4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

Document Type	Required?	Document Description	Date Attached
_FY 2019 CoC Competition Report (HDX Report)	Yes	FY 2019 COC COMPE...	09/19/2019
1C-4.PHA Administration Plan–Moving On Multifamily Assisted Housing Owners' Preference.	No	MOVING ON MULTIFA...	09/19/2019
1C-4. PHA Administrative Plan Homeless Preference.	No	PHA ADMINISTRATIV...	09/19/2019
1C-7. Centralized or Coordinated Assessment System.	Yes	CE ASSESSMENT TOOL	09/19/2019
1E-1.Public Posting–15-Day Notification Outside e-snaps–Projects Accepted.	Yes	PROJECTS ACCEPTED...	09/19/2019
1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Rejected or Reduced.	Yes	PROJECTS REJECTED...	09/19/2019
1E-1.Public Posting–30-Day Local Competition Deadline.	Yes	LOCAL COMPETITION...	09/19/2019
1E-1. Public Posting–Local Competition Announcement.	Yes	LOCAL COMPETITION...	09/19/2019
1E-4.Public Posting–CoC-Approved Consolidated Application	Yes	CONSOLIDATED APPL...	09/19/2019
3A. Written Agreement with Local Education or Training Organization.	No		
3A. Written Agreement with State or Local Workforce Development Board.	No	STATE OR LOCAL WO...	09/19/2019
3B-3. Summary of Racial Disparity Assessment.	Yes	RACIAL DISPARITY ...	09/19/2019
4A-7a. Project List-Homeless under Other Federal Statutes.	No		
Other	No		
Other	No		

Other	No		

Attachment Details

Document Description: FY 2019 COC COMPETITION REPORT

Attachment Details

Document Description: MOVING ON MULTIFAMILY PREFERENCE

Attachment Details

Document Description: PHA ADMINISTRATIVE PLAN PREFERENCE

Attachment Details

Document Description: CE ASSESSMENT TOOL

Attachment Details

Document Description: PROJECTS ACCEPTED NOTIFICATION

Attachment Details

Document Description: PROJECTS REJECTED.REDUCED

NOTIFICATION

Attachment Details

Document Description: LOCAL COMPETITION DEADLINE

Attachment Details

Document Description: LOCAL COMPETITION PUBLIC ANNOUNCEMENT

Attachment Details

Document Description: CONSOLIDATED APPLICATION

Attachment Details

Document Description:

Attachment Details

Document Description: STATE OR LOCAL WORKFORCE AGREEMENT

Attachment Details

Document Description: RACIAL DISPARITY ASSESSMENT SUMMARY

Attachment Details

Document Description:

Attachment Details

Document Description:

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Attachment Details

Document Description:

Attachment HDX

New Bedford Continuum of Care
MA-505

FY 2019 CoC Competition Report

2019 HDX Competition Report

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count	**469**	**352**	**409**	**433**
Emergency Shelter Total	195	213	262	288
Safe Haven Total	0	0	0	0
Transitional Housing Total	219	90	98	92
Total Sheltered Count	**414**	**303**	**360**	**380**
Total Unsheltered Count	**55**	**49**	**49**	**53**

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	**56**	**30**	**29**	**47**
Sheltered Count of Chronically Homeless Persons	36	10	12	22
Unsheltered Count of Chronically Homeless Persons	20	20	17	25

2019 HDX Competition Report

PIT Count Data for MA-505 - New Bedford CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	**51**	**52**	**57**	**63**
Sheltered Count of Homeless Households with Children	51	52	57	62
Unsheltered Count of Homeless Households with Children	0	0	0	1

Homeless Veteran PIT Counts

	2011	2016	2017	2018	2019
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	**50**	**61**	**46**	**52**	**43**
Sheltered Count of Homeless Veterans	50	56	43	50	41
Unsheltered Count of Homeless Veterans	0	5	3	2	2

2019 HDX Competition Report

HMIS Bed Coverage Rate

Project Type	Total Beds in 2019 HIC	Total Beds in 2019 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	**296**	**26**	**221**	**81.85%**
Safe Haven (SH) Beds	**0**	**0**	**0**	**NA**
Transitional Housing (TH) Beds	**113**	**14**	**99**	**100.00%**
Rapid Re-Housing (RRH) Beds	**285**	**0**	**285**	**100.00%**
Permanent Supportive Housing (PSH) Beds	**313**	**0**	**260**	**83.07%**
Other Permanent Housing (OPH) Beds	**0**	**0**	**0**	**NA**
Total Beds	1,007	40	865	89.45%

