

# Lowell Continuum of Care 2016

## Application for New Bonus Housing Projects (PSH & RRH)

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### INSTRUCTIONS

This is the application for Lowell Continuum of Care (COC) permanent housing funds, including both permanent supportive housing and rapid re-housing. HUD announced that all CoCs may create new projects through the permanent housing bonus up to **5 percent** of the CoC's FPRN. Approximately **\$60,000 is available** in COC for the following types of new projects through the FY 2016 CoC Program Competition NOFA:

- New permanent supportive housing (PSH) projects that will serve 100 percent chronically homeless individuals and families including youth/young adults experiencing chronic homelessness.
- New rapid rehousing (RRH) projects that will serve homeless individuals and families, including youth, coming directly from the streets or emergency shelters, or meeting the criteria of paragraph (4) of the HUD definition of homeless. (See Appendix for Definition of Category 4 - fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous situations).

New projects to be put forward with the COC 2016 application to HUD will be selected by an independent scoring committee. Final decisions regarding awards will be made by HUD via the national competition.

Please note that this application is based on the best information that is currently available and the COC may need to revise the requirements described below and/or request additional information after the NOFA is released.

Agencies that applied for the Housing Bonus RRH funds in the 2015 competition may indicate intent to re-submit your 2015 application by sending an email [lking@lowellma.gov](mailto:lking@lowellma.gov).

**All New Bonus Housing Project applications are due on or before July 29, 2016 and should be sent to: [lking@lowellma.gov](mailto:lking@lowellma.gov)**

## Project Requirement and Priorities:

### 1. Eligible activities/projects for the Funds:

- 1) All projects must be Permanent Supportive Housing or Rapid Re-Housing Projects can request funds for:
  - i. PSH: Rental assistance (tenant or project based only) or operating funds
  - ii. RRH: Rental assistance (tenant based only)
  - iii. Supportive services
  - iv. Admin
- 2) Term – 1 year
- 3) Eligible Supportive Services Costs are limited in this application to the following:
  - i. assessment of service needs,
  - ii. assistance with moving costs,
  - iii. case management,
  - iv. employment services,
  - v. food,
  - vi. housing/search and counseling services,
  - vii. legal services,
  - viii. life skills,
  - ix. outreach services,
  - x. transportation, and
  - xi. utility deposits (only if these are not included in rental/lease agreement).
- 4) All other supportive services costs typically eligible under the CoC Program interim rule are not eligible costs under this application.
- 5) Operating funds or project based rental assistance may be used for units owned by the organization but these must be new units ready for occupancy no later than 6 months after the award of funds. Projects must provide a deed demonstrating site control for a building or units where evidence of site control exceeds the requested grant term, and where the building or units are ready to be occupied no later than 6 months after the award of funds.
- 6) Projects cannot request rental assistance and operating funding in the same project.
- 7) Projects must agree to enter client data into the MA HMIS, participate in the annual homeless
  - i. counts in the Lowell,
  - ii. participate in the **Coordinated Entry program, and**
  - iii. Comply with all other CoC Policies and Procedures.

### 2. Applications must demonstrate:

- 1) A plan for **rapid implementation** of the program;
  - i. the project narrative must document how the project will be ready to begin housing the first program participant within 6 months of the award
- 2) A connection to **mainstream service systems**, specifically:
  - i. that services are in place to identify and enroll all Medicaid/MassHealth-eligible program participants and to connect Medicaid/MassHealth-enrolled participants to Medicaid/MassHealth-financed services, including case management, tenancy supports, behavioral health services, or other services important to supporting housing stability.
  - ii. that services are in place to connect participants to mainstream resources, including benefits, health insurance and employments services.

- iii. assessing stable participants' interest in moving on to independent affordable housing and offering assistance, as indicated, to help tenants who would like to move on to explore independent housing options and apply for mainstream affordable housing opportunities.
- 3) Experience in operating a successful **housing first** program and a program design that meets the definition of Housing First as adopted by the CoC SC (see the COC Housing First Principles in the Appendix I).
  - 4) A plan for outreach to the eligible population (see below).
  - 5) That they meet HUD's match requirements.
  - 6) Written commitments of cash and/or in-kind value of **leveraged commitments are at least 200%** of the total request to HUD.

