*1*
	e. Grantee follows occupancy policies as outlined in CPD 6509.2, Chapter 29-3		*1*
	f. Grantee maintains a drug-free workplace		*1*
	g. Grantee has undergone Environmental Review within the past 5 years		*1*
	PART F MAXIMUM POSSIBLE POINTS		**14**

PART H: PROJECT QUALITY / EQUITY OF ACCESS - EQUITY OF OUTCOMES (7/1/2021 through 6/30/2022)

	Item	Source	Points
(47)	**EQUITBLE ACCESS - Project reflects local population: Rate of project enrollments by members of the BIPOC population is greater than or equal to regional demographic rate (5%)**	**HMIS Data Analysis**	**2**
	a. Yes		*2*
	b. No		*0*
(48)	**EQUITABLE ACCESS - Project reflects local population: Rate of project enrollments by persons of Hispanic/Latino descent is greater than or equal to regional demographic rate (4%)**	**HMIS Data Analysis**	**2**
	a. Yes		*2*
	b. No		*0*
(49)	**EQUITABLE OUTCOMES - Rate of retention of/exits to Permanent Housing (12 months or more) by members of the BIPOC population (compared to total enrollments by members of the BIPOC population)**	**HMIS Data Analysis**	**3**
	a. 100%		*3*
	b. 50%-99%		*2*
	c. 1%-50%		*1*
	d. 0% or N/A		*0*
(50)	**EQUITABLE OUTCOMES - Rate of retention of/exits to Permanent Housing (12 months or more) by persons of Hispanic/Latino descent (compared to total enrollments by persons of Hispanic/Latino descent)**	**HMIS Data Analysis**	**3**
	a. 100%		*3*
	b. 50%-99%		*2*
	c. Less than 50%		*1*
	d. 0% or N/A		*0*
	PART G MAXIMUM POSSIBLE POINTS		**10**

PART I: PROJECT QUALITY / QUALITY OF APPLICATION

	Item	Source	Points
(51)	**Application components are accurate and complete - Errors refers to substantive errors in data entry; inaccurate, incomplete, or missing information; calculation errors; etc. Typos will not be counted as errors.**	**Project Renewal Application**	**3**
	a. Application has no errors		*3*
	b. Application has between 1 and 3 errors		*2*
	c. Application has between 4 and 6 errors		*1*
	d. Application has more than 6 errors		*0*
	PART H MAXIMUM POSSIBLE POINTS		**3**
	TOTAL MAXIMUM POSSIBLE POINTS		**162**

MA-503 CAPE COD AND ISLANDS CONTINUUM OF CARE FY2023 RENEWAL PROJECTS NO APR / NEW PROJECT SCORING METHODOLOGY		
Scoring Data Sources: Applicant Surveys, Applications, Letters of Intent, Attendance Rosters	**DATA SOURCE**	**POINTS**
INTRODUCTION: PROJECT QUALITY / THRESHOLD CRITERIA (PASS/FAIL)		
[A] Project meets eligibility requirements of the CoC Program as described in the Act and the Rule and provides evidence of eligibility required in the application		PASS
[B] Applicant demonstrates financial and management capacity and experience to carry out the project as detailed in project application and the capacity to administer federal funds		PASS
[C] Applicant has submitted the required certifications specified in the NOFO		PASS
[D] Population to be served meets program eligibility requirements as described in the Act, the Rule, and Section II.B.11.f of the NOFO.		PASS
[E] All application materials were received by the deadline		PASS
[F] Project is consistent with the Regional Network on Homelessness Strategic Plan and the Consolidated Plan		PASS
[G] No outstanding HUD and/or OIG Audit Findings where Grantee response is overdue or unsatisfactory (with approval from CoC, Grantee may be in process of working to resolve Findings)		PASS
[H] Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project fills all vacancies from the Cape Cod and Islands CoC Coordinated Entry System (or for DV projects, from a comparable DV Coordinated Entry System).		PASS
[I] Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project participates in the Cape Cod and Islands CoC HMIS (or for DV projects, in a comparable DV homeless information database).		PASS
[J] Project will be viable		PASS
INTRODUCTION MAXIMUM POSSIBLE POINTS		**PASS**
PART A: PROJECT QUALITY / ORGANIZATIONAL CAPACITY		
(1) Organization's Experience - select as many as apply	**Applicant Survey -**	**5**
a. Serving homeless populations - for DV projects, experience providing services to victims of domestic violence	**Letter of Intent -**	*1*
b. Administering HUD grants (infrastructure)	**Project Application**	*1*
c. Track record of successful fiscal management		*1*
d. Capacity to participate in Homeless Management Information System (HMIS) - for DV projects, capacity to participate in database comparable to HMIS		*1*
e. Capacity to participate in Coordinated Entry System (CES) - for DV projects, capacity to participate in CES following protocols that ensure client safety and confidentiality		*1*
(2) Participation in CoC / Regional Network on Homelessness - select as many as apply	**Attendance Rosters**	**2**
a. Applicant has attended at least one CoC / Regional Network technical training within the previous 6-month period (such as Point in Time Count, DV/CES, HMIS Teams Meetings, HUD TTA webinars, CoC Start-Up webinar, etc.)		*1*
b. Applicant has attended at least one CES working group meeting within the previous 6 months		*1*
(3) Anticipated Start Date - Applicant guarantees that project will start by 12/31/2022	**Applicant Survey -**	**1**
a. Yes	**Letter of Intent**	*1*
b. No		*0*
(4) Does Grantee actively recruit persons with Lived Experience of Homelessness to serve in policy-making capacity or to represent Grantee agency in community collaborations?	**Applicant Survey -** **Letter of Intent**	**5**
a. **Yes** (N/A if governmental entity)		*5*
b. **No**		*0*
(5) How many persons with Lived Experience serve on boards, committees, or working groups?	**Applicant Survey -**	**5**
a. 5 (N/A if governmental entity)	**Letter of Intent -**	*5*
b. 4	**Site Visit Checklist**	*1*
c. 3		*3*
d. 2		*2*
e. 1		*1*
f. 0		*0*
PART A MAXIMUM POSSIBLE POINTS		**18**
PART B: PROJECT QUALITY / PROGRAM DESCRIPTION		
(6) Support Services Identified and Clearly Defined	**Letter of Intent -**	**1**
a. Yes	**Project Application**	*1*
b. No		*0*
(7) Demonstrates understanding of client needs	**Letter of Intent -**	**1**
a. Yes	**Project Application**	*1*
b. No		*0*
(8) Support services designed to meet client needs	**Letter of Intent -**	**1**
a. Yes	**Project Application**	*1*
b. No		*0*
(9) Number and configuration of units will fit needs of program participants	**Letter of Intent -**	**1**
a. Yes	**Project Application**	*1*
b. No		*0*
(10) Project will assist clients in obtaining mainstream benefits	**Letter of Intent -**	**1**
a. Yes	**Project Application**	*1*
b. No		*0*
(11) Support services will assist clients in obtaining and retaining permanent housing	**Letter of Intent -**	**1**
a. Yes	**Project Application**	*1*
b. No		*0*
(12) Demonstrates additional supportive services to assist clients in remaining housed (transportation, safety planning, etc.)	**Letter of Intent -** **Project Application**	**1**
a. Yes		*1*
b. No		*0*

(13)	Demonstrates established performance measures that are objective, measurable, and trackable	Letter of Intent - Project Application	1
	a. Yes		1
	b. No		0
(14)	Demonstrates client engagement strategies	Letter of Intent - Project Application	1
	a. Yes		1
	b. No		0
(15)	Type of Project - select only one	Letter of Intent - Project Application	2
	a. Permanent Supported Housing		2
	b. Transitional Housing - Permanent Housing/Rapid Re-Housing		2
	c. Transitional Housing		1
	d. DV Bonus - PH/RRH		2
	e. DV Bonus - Joint TH/RRH		2
	f. DV Bonus - SSO/CE		1
	g. Expansion		1
	h. Dedicated HMIS		1
	i. SSO/CE		1
(16)	Geographic Diversity - select only one	Letter of Intent - Project Application	1
	a. Upper Cape		1
	b. Lower Cape		1
	c. Nantucket		1
	d. Martha's Vineyard		1
(17)	What percentage of beds will be dedicated Chronically Homeless or DedicatedPLUS?	Letter of Intent - Project Application - Site Visit Checklist	5
	a. 100%		5
	b. 75%		4
	c. 50%		3
	d. More than 25% but less than 50%		2
	e. Less than 25% but more than 0%		1
	f. None or N/A		0
(18)	Does this project have a specific subpopulation focus (check all that apply)	Project Application	11
	a. Veterans		1
	b. Youth (under 25)		1
	c. Families and Children		1
	d. Domestic Violence		1
	e. Substance Abuse		1
	f. Mental Illness		1
	f. HIV/AIDS		1
	g. Chronic Homeless		1
	h. LGBTQ+		1
	i. BIPOC and other traditionally underserved populations		1
	j. Other		1
	k. N/A Project Serves All Subpopulations		11
(19)	Housing First - Does the project enroll program participants who have the following barriers (check all that apply)	Project Application	8
	a. Having little or income		2
	b. Active or history of substance use		2
	c. Having criminal record (with exceptions for state-mandated restrictions)		2
	d. History of victimization/abuse, domestic violence, sexual assault, childhood abuse		2
	e. None of the above		0
(20)	Housing First - Will the project prevent participant termination for any of the following (check all that apply)	Project Application	8
	a. Failure to participate in supportiver services		2
	b. Failure to make progress on a service plan		2
	c. Loss of income or failure to improve income		2
	d. Any other activity no covered in a lease typically found for unassisted persons in geographic area		2
	e. None of the above		0
(21)	Required Participation - select as many as apply	Project Application	2
	a. Agrees to participate in Homeless Management Information System (HMIS) - for DV projects, agrees to participate in database comparable to HMIS		1
	b. Agrees to participate in Coordinated Entry System (CES) - for DV projects, agrees to participate in CES following protocols that ensure client safety and confidentiality		1
(22)	Project will provide enough RRH assistance to ensure that at any time, program participants may move from TH to PH.	Project Application - Applicant Survey	1
	a. Yes or N/A		1
	b. No		0
	PART B MAXIMUM POSSIBLE POINTS		**47**
PART C: PROJECT QUALITY / QUALITY OF APPLICATION			
(23)	Application components are accurate and complete - Errors refers to substantive errors in data entry; inaccurate, incomplete, or missing information; calculation errors; etc. Typos will not be counted as errors.	Project Application	3
	a. Application has no errors		3
	b. Application has between 1 and 3 errors		2
	c. Application has between 4 and 6 errors		1
	d. Application has more than 6 errors		0
	PART C MAXIMUM POSSIBLE POINTS		**3**
PART D: PROJECT QUALITY / COST EFFECTIVENESS (NEW PROJECTS)			
(24)	Proposed cost per participant is at or below regional average		2
	a. Yes		2
	b. No		0
	PART D MAXIMUM POSSIBLE POINTS		**2**
	TOTAL MAXIMUM POSSIBLE POINTS		**70**