2019 HDX Competition Report

HIC Data for MA-505 - New Bedford CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC	2019 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	**194**	**243**	**242**	**260**

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

Households with Children	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH units available to serve families on the HIC	**10**	**370**	**116**	**91**

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH beds available to serve all populations on the HIC	**22**	**386**	**280**	**285**

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Summary Report for MA-505 - New Bedford 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 2017	FY 2018	Submitted FY 2017	FY 2018	Difference	Submitted FY 2017	FY 2018	Difference
1.1 Persons in ES and SH	933	798	69	98	29	30	65	35
1.2 Persons in ES, SH, and TH	1219	911	92	119	27	55	75	20

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added 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.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2017	FY 2018	Submitted FY 2017	FY 2018	Difference	Submitted FY 2017	FY 2018	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	1134	832	340	153	-187	176	81	-95
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	1169	945	347	166	-181	193	89	-104

2019 HDX Competition Report

FY2018 - 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.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	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 2018	% of Returns	FY 2018	% of Returns	FY 2018	% of Returns	FY 2018	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	253	6	2%	5	2%	14	6%	25	10%
Exit was from TH	36	1	3%	2	6%	3	8%	6	17%
Exit was from SH	0	0		0		0		0	
Exit was from PH	113	7	6%	3	3%	1	1%	11	10%
TOTAL Returns to Homelessness	402	14	3%	10	2%	18	4%	42	10%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2019 HDX Competition Report
FY2018 - 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 2017 PIT Count	January 2018 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	352	409	57
Emergency Shelter Total	213	262	49
Safe Haven Total	0	0	0
Transitional Housing Total	90	98	8
Total Sheltered Count	303	360	57
Unsheltered Count	49	49	0

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2017	FY 2018	Difference
Universe: Unduplicated Total sheltered homeless persons	1226	911	-315
Emergency Shelter Total	938	798	-140
Safe Haven Total	0	0	0
Transitional Housing Total	306	121	-185

2019 HDX Competition Report

FY2018 - 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 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	92	107	15
Number of adults with increased earned income	19	13	-6
Percentage of adults who increased earned income	21%	12%	-9%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	92	107	15
Number of adults with increased non-employment cash income	20	31	11
Percentage of adults who increased non-employment cash income	22%	29%	7%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	92	107	15
Number of adults with increased total income	35	40	5
Percentage of adults who increased total income	38%	37%	-1%

2019 HDX Competition Report
FY2018 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	117	115	-2
Number of adults who exited with increased earned income	21	26	5
Percentage of adults who increased earned income	18%	23%	5%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	117	115	-2
Number of adults who exited with increased non-employment cash income	29	38	9
Percentage of adults who increased non-employment cash income	25%	33%	8%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	117	115	-2
Number of adults who exited with increased total income	47	60	13
Percentage of adults who increased total income	40%	52%	12%

2019 HDX Competition Report

FY2018 - 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 2017	FY 2018	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	1002	693	-309
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.	116	219	103
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)	886	474	-412

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

	Submitted FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1168	785	-383
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.	168	275	107
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.)	1000	510	-490

FY2018 - 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 FY2018 (Oct 1, 2017 - Sept 30, 2018) 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 2017	FY 2018	Difference
Universe: Persons who exit Street Outreach	0	0	0
Of persons above, those who exited to temporary & some institutional destinations	0	0	0
Of the persons above, those who exited to permanent housing destinations	0	0	0
% Successful exits			

2019 HDX Competition Report
FY2018 - Performance Measurement Module (Sys PM)

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

	Submitted FY 2017	FY 2018	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	1179	698	-481
Of the persons above, those who exited to permanent housing destinations	575	316	-259
% Successful exits	49%	45%	-4%

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

	Submitted FY 2017	FY 2018	Difference
Universe: Persons in all PH projects except PH-RRH	316	294	-22
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	315	277	-38
% Successful exits/retention	100%	94%	-6%

2019 HDX Competition Report

FY2018 - SysPM Data Quality

MA-505 - New Bedford CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2019 HDX Competition Report