### 3. Eligible localities:

- 1) Projects must be located within the Lowell CoC.

### 4. Eligible populations:

#### 1) PSH:

- i. All projects must dedicate 100% of units to chronically homeless individuals and/or families, as defined by HUD (See Appendix II).
  - ii. Project applicants must demonstrate that they will first serve the chronically homeless according to the order of priority established in CoC Policies and the Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons (SEE APPENDIX III).
  - iii. Disabilities: All projects must serve exclusively disabled individuals as defined by HUD (See Appendix IV)
- 2) RRH: All projects must serve 100% literally homeless families and/or single adults coming directly from emergency shelters and/or unsheltered locations OR category 4: fleeing violence or stalking.
  - 3) Persons in transitional housing are not eligible for either project type, even if they met the criteria described above prior to entering the transitional housing program.

### 5. Eligible applicants:

- 1) Eligible project applicants for the CoC Program Competition are nonprofit organizations, States, local governments, and instrumentalities of State and local governments, and public housing agencies.
- 2) Applications shall only be considered from project applicants in good standing with HUD, which means that the applicant does not have any:
  - i. open monitoring or audit findings,
  - ii. history of slow expenditure of grant funds,
  - iii. outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon, or
  - iv. history of serving ineligible program participants, expending funds on ineligible costs, or
  - v. failing to expend funds within statutorily established timeframes.
- 3) Applications shall only be considered from applicants who were not in corrective action status as a result of a 2015 COC project evaluation monitoring.

### 6. Priorities:

- 1) Funding priorities target population and other factors was determined by the COC Advisory Board at their June 24, 2016 meeting.

# APPLICATION

- All information is required unless this is a re-submission of a 2015 RRH application (see below)
- **2015 RRH Application Re-submissions are only required to submit:**
  - Pages 5-6: Questions 1-3, and 6-8.
    - 1. Project Application Info;
    - 2. Subrecipient Organization; 3: Contact Person;
    - 6: Proposed Budget, and
    - 8: Populations to be Served
  - Page 19: Rental Assistance Budget (reflecting 2016 FMRs for your region)
  - Any other sections reflecting changes you are proposing to your 2015 application.
- **The CoC reserves the right not to review incomplete applications or projects that don't meet**
  - **eligibility requirements.**
- **Applications are due by 12:00 pm on July 29 , 2016 and should be sent to: [lking@lowellma.gov](mailto:lking@lowellma.gov)**
- Please contact [lking@lowellma.gov](mailto:lking@lowellma.gov) for questions about the form or process.
- Please save your document with the following naming convention:
  - <Agency name –Program name-NEW Lowell MA-508 016>.
    - Example: Helping Hand, Inc.-Jan's House-NEW Lowell MA-508 2016

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## 1. Project Applicant Information:

- a. Name of Organization: \_\_\_\_\_
- b. Organization Type
  - Units of Local Government       Non-profit 501(c)(3)       PHA
  - State Government       Other: Describe \_\_\_\_\_
- c. DUNS Number: \_\_\_\_\_

## 3. Contact person for this application:

- a. Name: \_\_\_\_\_ Title: \_\_\_\_\_
- b. Phone: \_\_\_\_\_
- c. Email: \_\_\_\_\_

## 5. Type of Project:      PSH    RRH

**6. Proposed Project Budget**

Activities	Total Assistance Requested
1. Rental Assistance	
Indicate Type of RA (if applicable)	<input type="checkbox"/> TBRA (required for RRH) <input type="checkbox"/> PBRA
2. Supportive Services	
3. Operations	
4. Administrative costs (Up to 7%) NOTE: Admin shared 50%/50% with City of Lowell as Collaborative Applicant	
5. Sub-total Request (Add lines 1-4)	
6. Cash Match	
7. In-kind Match	
8. Total Match (Add lines 6&7) – must equal at least 25%	
9. Total Budget (Add lines 5 & 8)	