MA-503 CAPE COD AND ISLANDS CONTINUUM OF CARE FY2023 RENEWAL PROJECT SCORING METHODOLOGY - 1 or more APRS OBJECTIVE CRITERIA AND SPM USED IN SCORING	OBJECTIVE CRITERIA POINTS	SPM POINTS
PART A: PROJECT QUALITY / PROGRAM POPULATION		
(1) Project Type	2	
(2) Bed and Unit Inventory: Number of beds in project	2	
(3) Bed and unit inventory: % of dedicated Chronically Homeless or DedicatedPLUS beds	5	
(4) % of CH Participants in project	10	
(5) Priority populations served by this project	11	
(6) Housing First - Barriers to enrollment	8	
(7) Housing First - Termination	8	
(10) % of Participants/Lived Experience in policy making capacity in agency	5	
PART C: PROJECT QUALITY / COST EFFECTIVENESS		
(16) Average length of time in PSH - Leavers	3	
(17) Average length of time in PSH - Stayers	3	
(18) Utilization Rate - Average Daily Utilization During Operaing Year / Beds	4	
(19) Cost per Permanent Housing Outcome (STAYERS and LEAVERS) is at or below regional average	2	
PART D: PROJECT QUALITY / SYSTEM PERFORMANCE - METRIC 2: RETURNS TO HOMELESSNESS FROM PH		
(20) Percentage of LEAVERS who exited Permanent Housing to return to homelessness (unsheltered or Emergency Shelter)		6
(21) Percentage of STAYERS In Permanent Housing and LEAVERS exiting to PH destination		6
PART E: PROJECT QUALITY / SYSTEM PERFORMANCE - METRIC 4: CASH INCOME AND BENEFITS		
(22) Mainstream Benefits: % Households with CASH INCOME of any kind during CURRENT CONTRACT YEAR		3
(23) Mainstream Benefits: % Households with INCREASED CASH INCOME OF ANY KIND during CURRENT CONTRACT YEAR		3
(24) Mainstream Benefits: % Households with EARNED INCOME during CURRENT CONTRACT YEAR		3
(25) Mainstream Benefits: % Households with INCREASED EARNED INCOME during CURRENT CONTRACT YEAR		3
(26) Mainstream Benefits: % Households with NON-EMPLOYMENT INCOME of any kind during CURRENT CONTRACT YEAR		3
(27) Mainstream Benefits: % Households with INCREASED NON-EMPLOYMENT INCOME during CURRENT CONTRACT YEAR		3
(28) Mainstream Benefits: % Households with NON-CASH BENEFITS of any kind		3
(29) Health Insurance: % of Total Participants enrolled in health insurance of any kind		3
PART F: PROJECT QUALITY / DATA QUALITY		
(30) Data Quality: Personally Identifiable Information (PII)	2	
(31) Data Quality: Universal Data Elements	2	
(32) Data Quality: Income and Housing Data Quality	2	
(33) Data Quality: Chronic Homelessness	2	
(34) Data Quality: Entry Assessments - Coverage	2	
(35) Data Quality: Entry Assessments - Completeness	2	
(36) Data Quality: Annual Assessments Completed	2	
(37) Data Quality: Annual Assessments On Time	2	
(38) Data Quality: Exit Assessments Completed	2	
(39) Data Quality: Exit Destinations Recorded	2	
(40) Data Quality: Positive Exit Destinations	2	
PART G: PROJECT QUALITY / PROGRAM OPERATION		
(41) Timely expenditure of funds - total spend down of most recently completed contract	2	
(42) Timely expenditure of funds - average quarterly draw down of current contract	2	
(43) Grantee submitted Annual Performance Report (APR) within 90 days of Contract End Date OR within deadline of APR extension	1	
PART H: PROJECT QUALITY / EQUITY OF ACCESS - EQUITY OF OUTCOMES (7/1/2021 through 6/30/2022)		
(47) EQUITBLE ACCESS - Project reflects local population: Rate of project enrollments by persons of Black or African American descent is greater than or equal to regional demographic rate (4%)	2	
(48) EQUITABLE ACCESS - Project reflects local population: Rate of project enrollments by persons of Hispanic/Latino descent is greater than or equal to regional demographic rate (4%)	2	
(49) EQUITABLE OUTCOMES - Rate of retention of/exits to Permanent Housing (12 months or more) by persons of Black or African American descent (compared to total enrollments by persons of Black or African American descent)	3	
(50) EQUITABLE OUTCOMES - Rate of retention of/exits to Permanent Housing (12 months or more) by persons of Hispanic/Latino descent (compared to total enrollments by persons of Hispanic/Latino descent)	3	
PART I: PROJECT QUALITY / QUALITY OF APPLICATION		
(51) Application components are accurate and complete - Errors refers to substantive errors in data entry; inaccurate, incomplete, or missing information; calculation errors; etc. Typos will not be counted as errors.	3	
	103	36

TOTAL MAXIMUM POSSIBLE POINTS	162
TOTAL POINTS USING OBJECTIVE CRITERIA	100
PERCENTAGE OF POINTS USING OBJECTIVE CRITERIA	61.73%

TOTAL MAXIMUM POSSIBLE POINTS	162
TOTAL POINTS USING SPM	36
PERCENTAGE OF POINTS USING SPM	22.22%

MA 503 CAPE COD AND ISLANDS CONTINUUM OF CARE FY20223 NEW PROJECT/NON-OPERATIONAL RENEWAL PROJECT SCORING METHODOLOGY	
OBJECTIVE CRITERIA USED IN SCORING	
PART A: PROJECT QUALITY / ORGANIZATIONAL CAPACITY	
(5) Number of persons with Lived Experience on boards, committees, etc.	5
PART B: PROJECT QUALITY / PROGRAM DESCRIPTION	
(9) Number and configuration of units to fit participant needs	1
(13) Performance measures that are objective, measurable, and trackable	1
(15) Type of project	2
(16) Geographic diversity	1
(17) % of CH / DedicatedPLUS beds	5
(18) Priority populations served by this project	11
(19) Additional vulnerable populations served by this project	9
(20) Does project follow Housing First approach?	10
(22) Project will provide enough RRH for participants to move from TH to PH.	1
PART C: PROJECT QUALITY / QUALITY OF APPLICATION	
(23) Application components are accurate and complete - Errors refers to substantive errors in data entry; inaccurate, incomplete, or missing information; calculation errors; etc. Typos will not be counted as errors.	3
PART C: PROJECT QUALITY / COST EFFECTIVENESS	
(24) Cost Effectiveness	2
	45

TOTAL MAXIMUM POINTS POSSIBLE - PSH / RRH	70
TOTAL POINTS USING OBJECTIVE CRITERIA	45
PERCENTAGE OF POINTS USING OBJECTIVE CRITERIA	64.29%

TOTAL MAXIMUM POINTS POSSIBLE - JOINT TH/PH-RRH	70
TOTAL POINTS USING OBJECTIVE CRITERIA	45
PERCENTAGE OF POINTS USING OBJECTIVE CRITERIA	64.29%

MA-503 CAPE COD AND ISLANDS CONTINUUM OF CARE
FY2023 RENEWAL PROJECT SCORING - 1 or more APRs

GRANTEE:	HOUSING ASSISTANCE CORPORATION	PROJECT NAME:	CAPE HOMES V	PROJECT SCORE	POSSIBLE POINTS	POINTS AWARDED
INTRODUCTION: PROJECT QUALITY / THRESHOLD CRITERIA (PASS/FAIL)						
[A]	Project meets eligibility requirements of the CoC Program as described in the Act and the Rule and provides evidence of eligibility required in the application			Pass ☑ Fail ☐	PASS	PASS
[B]	Applicant demonstrates financial and management capacity and experience to carry out the project as detailed in project application and the capacity to administer federal funds			Pass ☑ Fail ☐	PASS	PASS
[C]	Applicant has submitted the required certifications specified in the NOFO			Pass ☑ Fail ☐	PASS	PASS
[D]	Population to be served meets program eligibility requirements as described in the Act, the Rule, and Section II.B.11.f of the NOFO.			Pass ☑ Fail ☐	PASS	PASS
[E]	All application materials were received by the deadline			Pass ☑ Fail ☐	PASS	PASS
[F]	Project is consistent with the Regional Network on Homelessness Strategic Plan and the Consolidated Plan			Pass ☑ Fail ☐	PASS	PASS
[G]	No outstanding HUD and/or OIG Audit Findings where Grantee response is overdue or unsatisfactory (with approval from CoC, Grantee may be in process of working to resolve Findings)			Pass ☑ Fail ☐	PASS	PASS
[H]	Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project fills all vacancies from the Cape Cod and Islands CoC Coordinated Entry System (or for DV projects, from a comparable DV Coordinated Entry			Pass ☑ Fail ☐	PASS	PASS
[I]	Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project participates in the Cape Cod and Islands CoC HMIS (or for DV projects, in a comparable DV homeless information database).			Pass ☑ Fail ☐	PASS	PASS
[J]	Project continues to be viable			Pass ☑ Fail ☐	PASS	PASS
				INTRODUCTION	**PASS**	**PASS**
PART A: PROJECT QUALITY / PROGRAM POPULATION						
(1)	**Project Type**				**2**	
	a. Permanent Supportive Housing			☑	2	2
	b. Transitional Housing - Permanent Housing/Rapid Re-Housing			☐	2	0
	c. Transitional Housing			☐	1	0
(2)	**Bed and Unit Inventory: Number of beds in project**				**2**	
	a. 20 or more			☑	2	2
	b. Fewer than 20			☐	1	0
(3)	**Bed and unit inventory: % of dedicated Chronically Homeless or DedicatedPLUS beds**				**5**	
	a. 100% or N/A			☑	5	5
	b. 75%			☐	4	0
	c. 50%			☐	3	0
	d. 25%			☐	2	0
	e. Less than 25% but more than 0%			☐	1	0
	f. None			☐	0	0
(4)	**Percentage of Chronically Homeless project participants**				**10**	
	a. 100%			☐	10	0
	b. 80%-99%			☑	8	8
	c. 60%-79%			☐	6	0
	d. 40%-59%			☐	4	0
	e. 1%-39%			☐	2	0
	f. 0%			☐	0	0