FY2018 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018
1. Number of non-DV Beds on HIC	152	186	201	248	259	239	111	109	308	294	262	294		22	386	280				
2. Number of HMIS Beds	152	177	192	228	259	203	111	109	278	294	262	247		20	26	28				
3. HMIS Participation Rate from HIC (%)	100.00	95.16	95.52	91.94	100.00	84.94	100.00	100.00	90.26	100.00	100.00	84.01		90.91	6.74	10.00				
4. Unduplicated Persons Served (HMIS)	668	888	938	729	292	298	335	206	433	326	342	328	87	64	66	99	0	0	0	0
5. Total Leavers (HMIS)	513	699	775	589	193	195	249	135	146	84	91	79	50	51	47	70	0	0	0	0
6. Destination of Don't Know, Refused, or Missing (HMIS)	142	135	108	91	23	26	25	13	1	0	4	0	18	11	9	10	0	0	0	0
7. Destination Error Rate (%)	27.68	19.31	13.94	15.45	11.92	13.33	10.04	9.63	0.68	0.00	4.40	0.00	36.00	21.57	19.15	14.29				

2019 HDX Competition Report

Submission and Count Dates for MA-505 - New Bedford CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2019 PIT Count	1/30/2019	

Report Submission Date in HDX

	Submitted On	Met Deadline
2019 PIT Count Submittal Date	4/26/2019	Yes
2019 HIC Count Submittal Date	4/26/2019	Yes
2018 System PM Submittal Date	5/31/2019	Yes

Attachment 1C-4

New Bedford Continuum of Care
MA-505

Moving On Multifamily Preference

NOTE:

The New Bedford CoC has initiated discussions with the New Bedford Housing Authority and looks forward to having an opportunity to the possibility of having a formal PHA Moving On Multifamily Plan in place. Until such time, the CoC has taken it upon itself to memorialize those elements of its own Moving On Strategy germane to its work and strategic vision. The resulting document, approved by a vote of the CoC membership, is provided here.

Homeless Service Provider Network :: HSPN
New Bedford Continuum of Care

Moving On Strategy

The New Bedford Continuum of Care (CoC), acting through the Homeless Service Provider Network (HSPN), hereby establishes and memorializes its Moving On Strategy.

Purpose.

Affordability, availability of suitable housing and a combination thereof have been identified by the CoC as a primary issue preventing current supportive housing tenants who are no longer in need of intensive services from moving out of their permanent supportive housing units (PSH) and into either a public housing authority (PHA) unit or other affordable housing unit independent of supportive services.

This strategy exists for the purpose of providing guidance as to how CoC projects can move current CoC Program participants who no longer require intensive services, from CoC Program funded-PSH beds to other housing assistance programs (including, but not limited to, Housing Choice Vouchers and Public Housing) in order to free up CoC Program funded-PSH beds to be used for persons experiencing homelessness.

Public Housing Authorities

As described by the Corporation for Supportive Housing's CSH Moving On Toolkit, "Under PIH Notice 2013-15 (HA), PHAs may create set-asides of units and/or vouchers for either people exiting homelessness or people referred by providers as being ready to move on from supportive housing. Through this mechanism, the CoC and its supportive housing providers may partner with the New Bedford Public Housing Authority (NBHA) to make public housing units and tenant-based Housing Choice Vouchers (HCV, or Section 8) available through the use of preferences in their local administrative plans for people who have achieved stability in supportive housing and no longer require the same level of support.

Affordable Housing Owners

In addition to the NBHA, "HUD also funds a variety of deeply subsidized units through the Multi-family division, which can be owned and operated by either PHAs or private owners. These include primarily the Project Based Section 8 (general population), Section 202 (elderly—such as the Coastline project, "Carriage House at Acushnet Heights"), and Section 811 (persons with disabilities) programs and combinations of Sections 202/811 projects (as is the case with Melville Towers). Such units frequently offer some level of services and are experienced in dealing with special needs tenants. Multifamily owners can create set-asides of units for either people exiting homelessness or people referred by providers as being ready to move on from supportive housing. As vouchers and public housing units are usually a scarce resource, programs may also look to the largest current production program for new affordable units - Low Income Housing Tax Credits (LIHTC) – to create Moving On units. LIHTC developments must typically meet stringent quality and location requirements to obtain competitive funding, so they may be appealing from a tenant choice perspective. Prioritization of LIHTC resources is accomplished through the state Qualified Allocation plan, which accepts public comment on a regular basis.