**7. Housing Type**

- a. Type:     Single Site                       Scatter Site
- b. Total Number of Units: \_\_\_\_\_
- c. Total Number of Beds: \_\_\_\_\_

**8. A. Population to be Served in the Project (Point-in-Time)**

Households	Households with At Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households				

**B. Population to be Served in the Project (Annually – over the course of a year)  
(Not applicable for PSH - Applies to RRH only)**

Households	Households with At Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households				



If there were finding, please describe the findings and your agency's corrective actions to satisfy the findings and attach a copy of the corrective action plan that you submitted to HUD.

G. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?

Yes  No

If Yes, describe the details of unresolved monitoring or audit findings and steps that will be taken to resolve.

H. Have you returned any funds to HUD on any existing grants in the last two years?  Yes  No

If yes, how much has been returned?

What is the reason that the funds have been returned?

What actions are you taking to ensure full spending?

I. Do you have any outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon?

Yes  No

a. If yes, how much is owed?

b. What is the reason for the obligation to HUD?

c. What is preventing establishing a payment schedule?

J. Have you consistently drawn down funds at least quarterly on all HUD CoC grants in the last two years?  Yes  No

a. What is the reason that the funds have not been drawn down?

b. What actions are you taking to ensure timely draw down?

K. Have you submitted on time Annual Progress Reports (APRs) for all HUD CoC grants in the last two years?  Yes  No

a. What is the reason that APRs were late?

b. What actions are you taking to ensure timely submission?



**Project Description**

A. Provide a description (**limit 2000 characters**) that addresses the entire scope of the proposed project. The project description should be complete and concise. It must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), and any coordination with other source(s)/partner(s). The description must be consistent with other parts of this application and identify in **2000 characters or less (spaces included)**:

- The target population including the number of single adults and the number of families with children to be served when the project is at full capacity
- Address and location of units
- Type and number of units – scatter site or single site, single or multi-family homes, etc.
- The specific services that will be provided and outreach methods to be used to serve the long-term homeless population
- Projected outcomes
- Coordination with partners
- Project timeline – when units will be developed or leased-up
- HMIS implementation
- How the project will leverage or deliver Medicaid/MassHealth and other mainstream services to participants

B. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

C. In cases where the proposed project is expanding an existing project, describe how the requested funds will supplement existing services and resources, and increase participants served.

D. Describe a plan for **rapid implementation** of the program; how will the project be ready to begin housing the first program participant within 6 months of the award? Describe how full capacity will be achieved over the term being requested. If any project site is not currently owned or under a lease agreement, provide a summary of relevant contracts and agreements (e.g., with local landlords, housing locator specialists, public housing authority, other partner organizations) needed for the achievement of project operation. The narrative must provide evidence that ensures there will be no delay in service provision to participants, operation of CoC management systems, or the leasing of units for reasonable rents.

E. Will the project receive referrals only through the local Coordinated Access Network?

Yes                       No

If No, please explain.

F. PSH Only: Describe recipient/subrecipient capacity for assessing need, prioritizing persons with the most severe needs and outreach to the chronically homeless and the specific plan for how the project will first serve the chronically homeless according to the order of priority established in *Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons (SEE APPENDIX)*.

G. Describe recipient/subrecipient experience with and a description of the program design for implementing Housing First.

H. If applying for Rental Assistance, describe the method for determining the type and amount of rental assistance that participants can receive.
<p>I. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will more than 16 persons reside in a structure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please answer the following questions</p> <ul style="list-style-type: none"> <li>Describe how the project will be integrated into the neighborhood.</li> </ul>
<p>J. Will your agency employ homeless and/or formerly homeless individuals in this project?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe the role of these individuals in the project.</p>
K. If the project involves capital development, please describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

**Supportive Services for Participants**

A. For projects serving **families with dependent children and single adults 24 years old or younger**, does the applicant/sponsor have policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness?