(5)	**Does this project have a specific subpopulation focus (check all that apply)**		**11**	
	a. Veterans	☑	1	1
	b. Youth (under 25)	☐	1	0
	c. Families and Children	☐	1	0
	d. Domestic Violence	☐	1	0
	e. Substance Abuse	☑	1	1
	f. Mental Illness	☑	1	1
	g. HIV/AIDS	☐	1	0
	h. Chronic Homeless	☑	1	1
	i. LGBTQ+	☐	1	0
	j. BIPOC and other traditionally underserved populations	☐	1	0
	k. Other	☑	1	1
	l. N/A Project Serves All Subpopulations	☐	11	0
(6)	**Housing First - Does the project enroll program participants who have the following barriers (check all that apply)**		**8**	
	a. Having little or income	☑	2	2
	b. Active or history of substance use	☑	2	2
	c. Having criminal record (with exceptions for state-mandated restrictions)	☑	2	2
	d. History of victimization/abuse, domestic violence, sexual assault, childhood abuse	☑	2	2
	e. None of the above	☐	0	0
(7)	**Housing First - Will the project prevent participant termination for any of the following (check all that apply)**		**8**	
	a. Failure to participate in supportiver services	☑	2	2
	b. Failure to make progress on a service plan	☑	2	2
	c. Loss of income or failure to improve income	☑	2	2
	d. Any other activity no covered in a lease typically found for unassisted persons in geographic area	☑	2	2
	e. None of the above	☐	0	0
(8)	**Does Grantee offer Domestic Violence services or referrals to Domestic Violence provider agencies to participants who report a history of Domestic Violence?**		**1**	
	a. Yes	☑	1	1
	b. No	☐	0	0
(9)	**Does Grantee actively recruit persons with Lived Experience of Homelessness to serve in policy-making capacity or to represent Grantee agency in community collaborations?**		**5**	
	a. Yes (N/A if governmental entity)	☑	5	5
	b. No	☐	0	0
(10)	**How many persons with Lived Experience serve on boards, committees, or working groups?**		**5**	
	a. 5 or more (N/A if governmental entity)	☑	5	5
	b. 4	☐	4	0
	c. 3	☐	3	0
	d. 2	☐	2	0
	e. 1	☐	1	0
	f. 0	☐	0	0
	SUBTOTAL PART A		**57**	**49**

PART B: PROJECT QUALITY / POLICIES & PROCEDURES			
(11) Does Grantee follow CoC Coordinated Entry Policies and Procedures for (check as many as apply):		**3**	
a. Prioritizing the most vulnerable individuals and families as outlined in Written Standards	☑	*1*	*1*
b. Accepting and responding to referrals	☑	*1*	*1*
c. Reporting unit vacancies	☑	*1*	*1*
(12) Does Grantee follow all data security and privacy standards as outlined in the MA-503 CoC HMIS Policies and Procedures manual, including submission of annual HMIS Security Self-Certification?		**1**	
a. Yes	☑	*1*	*1*
b. No	☐	*0*	*0*
(13) Does Grantee follow HUD-approved Financial Policies and Procedures for management of CoC funds?		**1**	
a. Yes	☑	*1*	*1*
b. No	☐	*0*	*0*
(14) Has Grantee provided documented 25% Match for current project?		**1**	
a. Yes	☑	*1*	*1*
b. No	☐	*0*	*0*
(15) Does Grantee have "Move On" policy to help participants apply for and obtain mainstream vouchers?		**2**	
a. Official written policy	☑	*2*	*0*
b. No written policy, but participant service plans include assistance in obtaining mainstream vouchers	☐	*1*	*0*
c. No Move On policy	☐	*0*	*0*
SUBTOTAL PART B		**8**	**6**
PART C: PROJECT QUALITY / COST EFFECTIVENESS			
(16) Average length of time in PSH - Leavers (if no Leavers, maximum points)		**3**	
a. 180 days or greater	☑	*3*	*3*
b. 90 to 179 days	☐	*2*	*0*
c. Fewer than 90 days	☐	*1*	*0*
(17) Average length of time in PSH - Stayers		**3**	
a. 180 days or greater	☑	*3*	*3*
b. 90 to 179 days	☐	*2*	*0*
c. Fewer than 90 days	☐	*1*	*0*
(18) Utilization Rate - Average Daily Utilization During Opearing Year / Beds		**4**	
a. 90% or higher	☐	*4*	*0*
b. 80% -89%	☑	*3*	*3*
c. 70% - 79%	☐	*2*	*0*
d. 60% - 69%	☐	*1*	*0*
e. Less than 60%	☐	*0*	*0*
(19) Cost per Permanent Housing Outcome (STAYERS and LEAVERS) is at or below regional average		**2**	
a. Yes	☑	*2*	*2*
b. No	☐	*0*	*0*
SUBTOTAL PART C		**12**	**11**
PART D: PROJECT QUALITY / SYSTEM PERFORMANCE - METRIC 2: RETURNS TO HOMELESSNESS FROM PH			
(20) Percentage of LEAVERS who exited Permanent Housing to return to homelessness (unsheltered or Emergency Shelter)		**6**	
a. 0% or N/A	☑	*5*	*5*
b. Greater than 0%	☐	*0*	*0*

(21)	**Percentage of STAYERS In Permanent Housing and LEAVERS exiting to PH destination**			**6**	
	a. 100% (excluding exceptions)	☑		6	6
	b. 90% - 99%	☐		4	0
	c. 80% - 89%	☐		2	0
	d. 70% -79%	☐		1	0
	e. Less than 70%	☐		0	0
		SUBTOTAL PART D		**12**	**11**
PART E: PROJECT QUALITY / SYSTEM PERFORMANCE - METRIC 4: CASH INCOME AND BENEFITS					
(22)	**Mainstream Benefits: % Households with CASH INCOME of any kind during MOST RECENTLY COMPLETED CONTRACT YEAR**			**3**	
	a. 90% or more	☐		3	0
	b. 75% - 89%	☑		2	2
	c. 60% - 74%	☐		1	0
	d. Less than 60%	☐		0	0
(23)	**Mainstream Benefits: % Households with INCREASED CASH INCOME OF ANY KIND during MOST RECENTLY COMPLETED CONTRACT YEAR**			**3**	
	a. 20% or greater	☑		3	3
	b. 10% to 19%	☐		2	0
	c. 1% to 9%	☐		1	0
	d. No Households	☐		0	0
(24)	**Mainstream Benefits: % Households with EARNED INCOME during MOST RECENTLY COMPLETED CONTRACT YEAR**			**3**	
	a. 90% or more	☐		3	0
	b. 75% - 89%	☐		2	0
	c. 60% - 74%	☐		1	0
	d. Less than 60%	☑		0	0
(25)	**Mainstream Benefits: % Households with INCREASED EARNED INCOME during MOST RECENTLY COMPLETED CONTRACT**			**3**	
	a. 20% or greater	☐		3	0
	b. 10% to 19%	☑		2	2
	c. 1% to 9%	☐		1	0
	d. No Households	☐		0	0
(26)	**Mainstream Benefits: % Households with NON-EMPLOYMENT INCOME of any kind during MOST RECENTLY COMPLETED CONTRACT YEAR**			**3**	
	a. 90% or more	☐		3	0
	b. 75% - 89%	☐		2	0
	c. 60% - 74%	☐		1	0
	d. Less than 60%	☑		0	0
(27)	**Mainstream Benefits: % Households with INCREASED NON-EMPLOYMENT INCOME during MOST RECENTLY COMPLETED CONTRACT YEAR**			**3**	
	a. 20% or greater	☑		3	3
	b. 10% to 19%	☐		2	0
	c. 1% to 9%	☐		1	0
	d. No Households	☐		0	0

(28)	**Mainstream Benefits: % Households with NON-CASH BENEFITS of any kind**		**3**	
	a. 90% or more	☐	3	0
	b. 75% - 89%	☑	2	2
	c. 60% - 74%	☐	1	0
	d. Less than 60%	☐	0	0
(29)	**Health Insurance: % of Total Participants enrolled in health insurance of any kind**		**3**	
	a. 90% or more	☑	3	3
	b. 75% - 89%	☐	2	0
	c. 60% - 74%	☐	1	0
	d. Less than 60%	☐	0	0
	SUBTOTAL PART E		**24**	**15**
PART F: PROJECT QUALITY / DATA QUALITY				
(30)	**Data Quality: Personally Identifiable Information (PII)**		**2**	
	a. 100%	☑	2	2
	b. 80% - 99%	☐	1	0
	c. Below 80%	☐	0	0
(31)	**Data Quality: Universal Data Elements**		**2**	
	a. 100%	☑	2	2
	b. 80% - 99%	☐	1	0
	c. Below 80%	☐	0	0
(32)	**Data Quality: Income and Housing Data Quality**		**2**	
	a. 100%	☐	2	0
	b. 80% - 99%	☑	1	1
	c. Below 80%	☐	0	0
(33)	**Data Quality: Chronic Homelessness**		**2**	
	a. 100%	☑	2	2
	b. 80% - 99%	☐	1	0
	c. Below 80%	☐	0	0
(34)	**Data Quality: Entry Assessments - Coverage**		**2**	
	a. 100%	☑	2	2
	b. 90% - 99%	☐	1	0
	c. Below 90%	☐	0	0
(35)	**Data Quality: Entry Assessments - Completeness**		**2**	
	a. 100%	☑	2	2
	b. 90% - 99%	☐	1	0
	c. Below 90%	☐	0	0
(36)	**Data Quality: Annual Assessments Completed**		**2**	
	a. 100%	☑	2	2
	b. 80% - 99%	☐	1	0
	c. Below 80%	☐	0	0