In order to ensure that those individuals and families who previously experienced homelessness and who have successfully lived in CoC PSH projects but no longer require intensive supportive services have viable

alternatives to where they can move on from PSH into permanent housing, the HSPN seeks to actively collaborate with housing providers so noted here.

Strategic Steps

In its efforts to enact its CoC-wide Move On Strategy, the CoC will, to the best of its ability through its PSH programs:

- Identify households in permanent supportive housing (PSH) that no longer require intensive supportive services and demonstrate the ability to live stably and maintain housing.
- Ask such households if they are willing to move on (the household must retain choice and must be willing to move on; this is voluntary).
- Confirm that willing households meet any housing screening criteria in order to move on.
- Ensure that willing households in need rental subsidies move into housing with a rental subsidy available to them.
- Continue supporting the New Bedford Housing Authority's homeless preference for households to increase the possibility of willing households receiving a rental subsidy through housing choice vouchers;
- Work collaboratively with mainstream affordable housing resources including those financed with LIHTC.
- Provide flexible financial assistance to cover costs related to moving expenses, security deposits, first/last month's rent, etc. as may be needed to ensure tenancy.
- Work to develop a source of landlord mitigation funds (by individual agency and/or collaboratively as a CoC) to offset potential problems including excessive damage to units or unpaid rent.
- Provide case management to assist clients who have moved on with income re-certifications and/or application paperwork to support continued housing stability.
- Offer home-based case management for three months to help ensure a successful transition out of PSH into permanent housing.

This strategy may be amended or revised at any time by a vote of the HSPN Executive Committee. This document was reviewed and accepted by a vote of the HSPN Executive Committee on September 19, 2019.

Attachment 1C-4

New Bedford Continuum of Care
MA-505

PHA Administrative Plan Preference

NEW BEDFORD HOUSING AUTHORITY

Post Office Box 2081
New Bedford, Massachusetts 02741

Steven A. Beauregard
Executive Director

CENTRAL OFFICE
128 Union St. Suite 400
TEL. 1508-997-4300
FAX: 508-997-4808
TDD: 508-997-4874

August 15, 2019

Jennifer Clarke, AICP
Deputy Director, Community Development
City of New Bedford
133 William St.
New Bedford, MA 02740

Re: Continuum of Care

Dear Ms. Clarke,

The New Bedford Housing Authority (NBHA) is pleased to assist the City of New Bedford's Continuum of Care (COC) in the development of its annual application for COC funding and offers this letter as a means of memorializing both the preferences employed by the NBHA and its effect in ensuring housing for the homeless over the past fiscal year, as well as the ongoing relationship between our two entities.

The NBHA is committed to providing the highest quality service in order to ensure safe, stable housing for those coming out of homelessness. Annually this Housing Authority places large numbers of individuals and families coming out of homelessness into housing through its preferences as follows:

- Family Preferences for the Section 8 Voucher Choice Program vouchers:
  l) Involuntarily Displaced/Homeless
  2)Sub-Standard Housing conditions
  3)Paying over 50% of income for rent and utilities

- Local preferences:
  l) Disabled Head or spouse or Full-time Employed
  2)Full-time student in college or job training program
  3)Local Resident of New Bedford or works full-time in New Bedford.

For State-aided public housing we have the following priorities and preferences:

1) Homeless and displaced by Natural forces, such as fire, hurricane or flood.
2) Homeless and displaced by public action, such as urban renewal.
3) Homeless and displaced due to enforcement of Minimum Housing Standards.
4) Emergency Case Plan which include domestic violence, medical emergencies and those without housing due to no fault of their own.

Out of the 97 State housing placements the NBHA made from 8-1-18 to the present, 93.9% were for those who were homeless due to one of the above conditions. Due to hurricane Maria in September 2017, hundreds of families have applied for first preference for our State public housing units. We placed a total of 64 of these families since that time. The new CHAMP State housing waitlist has a total of 5,551 people waiting. Our Emergency lists have over 1,155 families waiting for placement, so the need for funding has never been so great. In addition, during this same time period the Housing Authority issued 313 Section 8 vouchers and it is estimated that at least 48% of those were involuntarily displaced or homeless. We currently have over 3,485 people waiting for a Section 8 Voucher. These preferences work to house those in greatest need—those who are coming out of homeless situations.