Yes No

B. For projects serving **families with dependent children and single adults 24 years old or younger**, does the applicant/sponsor have a designated staff person responsible for ensuring that children are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Act, and McKinney-Vento education services?

Yes No

C. Describe how participants will be assisted to obtain and remain in permanent housing.

D. Describe your plan for ensuring program participants will be individually assisted to obtain benefits of the mainstream health, social, employment and housing programs for which they are eligible. Specifically describe access to Medicaid/MassHealth funded services.

E. Describe how participants will be assisted to increase employment and/or income using mainstream programs to maximize their ability to live independently.

F. Please identify whether the project will include the following activities:

- a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes No
- b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes No
- c. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes No
- d. Indicate the last SOAR training date for the staff person providing the technical Assistance:  
  
\_\_\_\_\_

G. Describe how participants will be assisted to maximize ability to live independently and increase self-sufficiency using mainstream housing and service programs.

H. Describe how the type, scale, and location of the supportive services and the mode of transportation to those services fit the needs of program participants

**Supportive Services Type and Frequency:**

A. For all supportive services available to participants, indicate who will provide, how they will be accessed and how often they will be provided **regardless of the resources that will be used to pay for the services**. Please include all Medicaid/MassHealth services whether provided by the applicant or through partnerships with other organizations that provide Medicaid/MassHealth funded services.

*For Provider, indicate: "Applicant" if the applicant will provide the service directly; "Subrecipient" if a subrecipient will provide the service directly; "Partner" if an organization that is not a subrecipient of project funds but with whom a formal agreement or memorandum of understanding (MOU) has been signed will provide the service directly; or, "Non-Partner" to if a specific organization with whom no formal agreement has been established regularly provides the service to clients.*

		Frequency – select one per service type				
Supportive Service	Provider	Daily	Weekly	Bi-monthly	Monthly	Does not Apply
Assessment of Service Needs						
Assistance with Moving Costs						
Case Management						
Child Care						
Education Services						
Employment Assistance/Job Training						
Food						
Housing Search/ Counseling Services						
Legal Services						
Life Skills						
Mental Health Services						
Outpatient Health Services						
Outreach Services						
Substance Abuse Treatment Services						
Transportation						
Utility Deposits						

B. How accessible are basic community amenities (e.g. medical facilities, grocery store, recreation facilities, schools, etc.) to the projects?

- Yes, very accessible
- Somewhat accessible
- Not accessible

**Population Characteristics**

<b>Population Characteristics</b>	<b>Persons in HH's with At Least One Adult and One Child</b>	<b>Adult Persons in Households without Children</b>	<b>Persons in Households with Only Children</b>	<b>Total</b>
Disabled Adults over age 24				
Non-disabled Adults over age 24				
Disabled Adults ages 18-24				
Non-disabled Adults ages 18-24				
Accompanied Disabled Children under age 18				
Accompanied Non-disabled Children under age 18				
Unaccompanied Disabled Children under age 18				
Unaccompanied Non-disabled Children under 18				

**Totals from Above:**

<b>Total Number of Adults over age 24</b>				
<b>Total Number of Adults ages 18-24</b>				
<b>Total Number of Children under 18</b>				
<b>Total Persons</b>				

**Subpopulations** – For PSH, each person must be listed as chronically homeless and at least one adult in each household must be listed as disabled. DV is not considered a disability by HUD.

**Households with At Least One Adult and One Child**

	Chron. Homlss Non-Vets	Chron. Homlss Vets	Chronic Subs. Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Dom. Viol.	Phys. Disab	Dvlpmt Disab	Not Other-wise Represented
Disabled Adults over age 24									
Non-disabled Adults over age 24									
Disabled Adults ages 18-24									
Non-disabled Adults ages 18-24									
Disabled Children under age 18									
Non-disabled Children under age 18									
Total Persons									

## Adult Households without Children

	Chron. Homlss Non-Vets	Chron. Homlss Vets	Chronic Subs. Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Dom. Viol.	Phys. Disab	Dvlpmt Disab	Not Other-wise Represented
Disabled Adults over age 24									
Non-disabled Adults over age 24									
Disabled Adults ages 18-24									
Non-disabled Adults ages 18-24									
Total Persons									