(37)	**Data Quality: Annual Assessments On Time**		**2**	
	a. 100%	☑	*2*	*2*
	b. 80% - 99%	☐	*1*	*0*
	c. Below 80%	☐	*0*	*0*
(38)	**Data Quality: Exit Assessments Completed**		**2**	
	a. 100% (or N/A)	☑	*2*	*2*
	b. 80% - 99%	☐	*1*	*0*
	c. Below 80%	☐	*0*	*0*
(39)	**Data Quality: Exit Destinations Recorded**		**2**	
	a. 100% (or N/A)	☑	*2*	*2*
	b. 80% - 99%	☐	*1*	*0*
	c. Below 80%	☐	*0*	*0*
(40)	**Data Quality: Positive Exit Destinations**		**2**	
	a. 100% (or N/A)	☑	*2*	*2*
	b. 50% - 99%	☐	*1*	*0*
	c. Below 50%	☐	*0*	*0*
	SUBTOTAL PART F		**22**	**21**
PART G: PROJECT QUALITY / PROGRAM OPERATION				
(41)	**Timely expenditure of funds - total spend down of most recently completed contract**		**2**	
	a. Greater than 90%	☐	*2*	*0*
	b. Between 80 and 89%	☑	*1*	*1*
	c. Less than 80%	☐	*0*	*0*
(42)	**Timely expenditure of funds - average quarterly draw down of current contract**		**2**	
	a. 25% or more	☐	*2*	*0*
	b. 15% to 24%	☑	*1*	*1*
	c. Less than 15%	☐	*0*	*0*
(43)	**Grantee submitted Annual Performance Report (APR) within 90 days of Contract End Date OR within deadline of APR extension**		**1**	
	a. Yes	☑	*1*	*1*
	b. No	☐	*0*	*0*
(44)	**Grantee has attended at least one CoC / Regional Network technical training within the previous 12-month period, such as HMIS New User training, Point in Time Count, Tenant Preservation, Policy Board, DV/CES, HUD TTA webinars,**		**1**	
	a. Yes	☑	*1*	*1*
	b. No	☐	*0*	*0*
(45)	**Grantee participates in Coordinated Entry meetings and Case Coordination meetings as requested by CoC**		**1**	
	a. Yes	☑	*1*	*1*
	b. No	☐	*0*	*0*

(46)	**Grantee follows CPD operational guidance (check as many as apply)**			**7**	
	a. Grantee maintains homeless documentation in accordance with program requirements	☑		*1*	*1*
	b. Grantee has written intake procedures which require documentation of participant's length of time homeless and qualifying disability	☑		*1*	*1*
	c. Grantee prioritizes proof of homelessness as: (1) 3rd party documentation, (2) staff observation, (3) client self-certification	☑		*1*	*1*
	d. Grantee conducts an annual assessment of service needs of program participants and adjusts services accordingly	☑		*1*	*1*
	e. Grantee follows occupancy policies as outlined in CPD 6509.2, Chapter 29-3	☑		*1*	*1*
	f. Grantee maintains a drug-free workplace	☑		*1*	*1*
	g. Grantee has undergone Environmental Review within the past 5 years	☑		*1*	*1*
	SUBTOTAL PART G			**14**	**12**
PART H: PROJECT QUALITY / EQUITY OF ACCESS - EQUITY OF OUTCOMES					
(47)	**EQUITBLE ACCESS - Project reflects local population: Rate of project enrollments by members of BIPOC population is greater than or equal to regional demographic rate (5%)**			**2**	
	a. Yes	☑		*2*	*2*
	b. No	☐		*0*	*0*
(48)	**EQUITABLE ACCESS - Project reflects local population: Rate of project enrollments by persons of Hispanic/Latino descent is greater than or equal to regional demographic rate (4%)**			**2**	
	a. Yes	☐		*2*	*0*
	b. No	☑		*0*	*0*
(49)	**EQUITABLE OUTCOMES - Rate of retention of/exits to Permanent Housing (12 months or more) by members of BIPOC population (compared to total enrollments by members of BIPOC population)**			**3**	
	a. 100%	☑		*3*	*3*
	b. 50%-99%	☐		*2*	*0*
	c. 1%-50%	☐		*1*	*0*
	d. 0% or N/A	☐		*0*	*0*
(50)	**EQUITABLE OUTCOMES - Rate of retention of/exits to Permanent Housing (12 months or more) by persons of Hispanic/Latino descent (compared to total enrollments by persons of Hispanic/Latino descent)**			**3**	
	a. 100%	☑		*3*	*3*
	b. 50%-99%	☐		*2*	*0*
	c. Less than 50%	☐		*1*	*0*
	d. 0% or N/A	☐		*0*	*0*
	SUBTOTAL PART H			**10**	**8**
PART I: PROJECT QUALITY / QUALITY OF APPLICATION					
(51)	**Application components are accurate and complete - Errors refers to substantive errors in data entry; inaccurate, incomplete, or missing information; calculation errors; etc. Typos will not be counted as errors.**			**3**	
	a. Application has no errors	☑		*3*	*3*
	b. Application has between 1 and 3 errors	☐		*2*	*0*
	c. Application has between 4 and 6 errors	☐		*1*	*0*
	d. Application has more than 6 errors	☐		*0*	*0*
	SUBTOTAL PART I			**3**	**3**
	TOTAL POINTS			**162**	**136**

FY23 CoC NOFO

Joseph Pacheco

To: ● Martha Taylor; ● Daniel Gray; ○ lhamilton@capecod.net

☺ | ↰ Reply | ↰ Reply All | → Forward | 🗗 | ⋯

Dear Collaborative Applicant, as part of the FY23 CoC NOFO, there were no projects rejected or reduced as part of this NOFO competition.

Thank you.

Joe

Joseph R. Pacheco

Director | Human Services

Barnstable County, Regional Government of Cape Cod

✉ Email joseph.pacheco@capecod.gov | ☎ Office 774-312-6964

📍 3195 Main Street | P.O. Box 427 | Barnstable, MA 02630

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July 24, 2023

Housing Assistance Corporation
460 West Main Street,
Hyannis, MA 02601

To Whom It May Concern:

Housing Assistance Corporation wishes to reallocate funds for the Housing First program in the amount of $42,748. If you have any questions please feel free to contact me.

Sincerely,

Ann Marie Peters

Ann Marie Peters
Director Individual Homeless Services
Housing Assistance Corporation
460 West Main Street
Hyannis, MA 02601
508-364-9270

FY23 CoC Notification to Project Applicants - Project Application Accepted

Joseph Pacheco

To: Bilton, Mark (DMH)
Cc: Martha Taylor; Daniel Gray; lhamilton@capecod.net

Reply | Reply All | Forward

Fri 9/8/2023 1:54 PM

Dear Mark:

Per HUD requirements set forth in Section IV G.2.b of the FY2023 Notice of Funding Opportunity you are being notified in writing, outside of e-snaps, that the MA Department of Mental Health's renewal application for Cape Cod Supported Housing was submitted within the CoC's established deadline and will be accepted, ranked, and included on the CoC Priority Listing as part of the FY2023 MA-503 Consolidated Application.

The project has been ranked 10th on the Priority Listing with a funding request of $311,337.

The Consolidated Application and CoC Priority Ranking will be posted at https://www.capecod.gov/departments/human-services/initiatives/housing-homelessness/continuum-of-care/ on or before September 22, 2023.

Thank you.

Joe

Joseph R. Pacheco

Director | Human Services

Barnstable County, Regional Government of Cape Cod

Email joseph.pacheco@capecod.gov | Office 774-312-6964

3195 Main Street | P.O. Box 427 | Barnstable, MA 02630

| www.capecod.gov

FY23 CoC Notification to Project Applicants - Project Application Accepted

Joseph Pacheco

To ○ Paula Schnepp

Cc ✓ Daniel Gray; ✓ Martha Taylor; ○ lhamilton@capecod.net

☺ | ↩ Reply | ↩ Reply All | → Forward | 🔲 | ⋯

Fri 9/8/2023 1:55 PM

Dear Paula:

Per HUD requirements set forth in Section IV G.2.b of the FY2023 Notice of Funding Opportunity you are being notified in writing, outside of e-snaps, that both Sandwich Housing Authority's renewal and new project applications for the projects listed below were submitted within the CoC's established deadline and will be accepted, ranked, and included on the CoC Priority Listing as part of the FY2023 MA-503 Consolidated Application.

- Fresh Start has been ranked 9th on the Priority Listing with a funding request of $229,914.
- Fresh Start Expansion (new) has been ranked 12th on the Priority Listing with a funding request of $42,748.

The Consolidated Application and CoC Priority Ranking will be posted at https://www.capecod.gov/departments/human-services/initiatives/housing-homelessness/continuum-of-care/ on or before September 22, 2023.

Thank you.
Joe

Joseph R. Pacheco

Director | Human Services

Barnstable County, Regional Government of Cape Cod

✉ Email joseph.pacheco@capecod.gov | ☎ Office 774-312-6964

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FY23 CoC Notification to Project Applicants - Project Application Accepted

Joseph Pacheco

To ● erussell@duffyhealthcenter.org

Cc ✓ Daniel Gray; ✓ Martha Taylor; ○ lhamilton@capecod.net

☺ ↩ Reply ≪ Reply All → Forward

Dear Erin:

Per HUD requirements set forth in Section IV G.2.b of the FY2023 Notice of Funding Opportunity you are being notified in writing, outside of e-snaps, that Duffy Health Center's renewal application for Welcome Home 6 was submitted within the CoC's established deadline and will be accepted, ranked, and included on the CoC Priority Listing as part of the FY2023 MA-503 Consolidated Application.

The project has been ranked 7th on the Priority Listing with a funding request of $174,403.

The Consolidated Application and CoC Priority Ranking will be posted at https://www.capecod.gov/departments/human-services/initiatives/housing-homelessness/continuum-of-care/ on or before September 22, 2023.

Thank you.

Joe

Joseph R. Pacheco

Director | Human Services

Barnstable County, Regional Government of Cape Cod

✉ Email joseph.pacheco@capecod.gov | ☎ Office 774-312-6964

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FY23 CoC Notification to Project Applicants - Project Application Accepted

Joseph Pacheco

To ☐ Lysetta Hurge-Putnam

Cc ✅ Martha Taylor; ✅ Daniel Gray; ☐ lhamilton@capecod.net

☺ ↩ Reply   ↩ Reply All   → Forward   [Teams icon]   •••
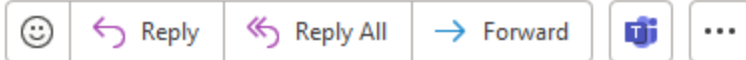
Fri 9/8/2023 1:57 PM

Dear Lysetta:

Per HUD requirements set forth in Section IV G.2.b of the FY2023 Notice of Funding Opportunity you are being notified in writing, outside of e-snaps, that Independence House's renewal application for Empowered Survivors was submitted within the CoC's established deadline and will be accepted, ranked, and included on the CoC Priority Listing as part of the FY2023 MA-503 Consolidated Application.