Finally, the NBHA celebrates the long history of collaboration between the NBHA and the City's Office of Housing & Community Development (OHCD) in its role as lead administrative agent for the City's COC. The NBHA continues to commit to this relationship in order to ensure a strong relationship with shared goals which actively ensure consistency, transparency and success in housing the homeless in the City of New Bedford.

If you need any other information, please don't hesitate to contact me.

Sincerely,

Cheryl Souza

Tenant Placement Coordinator

Attachment 1C-7

New Bedford Continuum of Care
MA-505

CE Assessment System

NOTE:

The New Bedford CoC uses *two* standard assessment tools, one for single adults and one for families.
The Assessment Tool for Single Adults appears first in the attachment followed by the Assessment Tool for Families.

Service Prioritization Decision Assistance Tool (SPDAT)

Assessment Tool for Single Adults

VERSION 4.01

1 (800) 355-0420 info@orgcode.com www.orgcode.com

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or service delivery contexts. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The **Vulnerability Index – Service Prioritization Decision Assistance Tool** (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and may not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The **Service Prioritization Decision Assistance Tool** (SPDAT) was developed as an assessment tool for frontline workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. It is an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

Terms and Conditions Governing the Use of the SPDAT

SPDAT products have been developed by OrgCode Consulting, Inc. with extensive feedback from key community partners including people with lived experience. The tools are provided free of charge to communities to improve the client centered services dedicated to increasing housing stability and wellness. Training is indeed required for the administration and interpretation of these assessment tools. Use of the SPDAT products without authorized training is strictly prohibited.

By using this tool, you accept and agree to be bound by the terms of this expectation.

No sharing, reproduction, use or duplication of the information herein is permitted without the express written consent of OrgCode Consulting, Inc.

Ownership

The Service Prioritization Decision Assistance Tool ("SPDAT") and accompanying documentation is owned by OrgCode Consulting, Inc.

Training

Although the SPDAT Series is provided free of charge to communities, training by OrgCode Consulting, Inc. or a third party trainer, authorized by OrgCode, must be successfully completed. After meeting the training requirements required to administer and interpret the SPDAT Series, practitioners are permitted to implement the SPDAT in their work with clients.

Restrictions on Use

You may not use or copy the SPDAT prior to successfully completing training on its use, provided by OrgCode Consulting, Inc. or a third-party trainer authorized by OrgCode. You may not share the SPDAT with other individuals not trained on its use. You may not train others on the use of the SPDAT, unless specifically authorized by OrgCode Consulting, Inc.

Restrictions on Alteration

You may not modify the SPDAT or create any derivative work of the SPDAT or its accompanying documentation, without the express written consent of OrgCode Consulting, Inc. Derivative works include but are not limited to translations.

Disclaimer

The management and staff of OrgCode Consulting, Inc. (OrgCode) do not control the way in which the Service Prioritization Decision Assistance Tool (SPDAT) will be used, applied or integrated into related client processes by communities, agency management or frontline workers. OrgCode assumes no legal responsibility or liability for the misuse of the SPDAT, decisions that are made or services that are received in conjunction with the assessment tool.

A. Mental Health & Wellness & Cognitive Functioning

PROMPTS	CLIENT SCORE:
• *Have you ever received any help with your mental wellness?* • *Do you feel you are getting all the help you need for your mental health or stress?* • *Has a doctor ever prescribed you pills for nerves, anxiety, depression or anything like that?* • *Have you ever gone to an emergency room or stayed in a hospital because you weren't feeling 100% emotionally?* • *Do you have trouble learning or paying attention?* • *Have you ever had testing done to identify learning disabilities?* • *Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby?* • *Have you ever hurt your brain or head?* • *Do you have any documents or papers about your mental health or brain functioning?* • *Are there other professionals we could speak with that have knowledge of your mental health?*	**NOTES**

SCORING	
4	**Any** of the following: □¨Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) **and** not in a heightened state of recovery currently □¨Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
	Any of the following: □¨Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition □¨Diminished ability to perform tasks and functions of daily living or communicating intent□because of a brain injury, learning disability or developmental disability
	While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, **all** of the following are true: □¨No major concerns about safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning □¨No major concerns for the health and safety of others because of mental health or cognitive functioning ability □¨No compelling reason for screening by an expert in mental health or cognitive functioning prior to housing to fully understand capacity
	□¨In a heightened state of recovery, has a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, **and** is engaged with mental health supports as necessary.
	□¨No mental health or cognitive functioning issues disclosed, suspected or observed.