## Households with Only Children

	Chron. Homlss Non-Vets	Chron. Homlss Vets	Chronic Subs. Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Dom. Viol.	Phys. Disab	Dvlpmt Disab	Not Other-wise Represented
Unaccompanied Disabled Children >18									
Unaccompanied Non-Disabled Children >18									
Accompanied Disabled Children >18									
Accompanied Non-Disabled Children >18									
Total Persons									

**Outreach for Participants**

A. Enter the percentage of homeless persons who will be served by the proposed project for each of the following locations:

- \_\_\_ Persons who came from the street or other locations not meant for human habitation
- \_\_\_ Persons who came from Emergency Shelters
- \_\_\_ Persons who came from safe havens
- \_\_\_ Total of above percentages

B. Describe the outreach plan to bring eligible homeless participants into the project.

**HMIS Participation**

- a. Does your agency currently participate in HMIS?  Yes  No
- b. Will your agency enter data into the HMIS for this proposed project?  Yes  No

**Standard Performance Measures**

a. Specify the universe and target numbers for the following measure:

Housing Measure	Universe #	Target #	Target % (Divide target by universe)
<b>All Projects:</b> Persons remaining in permanent housing or exiting to permanent housing (subsidized or unsubsidized) as of the end of the operating year.			
<b>RRH ONLY:</b> Persons placed in permanent housing within 30 days of entry into project.			

b. Specify the universe and target numbers for the following performance measure for **EITHER A or B** below (choose one to complete)

Income Measure	Universe #	Target #	Target %
Persons age 18 and older who maintain or increase their total income <b>(from all sources)</b> as of the end of the operating year or program exit			
Persons age 18 through 61 who maintain or increase their <b>earned income</b> as of the end of the operating year or program exit.			

**Additional Performance Measures (OPTIONAL)**

a. Specify the universe and target goal numbers for the proposed measure. Add no more than 3 additional performance measures. HUD will monitor based on additional measures proposed in the application. We recommend that you do not propose optional measures.

Proposed Measure	Universe #	Target #	Target %

<b>For proposed additional measures only:</b>
b. Data Source (e.g. data recorded in HMIS) and method of data collection (e.g. data collected by the intake worker at entry and case manager at exit) proposed to measure results:
c. Describe specific data elements and formula proposed for calculating results:
d. Rationale for why the proposed measure is an appropriate indicator of performance for this program:

## Budget detail

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**Rental Assistance Budget** (enter number of units by unit type; the applicable Fair Market Rent (FMR) level, multiply units times FMR times 12 (1 year grant) and enter totals.

Indicate the Type of Rental Assistance:

Project Based       Tenant Based

Unit Size	No. of Units	FMR	Term (12 months)	Total
Efficiency		\$		
1 Bedroom		\$		
2 Bedroom		\$		
3 Bedroom		\$		
4 Bedroom		\$		
<b>Total</b>				

### Operating Costs

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operating costs. When including staff costs, please include title, salary and FTE.

Operating Costs	Quantity Description (max 400 characters)	Annual Assistance Requested
Maintenance and repair		
Electricity, Gas and Water		
Property Tax and Insurance		
Furniture		
Replacement Reserve		
Equipment		
Building Security		
<b>Total</b>		

**Supportive Services:** Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. When including staff costs, please include title, salary and FTE.

*Eligible Costs are limited in the CoC to the following: assessment of service needs, assistance with moving costs, case management, employment services, food, housing/search and counseling services, legal services, life skills, outreach services, transportation, and utility deposits (only if these are not included in rental/lease agreement).*

Eligible Costs	Quantity Description (max 400 characters)	Annual Assistance Requested
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Employment Services		
Food		
Housing Search/Counseling Services		
Legal Services		
Life Skills		
Outreach Services		
Transportation		
Utility Deposits		
Total Annual Assistance Requested		

**Funding:** What additional funding sources are committed to this project besides HUD CoC resources, e.g., NSP, HUD-VASH, HOME, LIHTC, MA DHCD, etc.?