The project has been ranked 11th on the Priority Listing with a funding request of $150,648.

The Consolidated Application and CoC Priority Ranking will be posted at https://www.capecod.gov/departments/human-services/initiatives/housing-homelessness/continuum-of-care/ on or before September 22, 2023.

Thank you.
Joe

Joseph R. Pacheco

Director | Human Services

Barnstable County, Regional Government of Cape Cod

✉ Email joseph.pacheco@capecod.gov | ☎ Office 774-312-6964

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FY23 CoC Notification to Project Applicants - Project Application Accepted

Joseph Pacheco

To ⚪ Rui Rosa

Cc ✅ Daniel Gray; ✅ Martha Taylor; ⚪ lhamilton@capecod.net

☺ ↩ Reply   ↩ Reply All   → Forward   [Teams] ⋯

Fri 9/8/2023 1:58 PM

Dear Rui:

Per HUD requirements set forth in Section IV G.2.b of the FY2023 Notice of Funding Opportunity you are being notified in writing, outside of e-snaps, that Catholic Social Service's renewal application for Mainstay was submitted within the CoC's established deadline and will be accepted, ranked, and included on the CoC Priority Listing as part of the FY2023 MA-503 Consolidated Application.

The project has been ranked 5th on the Priority Listing with a funding request of $95,230.

The Consolidated Application and CoC Priority Ranking will be posted at https://www.capecod.gov/departments/human-services/initiatives/housing-homelessness/continuum-of-care/ on or before September 22, 2023.

Thank you.

Joe

Joseph R. Pacheco

Director | Human Services

Barnstable County, Regional Government of Cape Cod

✉ Email joseph.pacheco@capecod.gov | ☎ Office 774-312-6964

📍 3195 Main Street | P.O. Box 427 | Barnstable, MA 02630

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FY23 CoC Notification to Project Applicants - Project Application Accepted

Joseph Pacheco

To ○ Ann Peters; ○ Cassi Danzl (cdanzl@haconcapecod.org)
Cc ✓ Daniel Gray; ✓ Martha Taylor; ○ lhamilton@capecod.net

😊 | ↩ Reply | ↩↩ Reply All | → Forward | 📑 | ⋯

Fri 9/8/2023 1:58 PM

Dear Ann Marie:

Per HUD requirements set forth in Section IV G.2.b of the FY2023 Notice of Funding Opportunity you are being notified in writing, outside of e-snaps, that the four Housing Assistance Corporation renewal applications for the projects listed below were submitted within the CoC's established deadline and will be accepted, ranked, and included on the CoC Priority Listing as part of the FY2023 MA-503 Consolidated Application.

- Cape Homes V has been ranked 3rd on the Priority Listing with a funding request of $650,867.
- Housing First has been ranked 8th on the Priority Listing with a funding request of $139,846.
- Parkway House has been ranked 4th on the Priority Listing with a funding request of $98,758.
- Youth Supportive Housing has been ranked 6th on the Priority Listing with a funding request of $134,971.

The Consolidated Application and CoC Priority Ranking will be posted at https://www.capecod.gov/departments/human-services/initiatives/housing-homelessness/continuum-of-care/ on or before September 22, 2023.

Thank you.

Joe

Joseph R. Pacheco

Director | Human Services

Barnstable County, Regional Government of Cape Cod

✉ Email joseph.pacheco@capecod.gov | ☎ Office 774-312-6964

📍 3195 Main Street | P.O. Box 427 | Barnstable, MA 02630

f ⊙ in 🐦 ▶ | ⊕ www.capecod.gov

RE: Notice of Reallocation for the Cape and Islands Continuum of Care

Ann Marie Peters <APeters@haconcapecod.org>

To ✓ Daniel Gray

Cc ✓ Joseph Pacheco; ✓ Martha Taylor; ○ Cassi Danzl

☺ ↩ Reply ↩ Reply All → Forward
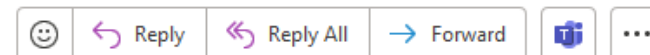
Mon 7/24/2023 9:43 AM

ⓘ If there are problems with how this message is displayed, click here to view it in a web browser.
Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

Hi Dan,
HAC has no changes or objections to reallocating funds.
Hopefully the reallocation will go through this year, as this was a questioned HUD brought up during the audit.

Thanks
Ann Marie

Sent from my Verizon, Samsung Galaxy smartphone

-------- Original message --------
From: Daniel Gray <daniel.gray@capecod.gov>
Date: 7/24/23 8:41 AM (GMT-05:00)
To: Ann Marie Peters <APeters@haconcapecod.org>
Cc: Joseph Pacheco <joseph.pacheco@capecod.gov>, Martha Taylor <martha.taylor@capecod.gov>, Cassi Danzl <cdanzl@haconcapecod.org>
Subject: RE: Notice of Reallocation for the Cape and Islands Continuum of Care

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good Morning,
If you have the opportunity today, it would be great to hear from you about reallocation. We'd like to have the potential requests finished prior to releasing the RFP. Thanks!

Dan Gray (he/him/his)

FY23 CoC Notification to Project Applicants - Project Application Accepted

Joseph Pacheco

To 🟢 Daniel Gray; 🟢 Martha Taylor
Cc ⚪ lhamilton@capecod.net

Dear Dan and Martha:

Per HUD requirements set forth in Section IV G.2.b of the FY2023 Notice of Funding Opportunity you are being notified in writing, outside of e-snaps, that the two Barnstable County renewal applications for the projects listed below were submitted within the CoC's established deadline and will be accepted, ranked, and included on the CoC Priority Listing as part of the FY2023 MA-503 Consolidated Application.

- MA-503 CES FY2023 has been ranked 1st on the Priority Listing with a funding request of $85,292.
- MA-503 HMIS FY2023 has been ranked 2nd on the Priority Listing with a funding request of $112,356.

The Consolidated Application and CoC Priority Ranking will be posted at https://www.capecod.gov/departments/human-services/initiatives/housing-homelessness/continuum-of-care/ on or before September 22, 2023.

Thank you.

Joe

Joseph R. Pacheco

Director | Human Services

Barnstable County, Regional Government of Cape Cod

✉ Email joseph.pacheco@capecod.gov | ☎ Office 774-312-6964

📍 3195 Main Street | P.O. Box 427 | Barnstable, MA 02630

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FY23 CoC NOFO

Joseph Pacheco

To: ✔ Martha Taylor; ✔ Daniel Gray; ○ lhamilton@capecod.net

Fri 9/8/2023 2:00 PM

Reply | Reply All | Forward

Dear Collaborative Applicant, as part of the FY23 CoC NOFO, there were no projects rejected as part of this NOFO competition.

Thank you.

Joe

Joseph R. Pacheco

Director | Human Services

Barnstable County, Regional Government of Cape Cod

✉ Email joseph.pacheco@capecod.gov | ☎ Office 774-312-6964

📍 3195 Main Street | P.O. Box 427 | Barnstable, MA 02630

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MA-503 CAPE AND ISLANDS CoC - FY2023 NEW AND RENEWAL PROJECT SCORING SUMMARY