B. Physical Health & Wellness

PROMPTS	CLIENT SCORE:
• *How is your health?* • *Are you getting any help with your health? How often?* • *Do you feel you are getting all the care you need for your health?* • *Any illness like diabetes, HIV, Hep C or anything like that going on?* • *Ever had a doctor tell you that you have problems with blood pressure or heart or lungs or anything like that?* • *When was the last time you saw a doctor? What was that for?* • *Do you have a clinic or doctor that you usually go to?* • *Anything going on right now with your health that you think would prevent you from living a full, healthy, happy life?* • *Are there other professionals we could speak with that have knowledge of your health?* • *Do you have any documents or papers about your health or past stays in hospital because of your health?*	NOTES

SCORING	
4	**Any** of the following: ☐ Co-occurring chronic health conditions ☐ Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health ☐ Pallative health condition
3	Presence of a health issue with **any** of the following: ☐ Not connected with professional resources to assist with a real or perceived serious health issue, by choice ☐ Single chronic or serious health concern but does not connect with professional resources because of insufficient community resources (e.g. lack of availability or affordability) ☐ Unable to follow the treatment plan as a direct result of homeless status
2	☐ Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care ☐ Presence of a physical health issue, for which appropriate treatment protocols are followed, but there is still a moderate impact on their daily living
1	Single chronic or serious health condition, but **all** of the following are true: ☐ Able to manage the health issue and live a relatively active and healthy life ☐ Connected to appropriate health supports ☐ Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements.
0	☐ No serious or chronic health condition disclosed, observed, or suspected ☐ If any minor health condition, they are managed appropriately

C. Medication

PROMPTS	CLIENT SCORE:
• *Have you recently been prescribed any medications by a health care professional?* • *Do you take any medications prescribed to you by a doctor?* • *Have you ever sold some or all of your prescription?* • *Have you ever had a doctor prescribe you medication that you didn't have filled at a pharmacy or didn't take?* • *Were any of your medications changed in the last month? If yes: How did that make you feel?* • *Do other people ever steal your medications?* • *Do you ever share your medications with other people?* • *How do you store your medications and make sure you take the right medication at the right time each day?* • *What do you do if you realize you've forgotten to take your medications?* • *Do you have any papers or documents about the medications you take?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the past 30 days, started taking a prescription which **is** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **less** than is sold or shared ☐ Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) ☐ Has had a medication prescribed in the last 90 days that remains unfilled, for any reason
3	**Any** of the following: ☐ In the past 30 days, started taking a prescription which is **not** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **more** than is sold or shared ☐ Requires intensive assistance to manage or take medication (e.g., assistance organizing in a pillbox; working with pharmacist to blister-pack; adapting the living environment to be more conducive to taking medications at the right time for the right purpose, like keeping nighttime medications on the bedside table and morning medications by the coffeemaker) ☐ Medications are stored and distributed by a third-party
2	**Any** of the following: ☐ Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week ☐ Self-manages medications except for requiring reminders or assistance for refills ☐ Successfully self-managing medication for fewer than 30 consecutive days
1	☐ Successfully self-managing medications for more than 30, but less than 180, consecutive days
0	**Any** of the following: ☐ No medication prescribed to them ☐ Successfully self-managing medication for 181+ consecutive days

D. Substance Use

PROMPTS	CLIENT SCORE:
• *When was the last time you had a drink or used drugs?* • *Is there anything we should keep in mind related to drugs or alcohol?* • *[If they disclose use of drugs and/or alcohol] How frequently would you say you use [specific substance] in a week?* • *Ever have a doctor tell you that your health may be at risk because you drink or use drugs?* • *Have you engaged with anyone professionally related to your substance use that we could speak with?* • *Ever get into fights, fall down and bang your head, or pass out when drinking or using other drugs?* • *Have you ever used alcohol or other drugs in a way that may be considered less than safe?* • *Do you ever end up doing things you later regret after you have gotten really hammered?* • *Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that?*	**NOTES**

Note: Consumption thresholds: 2 drinks per day or 14 total drinks in any one week period for men; 2 drinks per day or 9 total drinks in any one week period for women.