**Leveraging:** Please identify all leveraged resources: construction/rehabilitation, other services received by project participants, cash grants, donated and in-kind services. **Written commitments are required by HUD at time of project application; do not include leveraged resources if commitment will not be in place by time of NOFA submission September 14, 2016.** Add rows as needed for additional sources.

Please see the document “Additional Guidance on Match and Leveraging” prepared by Housing Innovations.

HUD requires that commitment letters for leveraged resources be dated on or before the application due date. Written commitments of cash and/or in-kind value of **leveraged commitments must be at least 200%** of the total request to HUD.

Identify Type of Contribution: Cash or In kind	Name the Source of Contribution	Identify Source as: (G) Government* or (P) Private	Date of Written Commitment	Value of Written Commitment
<i>Example: Cash</i>	CDBG	G	4/15/15	\$10,000
<b>*Government sources are appropriated dollars.</b>			<b>TOTAL:</b>	\$

**Note on Leveraging:**

Provide information **only** for contributions for which you have a **written commitment in hand at the time of application**. A written agreement could include signed letters, memoranda of agreement, and other documented evidence of a commitment. Leveraging items may include any written commitments that will be used towards your cash match requirements in the project, as well as any written commitments for buildings, equipment, materials, services and volunteer time. The value of commitments of land, buildings and equipment are **one-time only** and cannot be claimed by more than one project (e.g., the value of donated land, buildings or equipment claimed in 2005 and prior years for a project cannot be claimed as leveraging by that project or any other project in subsequent competitions). The written commitments must be documented on letterhead stationery, signed by an authorized representative, dated **and** in your possession prior to the deadline for submitting your application, and must, at a minimum, contain the following elements: the name of the organization providing the contribution; the type of contribution (e.g., cash, child care, case management, etc.); the value of the contribution; the name of the project and its sponsor organization to which the contribution will be given; and, the date the contribution will be available. If you **do not** have a written agreement in hand at the time of application submission, **do not** enter the contribution.

## APPENDIX

### Excerpted From Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons

**(a) First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
- ii. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs (see Section I.D.3. of this Notice for definition of severe service needs).

**(b) Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness.** A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
- ii. The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

### **DEFINITIONS OF KEY TERMS:**

**Category 4 – HUD Homeless Definition.** HUD defines four categories under which individuals and families may qualify as homeless. Category four is individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

**Chronically Homeless.** The definition of “chronically homeless” currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is:

**(a)** An individual who:

- i. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- ii. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
- iii. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities

Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice], before entering that facility; or

(c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice, including a family whose composition has fluctuated while the head of household has been homeless.

**3. Severity of Service Needs.** This Notice refers to persons who have been identified as having the most severe service needs.

- (a) For the purposes of this Notice, this means an individual for whom at least one of the following is true:
- i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; or
  - ii. Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.

Severe service needs as defined in paragraphs i. and ii. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool that can identify the severity of needs such as the Vulnerability Index (VI), the Service Prioritization Decision Assistance Tool (SPDAT), or the Frequent Users Service Enhancement (FUSE). The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual.

(b) In states where there is an alternate criteria used by state Medicaid/MassHealth departments to identify high-need, high cost beneficiaries, CoCs and recipients of CoC Program-funded PSH may use similar criteria to determine if a household has severe service needs instead of the criteria defined paragraphs i. and ii. above. However, such determination must not be based on a specific diagnosis or disability type.

### **COC Housing First Principles**

Housing First is a programmatic and systems approach that centers on providing homeless people with housing quickly and *then* providing services as needed using a low barrier approach that emphasizes community integration, stable tenancy, recovery and individual choice.