RENEWAL PROJECTS WITH 1 OR MORE APRS

SCORING CATEGORY	MAXIMUM	Barnstable County CES +	Barnstable County HMIS +	CSS Mainstay	DMH CCSH ^	DUFFY WH6	HAC CH V ^	HAC HF	HAC Parkway ^	HAC YSH	SHA Fresh Start ^
Status		*Accepted*	*Accepted*	*Accepted*	*Accepted*	*Accepted*	*Accepted*	*Accepted*	*Accepted*	*Accepted*	*Accepted*
Funding		$85,292	$112,356	$95,230	$311,337	$174,403	$650,867	$139,846	$98,758	$134,971	$229,914
INTRODUCTION: THRESHOLD CRITERIA											
[A] Meets NOFO eligibility requirements	PASS			PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
[B] Financial and management capacity and experience	PASS			PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
[C] Submission of required certifications	PASS			PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
[D] Population to be served meets eligibility requirements	PASS			PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
[E] Deadline compliant	PASS			PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
[F] Consistent with Regional Network Strategic Plan and Consolidated Plan	PASS			PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
[G] No outstanding HUD audit findings	PASS			PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
[H] Compliance with CES (c UMMARYH)	PASS			PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
[I] Compliance with HMIS (or comparable database)	PASS			PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
[J] Project continues to be viable	PASS			PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
INTRODUCTION	PASS			PASS	PASS	PASS	PASS	PASS	PASS	PASS	PASS
PART A: PROJECT QUALITY / PROGRAM POPULATION											
(1) Project Type	2			2	2	2	2	2	2	2	2
(2) Inventory: # beds in project	2			1	2	1	2	1	1	1	1
(3) Inventory: % dedicated CH or DedictedPLUS	5			5	5	5	5	5	5	5	5
(4) % of CH project participants	10			6	6	10	8	4	10	8	8
(5) Priority Populations	11			7	4	6	5	3	5	7	5
(6) Additional vulnerable populations	8			8	8	8	8	8	8	8	8
(7) Housing First	8			8	8	8	8	8	8	8	8
(8) DV Services	1			1	1	1	1	1	1	1	1
(9) Lived Experience recruitment	5			5	5	5	5	5	5	0	5
(10) % Participants as policy makers	5			5	0	5	5	5	5	0	5
PART A SUBTOTAL	57			48	41	51	49	42	50	40	48
PART B: PROJECT QUALITY / POLICIES & PROCEDURES											
(11) CES P & P	3			3	3	3	3	3	3	3	3
(12) HMIS P & P security	1			1	1	1	1	1	1	1	1
(13) HUD-approved Financial P & P	1			1	1	1	1	1	1	1	1
(14) Documented 25% Match	1			1	1	1	1	1	1	1	1
(15) Move On policy	2			0	0	0	0	0	0	0	0
PART B SUBTOTAL	8			6	6	6	6	6	6	6	6
PART C: PROJECT QUALITY / COST EFFECTIVENESS											
(16) Average LOS in PSH - Leavers	3			3	3	3	3	3	3	3	3
(17) Average LOS in PSH - Stayers	3			3	3	3	3	3	3	3	3
(18) Utilization	4			4	4	4	3	4	4	4	4
(19) Cost Effectiveness	2			2	0	0	2	0	2	2	2
PART C SUBTOTAL	12			12	10	10	11	10	12	12	12
PART D: PROJECT QUALITY / SPM METRIC 2: RETURNS TO HOMELESSNESS FROM PSH											
(20) % of Leavers Exiting PH to Homelessness	6			5	5	5	5	5	5	5	0
(21) % of Stayers in PH and Leavers Exiting to PH	6			6	6	6	6	6	6	6	4
PART D SUBTOTAL	12			11	11	11	11	11	11	11	4
PART E: PROJECT QUALITY / SPM METRIC 4: CASH INCOME AND BENEFITS											
(22) Mainstream Benefits: % HHs with CASH INCOME of any kind	3			2	2	1	2	2	1	3	2
(23) Mainstream Benefits: % HHs with INCREASED CASH INCOME	3			3	3	3	3	3	3	3	3
(24) Mainstream Benefits: % HHs with EARNED INCOME	3			0	0	0	0	0	0	0	0
(25) Mainstream Benefits: % HHs with INCREASED EARNED INCOME	3			0	3	2	2	2	3	3	0
(26) Mainstream Benefits: % HHs with NON-EMPLOYMENT INCOME of any kind	3			2	0	0	0	0	0	0	0
(27) Mainstream Benefits: % HHs with INCREASED NON-EMPLOYMENT INCOME	3			3	3	3	3	3	3	2	3
(28) Mainstream Benefits: % HHs with NON-CASH BENEFITS of any kind	3			3	0	2	2	0	3	1	2
(29) Health Insurance: % of Total Participants enrolled in health insurance	3			3	2	3	3	3	3	3	3
PART E SUBTOTAL	24			16	13	14	15	13	16	15	13
PART F: PROJECT QUALITY / DATA QUALITY											
(30) Data Quality: Personally Identifiable Information (PII)	2			2	2	2	2	2	2	2	1
(31) Data Quality: Universal Data Elements	2			2	2	2	2	2	2	2	2
(32) Data Quality: Income and Housing Data Quality	2			2	1	0	1	2	2	2	0
(33) Data Quality: Chronic Homelessness	2			2	0	2	2	2	2	1	1
(34) Data Quality: Entry Assessments - Coverage	2			2	2	2	2	2	2	2	2
(35) Data Quality: Entry Assessments - Completeness	2			2	2	1	2	2	2	1	1
(36) Data Quality: Annual Assessments Completed	2			2	2	1	2	2	2	2	1
(37) Data Quality: Annual Assessments On Time	2			2	2	0	2	2	2	2	0
(38) Data Quality: Exit Assessments Completed	2			2	1	2	2	2	2	2	2
(39) Data Quality: Exit Destinations Recorded	2			2	2	2	2	2	2	2	2
(40) Data Quality: Positive Exit Destinations	2			2	2	2	2	2	2	2	0
PART F SUBTOTAL	22			22	18	16	21	22	22	20	12
PART G: PROJECT QUALITY / PROGRAM OPERATION											
(41) Total Spend Down	2			2	1	1	1	0	1	1	0
(42) Quarterly Draw Downs	2			1	1	1	1	1	1	1	1
(43) APR Submitted on Time	1			1	1	1	1	1	1	1	1
(44) Participation in Annual Training	1			1	1	1	1	1	1	1	1
(45) Participation in CES Meetings and Case Coordination	1			1	1	1	1	1	1	1	1
(46) Grantee Follows CPD Operational Guidance	7			7	7	7	7	7	7	7	7
PART G SUBTOTAL	14			13	12	12	12	11	12	12	11
PART H: PROJECT QUALITY / EQUITY OF ACCESS AND EQUITY OF OUTCOMES											
(47) Equitable Access: Reflects local racial population	2			0	0	2	2	2	2	2	2
(48) Equitable Access: Reflects local ethnic population	2			0	0	0	0	0	0	2	0
(49) Equitable Outcomes: Proportional successful outcomes (racial)	3			0	0	3	3	3	3	3	3
(50) Equitable Outcomes: Proportional successful outcomes (ethnic)	3			0	0	0	3	0	0	3	0
PART H SUBTOTAL	10			0	0	5	8	5	5	10	5
PART I: PROJECT QUALITY / PROJECT APPLICATION											
(51) Project application	3			3	3	3	3	2	2	3	3
PART I SUBTOTAL	3			3	3	3	3	2	2	3	3
TOTAL PROJECT SCORE	162			131	114	128	136	122	136	129	114
TOTAL MAXIMUM POSSIBLE POINTS	162			162	162	162	162	162	162	162	162
% OF TOTAL MAXIMUM	100%			81%	70%	79%	84%	75%	84%	80%	70%
***RANK by Project Score**		*Unscored*	*Unscored*	3	7	5	1	6	1	4	7
X Rank on Project Priority List		1	2	5	10	7	3	8	4	6	9

NEW / NON-OPERATIONAL

SCORING CATEGORY	MAXIMUM	IH Emp. Survivors	SHA Fresh Start Expansion #
Status		*Accepted*	*Accepted*
Funding		$150,648	$42,748
INTRODUCTION: THRESHOLD CRITERIA			
[A] Meets NOFO eligibility requirements	PASS	PASS	PASS
[B] Financial and management capacity and experience	PASS	PASS	PASS
[C] Submission of required certifications	PASS	PASS	PASS
[D] Population to be served meets eligibility requirements	PASS	PASS	PASS
[E] Deadline compliant	PASS	PASS	PASS
[F] Consistent with Regional Network Strategic Plan and Consolidated Plan	PASS	PASS	PASS
[G] No outstanding HUD audit findings	PASS	PASS	PASS
[H] Compliance with CES (or comparable DV system)	PASS	PASS	PASS
[I] Compliance with HMIS (or comparable database)	PASS	PASS	PASS
[J] Project continues to be viable	PASS	PASS	PASS
INTRODUCTION	PASS	PASS	PASS
PART A: PROJECT QUALITY / ORGANIZATIONAL CAPACITY			
(1) Organization's Experience	5	5	5
(2) Participation in CoC/RNH	2	2	2
(3) Anticipated Start Date	1	1	1
(4) Recuitment of individuals with Lived Experience	5	5	5
(5) Number of individuals with Lived Experience	5	5	5
PART A SUBTOTAL	18	18	18
PART B: PROJECT QUALITY / PROGRAM DESCRIPTION			
(6) Support services identified and clearly defined	1	1	1
(7) Demonstrates understanding of client needs	1	1	1
(8) Support services meet client needs	1	1	1
(9) Number and configuration of units to fit participant needs	1	1	1
(10) Ability and process to help clients obtain mainstream benefits	1	1	1
(11) Support services to obtainand retain permanent housing	1	1	1
(12) Additional support services (transportation, safety planning, etc.)	1	1	1
(13) Performance metrics that are objective, measureable, and trackable	1	1	1
(14) Client engagement strategies	1	1	1
(15) Type of project	2	2	2
(16) Geographic diversity	1	1	1
(17) % of CH / DedicatedPLUS beds	5	0	5
(18) Priority populations	11	7	7
(19) Housing First - barriers	8	8	8
(20) Housing First - Terminations	8	8	8
(21) Required participation	2	2	2
(22) Project provides sufficient RRH assistance	1		
PART B SUBTOTAL	47	33	43
PART C: PROJECT QUALITY / PROJECT APPLICATION			
(23) Application Accuracy	3	2	3
PART C SUBTOTAL	3	2	3
PART D: PROJECT QUALITY / COST EFFECTIVENESS			
(24) Cost Effectiveness	2	0	0
PART D SUBTOTAL	2	0	0
TOTAL PROJECT SCORE	70	53	64
TOTAL MAXIMUM POSSIBLE POINTS	70	70	70
% OF TOTAL MAXIMUM	100%	76%	91%
***RANK by Project Score**		2	1
X Rank on Project Priority List		11	12

* R rankings for renewal projects with 1 or more APRs are based on the percentage of TOTAL PROJECT SCORE compared to the TOTAL MAXIMUM POSSIBLE POINTS available to those projects. Renewal Projects with no APRs and New Projects are compared to eachother.

^ Ties will be broken by cost effectiveness score. If cost effectiveness scores are tied, tie will be broken by quality of project application.

+ MA-503 Coordinated Entry and MA-503 HMIS are mandatory, and therefore not scored, and will be ranked 1 and 2 on the Project Priority List.

X The CoC traditionally ranks new projects at the bottom of the Project Priority List. Renewal projects with less than a full year of operation are ranked one place above new projects.

Reallocated funds.

https://www.capecod.gov/wp-admin/post.php?post=1178&action=edit

Update

CoC Page

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9/22/202312:28PM

+ Add related keyphrase

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SPOTLIGHT:

SUBMISSION TO THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)

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Summary ^

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Publish | August 11, 2022 5:43 pm

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https://www.capecod.gov/departments/human-services/initiatives/housing-homelessness/continuum-of-care/

Barnstable County | Customize | 19 | 15 | New | WP Engine Quick Links | Edit Human Service | Popup Maker 0 | Events | Forms | Howdy, stacie.holmes

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Continuum of Care

Homeless Management Information System

HOME Investment Partnership Program

HOME American Rescue Plan Program

Youth Homelessness

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SPOTLIGHT:

SUBMISSION TO THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)

As required by the U.S. Department of Housing and Urban Development, the Cape & Islands Regional Network on Homelessness is publicly posting the following documents prior to submission to HUD:

FY2023 MA-503 CoC Collaborative Application

FY2023 MA-503 CoC Project Priority Listing

Racial Equity in the Cape and Islands Homeless Services System

In August of 2021, the MA-503 Cape Cod and Islands Continuum of Care conducted an analysis of local homeless data to determine if racial equity exists in the representation of marginalized groups in the homeless population, the manner in which such groups access and utilize homeless services in the region, and the outcomes of interactions between such groups and the system of homeless

https://www.capecod.gov/wp-admin/admin.php?page=acf-options-human-services

Barnstable County | 20 | 15 | + New | WP Engine Quick Links | 1 | Events | Forms | Howdy, stacie.holmes

- Human Services
- AmeriCorps Cape Cod
- WP Bulk Delete
- Cape Cod Cooperative Extension
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- Dredge Program
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- Emergency Planning Committee
- Hoarding Task Force
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Theme Settings
Header Options
Health and Environment
Human Services

Awesome, you've been using YotuWP - Embed Youtube Videos plugin for more than 1 week! We hope you've enjoyed using it. Would you consider leaving us a review on WordPress.org? It would help us a lot (and boost my motivation). Cheers!