SCORING
☐ In a life-threatening health situation as a direct result of substance use, **or**, In the past 30 days, **any** of the following are true... ☐ Substance use is almost daily (21+ times) **and** often to the point of complete inebriation, ☐ Binge drinking, non-beverage alcohol use, or inhalant use 4+ times ☐ Substance use resulting in passing out 2+ times
☐ Experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, **or**, In the past 30 days, **any** of the following are true... ☐ Drug use reached the point of complete inebriation 12+ times ☐ Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation ☐ Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times
In the past 30 days, **any** of the following are true... ☐ Drug use reached the point of complete inebriation fewer than 12 times ☐ Alcohol use exceeded the consumption thresholds fewer than 5 times
☐ In the past 365 days, no alcohol use beyond consumption thresholds, **or**, ☐ If making claims to sobriety, no substance use in the past 30 days
☐ In the past 365 days, no substance use

E. Experience of Abuse & Trauma

PROMPTS	CLIENT SCORE:
To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported. • *"I don't need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?"* • *"Are you currently or have you ever received professional assistance to address that abuse?"* • *"Does the experience of abuse or trauma impact your day to day living in any way?"* • *"Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?"* • *"Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?"* • *"Have you ever become homeless as a direct result of experiencing abuse or trauma?"*	**NOTES**

SCORING	
4	☐ A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	☐ The experience of abuse or trauma is **not** believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) **is** impacting daily functioning and/or ability to get out of homelessness
2	**Any** of the following: ☐ A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness ☐ Engaged in therapeutic attempts at recovery, but does not consider self to be recovered
1	☐ A reported experience of abuse or trauma, and considers self to be recovered
0	☐ No reported experience of abuse or trauma

F. Risk of Harm to Self or Others

PROMPTS	CLIENT SCORE:
• *Do you have thoughts about hurting yourself or anyone else? Have you ever acted on these thoughts? When was the last time?* • *What was occurring when you had these feelings or took these actions?* • *Have you ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt yourself or others? How long ago was that? Does that happen often?* • *Have you recently left a situation you felt was abusive or unsafe? How long ago was that?* • *Have you been in any fights recently - whether you started it or someone else did? How long ago was that? How often do you get into fights?*	**NOTES**

SCORING	
4	**Any** of the following: □¨In the past 90 days, left an abusive situation □¨In the past 30 days, attempted, threatened, or actually harmed self or others□ □¨In the past 30 days, involved in a physical altercation (instigator or participant)
3	**Any** of the following: □¨In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days □¨Most recently attempted, threatened, or actually harmed self or others in the past 180 days,□but not in the past 30 days □¨In the past 365 days, involved in a physical altercation (instigator or participant), but not in□the past 30 days
2	**Any** of the following: □¨In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days □¨Most recently attempted, threatened, or actually harmed self or others in the past 365 days,□but not in the past 180 days □¨366+ days ago, 4+ involvements in physical alterations
1	□¨366+ days ago, 1-3 involvements in physical alterations
0	□¨Reports no instance of harming self, being harmed, or harming others

G. Involvement in Higher Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE:
• *[Observe, don't ask] Any abcesses or track marks from injection substance use?* • *Does anybody force or trick you to do something that you don't want to do?* • *Do you ever do stuff that could be considered dangerous like drinking until you pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?* • *Do you ever find yourself in situations that may be considered at a high risk for violence?* • *Do you ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?*	**NOTES**

SCORING	
4	**Any** of the following: ☐¨In the past 180 days, engaged in 10+ higher risk and/or exploitive events ☐¨In the past 90 days, left an abusive situation
3	**Any** of the following: ☐¨In the past 180 days, engaged in 4-9 higher risk and/or exploitive events ☐¨In the past 180 days, left an abusive situation, but not in the past 90 days
2	**Any** of the following: ☐¨In the past 180 days, engaged in 1-3 higher risk and/or exploitive events ☐¨181+ days ago, left an abusive situation
1	☐¨Any involvement in higher risk and/or exploitive situations occurred more than 180 days ago but less than 365 days ago
0	☐¨In the past 365 days, no involvement in higher risk and/or exploitive events

H. Interaction with Emergency Services

PROMPTS	CLIENT SCORE:
• *How often do you go to emergency rooms?* • *How many times have you had the police speak to you over the past 180 days?* • *Have you used an ambulance or needed the fire department at any time in the past 180 days?* • *How many times have you called or visited a crisis team or a crisis counselor in the last 180 days?* • *How many times have you been admitted to hospital in the last 180 days? How long did you stay?*	NOTES

Note: Emergency service use includes: admittance to emergency room/department; hospitalizations; trips to a hospital in an ambulance; crisis service, distress centers, suicide prevention service, sexual assault crisis service, sex worker crisis service, or similar service; interactions with police for the purpose of law enforcement; interactions with fire service in emergency situations.