#### **Low barrier approach to entry:**

- Housing First offers individuals and families experiencing homelessness immediate access to permanent supportive housing without unnecessary prerequisites. For example:
  - a. Admission/tenant screening and selection practices do not require abstinence from substances, completion of or compliance with treatment, or participation in services.
  - b. Applicants are not rejected on the basis of poor or lack of credit or income, poor or lack of rental history, minor criminal convictions, or other factors that might indicate a lack of “housing readiness.”
  - c. Blanket exclusionary criteria based on more serious criminal convictions are not applied, though programs may consider such convictions on a case by case basis as necessary to ensure the safety of other residents and staff.



- d. Generally, only those admission criteria that are required by funders are applied, though programs may also consider additional criteria on a case by case basis as necessary to ensure the safety of tenants and staff. Application of such additional criteria should be rare, and may include, for example, denial of an applicant who is a high risk registered sex offender by a project serving children, or denial of an applicant who has a history of domestic violence involving a current participant.

#### Community integration and recovery:

- Housing is integrated into the community and tenants have ample opportunity and are supported to form connections outside of the project.
- Housing is located in neighborhoods that are accessible to community resources and services such as schools, libraries, houses of worship, grocery stores, laundromats, doctors, dentists, parks, and other recreation facilities.
- Efforts are made to make the housing look and feel similar to other types of housing in the community and to avoid distinguishing the housing as a program that serves people with special needs.
- Services are designed to help tenants build supportive relationships, engage in personally meaningful activities, and regain or develop new roles in their families and communities.
- Services are recovery-based and designed to help tenants gain control of their own lives, define their personal values, preferences, and visions for the future, establish meaningful individual short and long-term goals, and build hope that the things they want out of life are attainable. Services are focused on helping tenants achieve the things that are important to them and goals are not driven by staff priorities or selected from a pre-determined menu of options.

#### Lease compliance and housing retention

- Tenants are expected to comply with a standard lease agreement and are provided with services and supports to help maintain housing and prevent eviction. Visitors are expected to comply with requirements in the lease agreement.
- Leases do not include stipulations beyond those that are customary, legal, and enforceable under Massachusetts law.
- No program rules beyond those that are customary, legal, and enforceable through a lease are applied (e.g., visitor policies should be equivalent to those in other types of permanent, lease-based housing in the community). Housing providers may ask for identification from visitors.
- Services are designed to identify and reduce risks to stable tenancy and to overall health and well-being.
- Retention in housing is contingent only on lease compliance and is not contingent on abstinence from substances or compliance with services, treatment or other clinical requirements. For example:
  - a. Tenants are not terminated involuntarily from housing for refusal to participate in services or for violating program rules that are not stipulated in the lease.
  - b. Transitional housing programs offer participants due process to resolve issues that may result in involuntary discharge (unless immediate risk to health and safety)
  - c. PH providers only terminate occupancy of housing in cases of noncompliance with the lease or failure of a tenant to carry out obligations under Massachusetts' Landlord and Tenant Act <http://www.mass.gov/ago/consumer-resources/consumer-information/home-and-housing/landlord-and-tenant-law/>
  - d. In order to terminate housing, PH providers are required to use the legal court eviction process.

### Separation of housing and services

- Projects are designed in such a manner that the roles of property management (e.g., housing application, rent collection, repairs, and eviction) and supportive services staff are clearly defined and distinct.
  - Property management and support service functions are provided either by separate legal entities or by staff members whose roles do not overlap.
  - There are defined processes for communication and coordination across the two functions to support stable tenancy.
  - Those processes are designed to protect client confidentiality and share confidential information on a need to know basis only.

### Tenant Choice

- Efforts are made to maximize tenant choice, including type, frequency, timing, location and intensity of services and whenever possible choice of neighborhoods, apartments, furniture, and décor.
- Staff accepts tenant choices as a matter of fact without judgment and provides services that are non-coercive to help people achieve their personal goals.
- Staff accepts that risk is part of the human experience and helps tenants to understand risks and reduce harm caused to themselves and others by risky behavior.
- Staff understands the clinical and legal limits to choice and intervenes as necessary when someone presents a danger to self or others.
- Staff helps tenants to understand the legal obligations of tenancy and to reduce risk of eviction.
- Projects provide meaningful opportunities for tenant input and involvement when designing programs, planning activities and determining policies.