Anthony, Founder of YotuWP

- Sure! I'd love to!
- I've already left a review
- Maybe Later
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Department of Human Services

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SUBMISSION TO THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)

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1	Access SNAP Food Information and Resources		SNAP FOOD INFORMATION & RESOURCES	https://www.capecod.gov/wp-content/uploads/202
2	Cape & Islands Food Access Resource Guide			https://www.capecod.gov/wp-content/uploads/202

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9/22/2023
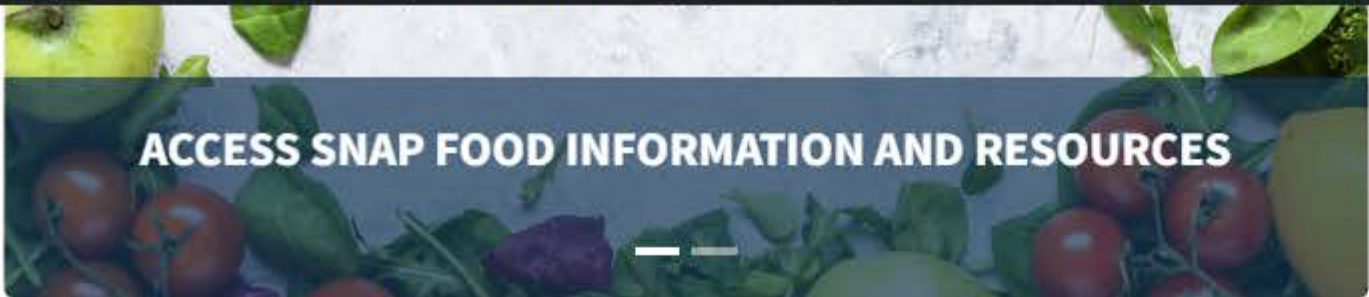
Barnstable County Department of Human Services

Barnstable County's Department of Human Services plans, develops and coordinates regional solutions to Cape Cod's most pressing health and human service issues. We foster and support collaborative initiatives with data analysis, strategic planning, and investment of county, state and federal resources. Our current initiatives include convening key stakeholders to address substance use, homelessness, and chronic disease. In addition, we compile and disseminate regional human service information and resources. Our goal is to create a "Healthy Connected Cape Cod".

SUBMISSION TO THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)

As required by the U.S. Department of Housing and Urban Development, the Cape & Islands Regional Network on Homelessness is publicly posting the following documents prior to submission to HUD:

FY2023 MA-503 CoC Collaborative Application

FY2023 MA-503 CoC Project Priority Listing

Cape Cod Food Access Guide Fall 2023

Newsletter Signup and Submissions

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SPOTLIGHT:

SUBMISSION TO THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)

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Human Service

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DEPARTMENT HOME

Our Mission

Resources

Initiatives

Aging Well & Healthy Living

Behavioral Health

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Regional Network on Homelessness Policy Board

Continuum of Care

Homeless Management Information System

HOME Investment Partnership Program

HOME American Rescue Plan Program

Youth Homelessness

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SPOTLIGHT:

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FY2023 MA-503 CoC Collaborative Application

FY2023 MA-503 CoC Project Priority Listing

2022 Annual Point in Time Count Results

The Cape and Islands Regional Network on Homelessness has released its findings from the 2022 Annual Point in Time Count, which took place on the night of February 22 on Cape Cod, Martha's Vineyard, and Nantucket. On the Cape and Islands, the total number of homeless persons was 397, an increase of 54 persons from last year.

The Point in Time (PIT) counts individuals and families experiencing homelessness in emergency shelters, transitional housing, motels (if paid for by an agency), on the street, in cars, in abandoned buildings, and in other places not meant for human habitation. The PIT does not count persons or families who are doubled-up and/or living with family and

NOFO posted

Joseph Pacheco

To ✅ Daniel Gray; ✅ Martha Taylor

Cc ✅ Joseph Pacheco; ✅ Mandi Speakman; ✅ Vaira Harik

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Fri 9/22/2023 1:05 PM

Good Afternoon,

The MA-503 Cape Cod and Islands Continuum of Care (CoC) Collaborative Application and Project Priority Listing for the FY2023 US Department of Housing and Urban Development (HUD) Notice of Funding Availability (NOFO) competition have been approved by the Cape & Islands Regional Network on Homelessness Policy Board and have been posted on the Barnstable County Department of Human Services webpage, today, September 22, and may be found here: https://www.capecod.gov/departments/human-services/. Per HUD requirements, the Collaborative Application and Project Priority Listing are being published at least 48 hours prior to the submission of the Collaborative Application.

Please let me know if you have any questions.

Thank you.

Joe

Joseph R. Pacheco

Director | Human Services

Barnstable County, Regional Government of Cape Cod

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2023 HDX Competition Report

PIT Count Data for MA-503 - Cape Cod Islands CoC

Total Population PIT Count Data

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count	336	343	397	427
Emergency Shelter Total	232	228	272	295
Safe Haven Total	0	0	0	0
Transitional Housing Total	54	87	90	100
Total Sheltered Count	286	315	362	395
Total Unsheltered Count	50	28	35	32

Chronically Homeless PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	56	66	58	74
Sheltered Count of Chronically Homeless Persons	20	48	30	47
Unsheltered Count of Chronically Homeless Persons	36	18	28	27

2023 HDX Competition Report
PIT Count Data for MA-503 - Cape Cod Islands CoC

Homeless Households with Children PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	**62**	**47**	**56**	**60**
Sheltered Count of Homeless Households with Children	61	45	55	60
Unsheltered Count of Homeless Households with Children	1	2	1	0

Homeless Veteran PIT Counts

	2011 PIT	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	**42**	**9**	**13**	**39**	**21**
Sheltered Count of Homeless Veterans	35	8	13	38	21
Unsheltered Count of Homeless Veterans	7	1	0	1	0

*For CoCs that did not conduct an unsheltered count in 2021, 2020 data were used.

2023 HDX Competition Report

HIC Data for MA-503 - Cape Cod Islands CoC

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Current, Year-Round, HMIS Beds	Total Year-Round, Current, Non-VSP Beds*	HMIS Bed Coverage Rate for Year-Round Beds	Total Year-Round, Current VSP Beds in an HMIS Comparable Database	Total Year-Round, Current, VSP Beds**	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Current, Year-Round, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
ES Beds	227	214	214	100.00%	13	13	100.00%	227	100.00%
SH Beds	0	0	0	NA	0	0	NA	0	NA
TH Beds	116	96	116	82.76%	0	0	NA	96	82.76%
RRH Beds	28	18	28	64.29%	0	0	NA	18	64.29%
PSH Beds	229	229	229	100.00%	0	0	NA	229	100.00%
OPH Beds	0	0	0	NA	0	0	NA	0	NA
Total Beds	600	557	587	94.89%	13	13	100.00%	570	95.00%

HIC Data for MA-503 - Cape Cod Islands CoC

2023 HDX Competition Report

HIC Data for MA-503 - Cape Cod Islands CoC

Notes
*For OPH Beds, this does NOT include any beds that are Current, Non-VSP, Non-HMIS, and EHV-funded.
**For OPH Beds, this does NOT include any beds that are Current, VSP, Non-HMIS, and EHV-funded.
In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").
In the HIC, Current beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2020 HIC	2021 HIC	2022 HIC	2023 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	131	104	102	100

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH units available to serve families on the HIC	18	18	4	4

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH beds available to serve all populations on the HIC	62	70	26	28

HIC Data for MA-503 - Cape Cod Islands CoC

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Summary Report for MA-503 - Cape Cod Islands CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES and SH	219	520	192	129	-63	184	93	-91
1.2 Persons in ES, SH, and TH	366	638	304	235	-69	191	130	-61

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

FY2022 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	312	548	457	631	174	242	294	52
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	538	755	470	636	166	303	367	64

FY2022 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range.Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns
Exit was from SO	51	2	4%	1	2%	0	0%	3	6%
Exit was from ES	103	9	9%	2	2%	0	0%	11	11%
Exit was from TH	23	2	9%	4	17%	0	0%	6	26%
Exit was from SH	0	0		0		0		0	
Exit was from PH	51	1	2%	0	0%	0	0%	1	2%
TOTAL Returns to Homelessness	228	14	6%	7	3%	0	0%	21	9%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2023 HDX Competition Report
FY2022 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2021 PIT Count	January 2022 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	343	397	54
Emergency Shelter Total	228	272	44
Safe Haven Total	0	0	0
Transitional Housing Total	87	90	3
Total Sheltered Count	315	362	47
Unsheltered Count	28	35	7

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2021	FY 2022	Difference
Universe: Unduplicated Total sheltered homeless persons	627	683	56
Emergency Shelter Total	491	566	75
Safe Haven Total	0	0	0
Transitional Housing Total	153	124	-29

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	85	90	5
Number of adults with increased earned income	5	7	2
Percentage of adults who increased earned income	6%	8%	2%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	85	90	5
Number of adults with increased non-employment cash income	54	12	-42
Percentage of adults who increased non-employment cash income	64%	13%	-51%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	85	90	5
Number of adults with increased total income	58	19	-39
Percentage of adults who increased total income	68%	21%	-47%

FY2022 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	37	6	-31
Number of adults who exited with increased earned income	8	0	-8
Percentage of adults who increased earned income	22%	0%	-22%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	37	6	-31
Number of adults who exited with increased non-employment cash income	33	5	-28
Percentage of adults who increased non-employment cash income	89%	83%	-6%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	37	6	-31
Number of adults who exited with increased total income	36	5	-31
Percentage of adults who increased total income	97%	83%	-14%

2023 HDX Competition Report
FY2022 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	512	479	-33
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	132	92	-40
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	380	387	7

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	573	505	-68
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	148	95	-53
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	425	410	-15

FY2022 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2022 (Oct 1, 2021 - Sept 30, 2022) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2021	FY 2022	Difference
Universe: Persons who exit Street Outreach	165	69	-96
Of persons above, those who exited to temporary & some institutional destinations	47	22	-25
Of the persons above, those who exited to permanent housing destinations	57	28	-29
% Successful exits	63%	72%	9%

Metric 7b.1 – Change in exits to permanent housing destinations

FY2022 - Performance Measurement Module (Sys PM)

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	458	450	-8
Of the persons above, those who exited to permanent housing destinations	155	146	-9
% Successful exits	34%	32%	-2%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in all PH projects except PH-RRH	151	178	27
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	145	173	28
% Successful exits/retention	96%	97%	1%

2023 HDX Competition Report
FY2022 - SysPM Data Quality

MA-503 - Cape Cod Islands CoC

	All ES, SH			All TH			All PSH, OPH			All RRH			All Street Outreach		
	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022
1. Number of non-DV Beds on HIC	219	214	209	56	97	104	306	265	225	62	70	26			
2. Number of HMIS Beds	219	214	209	56	91	96	300	259	225	19	23	16			
3. HMIS Participation Rate from HIC (%)	100.00	100.00	100.00	100.00	93.81	92.31	98.04	97.74	100.00	30.65	32.86	61.54			
4. Unduplicated Persons Served (HMIS)	624	552	583	110	164	134	288	249	207	99	80	26	312	270	289
5. Total Leavers (HMIS)	497	475	461	60	102	48	43	64	16	49	72	8	198	217	88
6. Destination of Don't Know, Refused, or Missing (HMIS)	213	71	127	20	34	15	9	20	1	0	22	0	83	18	19
7. Destination Error Rate (%)	42.86	14.95	27.55	33.33	33.33	31.25	20.93	31.25	6.25	0.00	30.56	0.00	41.92	8.29	21.59

2023 HDX Competition Report
Submission and Count Dates for MA-503 - Cape Cod Islands CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2023 PIT Count	1/24/2023	

Report Submission Date in HDX

	Submitted On	Met Deadline
2023 PIT Count Submittal Date	3/27/2023	Yes
2023 HIC Count Submittal Date	3/27/2023	Yes
2022 System PM Submittal Date	12/16/2022	Yes

Cape & Islands Continuum of Care
Fresh Start Expansion
Memorandum of Understanding

The **Fresh Start Expansion** program as administered by the Sandwich Housing Authority provides safe, affordable, permanent housing to persons experiencing Chronic Homelessness. There are at minimum of two (2) vouchers available to help stabilize this population and provide supportive services with several participating agencies to ensure success.

This Memorandum of Understanding (MOU) is made between the **Sandwich Housing Authority** (SHA) and the **Duffy Health Center** (Duffy).

Duffy Responsibilities

- Provide supportive and clinical services to include case management, medical services, behavioral health services and/or psychiatric services to participants in the Fresh Start Expansion program who have a history of homelessness and serious mental illness and/or substance abuse disorders. Services in the amount of $10,687 will be provided by case managers and clinical staff with costs per services as follows:
  - Community Support Program for People Experiencing Chronic Homelessness (CSPECH)- $27.00 per person per day
  - Case Management Appointment- $50.00
  - Medical Appointment- $225.00
  - Behavioral Health Appointment- $180.00
  - Psychiatry Appointment- $240.00
  - Medication Assisted Treatment- $225.00
  - Recovery Coach $2500 per client

Terms

This MOU will begin effective the date of 09/20/2023 and will continue through 9/19/2024. This MOU will be automatically renewed with the same terms and conditions annually thereafter except where either party provides written notice of nonrenewal three (3) months before the annual renewal date. Otherwise, this MOU may be terminated in accordance with the section on Termination below.

Termination

Either party may terminate this MOU by giving the other party 90 days prior written notice. The party wishing to terminate the agreement for cause must provide a written intent to terminate the notice to the party in breach or default. The notice will provide 30 days for the party in breach or default to respond to said notice with an acceptable plan to cure cause for termination.

Amendments

This MOU may be amended in writing and authorized by the designated representatives of both the Duffy Health Center and Sandwich Housing Authority.

Duffy Health Center
Heidi Nelson, CEO

Signed: _Heidi Nelson_ Date: 09/20/2023

Sandwich Housing Authority
Paula Schnepp, Exec. Director

Signed: _Paula_ Date: 9/20 2023

MA-503 CAPE COD ISLANDS CoC
FY2023 CoC REVIEW AND RANKING COMMITTEE MINUTES

The Regional Network on Homelessness Policy Board has a CoC Review and Ranking Committee comprised of:

- Leo Blandford, Outer Cape Health Services, Inc. Director of Community Based Care
- John Economos, Vice President, Econosmith, Inc.
- Maggi Flanagan, Program Director, Homeless Prevention Council of Lower Cape Cod
- Linda Beth Gallo, Retired School Teacher
- Caronanne Procaccini, Director of Compliance & Client Self Sufficiency, Community Action Committee of Cape Cod & Islands, Inc. (former CoC Collaborative Applicant)
- Program Staff: Lee Hamilton, CoC Grant Consultant, serves as an advisor; Martha Taylor, HMIS Program Manager, serves as technical assistance; and Daniel Gray, CoC Program Manager serves as notetaker. All program staff are non-voting.

Committee members, and the organizations they represent, are not CoC applicants or current grantees.

CoC Review and Ranking Committee Meeting
Minutes September 6, 2023
11:00 AM – 1:00 PM
Meeting Held Virtually

Attendance: Leo Blandford, John Economos, Maggi Flanagan, Caronanne Procaccini, Lee Hamilton, Martha Taylor and Dan Gray

Agenda: Review eligible renewal and new project applications and scoring for ranking for CoC Collaborative Application

General Discussion Topics:
- Joe Pacheco, Director of the Department of Human Services, joined the meeting to thank the Review and Ranking committee for their voluntary efforts in support of the Continuum of Care. Joe then exited the meeting.
- Introduction of members
- Due to unforeseen circumstances Linda Beth was not able to join the meeting. During the meeting, the four members of the committee will review the applications and come to a preliminary recommendation. The meeting will be recorded for Linda Beth's review and a second meeting will be scheduled for a final vote if all do not come to consensus.
- Review of ranking processes including use of grantees' Annual Performance Reports (APR), monitoring meetings and the quality of their application.
- Reviewed processes and timelines as outlined in RFP. The RFP listed funds that were being reallocated from HAC's Housing First program in the amount of $42,748. Sandwich Housing Authority submitted an expansion application for the reallocated funds.

- Martha shared the ranking chart from 2022 as a reminder. The committee also walked through how they had come to their decision to rank Independence House at the bottom, as no families had been placed. Ranking them last prioritized those that were already housed so they would not lose their subsidy and potentially return to homelessness.
- HUD did not increase funding to projects in this round. Additionally, Tier 1 will be 93% of the Annual Renewal Demand (ARD). Tier 1 was 95% in 2022.

Objective Scoring Spreadsheet:
- Renewal projects with one or more APRs are scored differently than projects that have not submitted an APR to HUD. However, final scoring is based on percentage of points available. Following guidance from HUD, the renewal projects were scored objectively based on APR data, quality of their renewal application, a survey to assess equitable service delivery and an analysis of their Homeless Management Information System (HMIS) data.
- Based on scoring, there were two projects that were ranked at the top of the list and two that were ranked seventh and the ranking was adjusted based on tie breakers. The tie breakers when this occurs are cost effectiveness and quality of application. Cost effectiveness is determined by the number of individuals served and whether they had "negative outcomes" in HMIS against the total grant amount. This provides a cost per person per month for each project.
- New projects and those that are "Non-Operational" (i.e. have not completed an APR), are scored on qualitative questions and cost effectiveness on the scoring sheet as they do not have other data points.
- There were five projects eligible for involuntary reallocation. Four submitted appeals and HAC's Housing First project voluntarily reallocated. All appeals submitted were approved by the Continuum of Care, and no funds were reallocated from the four projects that submitted appeals.
- For this year's competition, $2,070,524 is available in Tier 1 and $155,846 in Tier 2.
- Two options for ranking were presented to the committee based on the results of objective scoring.
- The first option would put all of the Independence House (IH) project and $5,198 of Sandwich Housing Authority's (SHA) expansion project in Tier 2.
- The second option would exchange the SHA and IH projects in the ranking. This option would put $37,550.00 of IH funds in Tier 1 and $113,098.00 in Tier 2. The entire SHA project would be in Tier 2.
- The committee remarked that the second option appeared to be consistent with HUD preferences, including the importance of housing for those who have survived domestic violence. It is unclear how IH would continue operation if they did not receive full funding. The committee was reminded that HUD contract dates would allow IH time to determine other options for funding or move program participants to other housing options prior to the end of funding. This would likely be late in 2024. Additionally, IH is a Transitional Housing/Rapid Rehousing project type, which limits length of time of the subsidy (24 months) per HUD regulation. As such, current participants are likely to identify permanent housing prior to potential funding changes. IH is not currently at capacity.
- If other projects were ranked below IH, there would be a loss of beds, whereas IH would be more likely to provide other housing options to participants.

- Given all of the information discussed, all committee members in attendance agreed on ranking projects consistent with option 2.
- Project preliminary scoring (not including HUD required programs):
    1. Housing Assistance Corporation Cape Homes V
    2. Housing Assistance Corporation Parkway house
    3. Catholic Social Services Mainstay
    4. Housing Assistance Corporation Youth Supportive Housing
    5. Duffy Health Center Welcome Home 6
    6. Housing Assistance Corporation Housing First
    7. Sandwich Housing Authority Fresh Start
    8. MA Dept. of Mental Health Cape Cod Supported Housing
    9. Independence House Empowered Survivors
    10. Sandwich Housing Authority Fresh Start Expansion

- The preliminary ranking resulted in the Independence House project being placed at the bottom of the ranking and a portion of their funding is in Tier 2, which would not be guaranteed. SHA Fresh Start Expansion, which applied for reallocated funds, is fully in Tier 2.
- The four members of the Review and Ranking Committee have approved the preliminary Priority Listing and Linda Beth will review the recording to provide her approval. If Linda Beth expresses that she would have voted differently than the other committee members, a second meeting will be scheduled for discussion.
- The Review and Ranking committee members were thanked for their participation.

Of Note: Linda Beth viewed the recording of the Review and Ranking Committee meeting and was in agreement with the Scoring and Prioritized Ranking.

Respectfully Submitted
Daniel W. Gray