SCORING	
4	☐ In the past 180 days, cumulative total of 10+ interactions with emergency services
3	☐ In the past 180 days, cumulative total of 4-9 interactions with emergency services
2	☐ In the past 180 days, cumulative total of 1-3 interactions with emergency services
1	☐ Any interaction with emergency services occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no interaction with emergency services

I. Legal

PROMPTS	CLIENT SCORE:
• *Do you have any "legal stuff" going on?* • *Have you had a lawyer assigned to you by a court?* • *Do you have any upcoming court dates? Do you think there's a chance you will do time?* • *Any involvement with family court or child custody matters?* • *Any outstanding fines?* • *Have you paid any fines in the last 12 months for anything?* • *Have you done any community service in the last 12 months?* • *Is anybody expecting you to do community service for anything right now?* • *Did you have any legal stuff in the last year that got dismissed?* • *Is your housing at risk in any way right now because of legal issues?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ Current outstanding legal issue(s), likely to result in fines of $500+ ☐ Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand
3	**Any** of the following: ☐ Current outstanding legal issue(s), likely to result in fines less than $500 ☐ Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand
2	**Any** of the following: ☐ In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s) ☐ Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)
1	☐ There are no current legal issues, **and** any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration
0	☐ No legal issues within the past 365 days, **and** currently no conditions of release

J. Managing Tenancy

PROMPTS	CLIENT SCORE:
• *Are you currently homeless?* • *[If the person is housed] Do you have an eviction notice?* • *[If the person is housed] Do you think that your housing is at risk?* • *How is your relationship with your neighbors?* • *How do you normally get along with landlords?* • *How have you been doing with taking care of your place?*	NOTES

Note: Housing matters include: conflict with landlord and/or neighbors, damages to the unit, payment of rent on time and in full. Payment of rent through a third party is <u>not</u> considered to be a short-coming or deficiency in the ability to pay rent.

SCORING	
4	**Any** of the following: ☐ Currently homeless ☐ In the next 30 days, will be re-housed or return to homelessness ☐ In the past 365 days, was re-housed 6+ times ☐ In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters
3	**Any** of the following: ☐ In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days ☐ In the past 365 days, was re-housed 3-5 times ☐ In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters
2	**Any** of the following: ☐ In the past 365 days, was re-housed 2 times ☐ In the past 180 days, was re-housed 1+ times, but not in the past 60 days ☐ Continuously housed for at least 90 days but not more than 180 days ☐ In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters
1	**Any** of the following: ☐ In the past 365 days, was re-housed 1 time ☐ Continuously housed, with no assistance on housing matters, for at least 180 days but not more than 365 days
0	☐ Continuously housed, with no assistance on housing matters, for at least 365 days

K. Personal Administration & Money Management

PROMPTS	CLIENT SCORE:
• *How are you with taking care of money?* • *How are you with paying bills on time and taking care of other financial stuff?* • *Do you have any street debts?* • *Do you have any drug or gambling debts?* • *Is there anybody that thinks you owe them money?* • *Do you budget every single month for every single thing you need? Including cigarettes? Booze? Drugs?* • *Do you try to pay your rent before paying for anything else?* • *Are you behind in any payments like child support or student loans or anything like that?*	NOTES

SCORING	
4	**Any** of the following: □¨Cannot create or follow a budget, regardless of supports provided □¨Does not comprehend financial obligations □¨Does not have an income (including formal and informal sources) □¨Not aware of the full amount spent on substances, if they use substances □¨Substantial real or perceived debts of $1,000+, past due or requiring monthly payments
3	**Any** of the following: □¨Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money) □¨Only understands their financial obligations with the assistance of a 3rd party□□¨Not budgeting for substance use, if they are a substance user □¨Real or perceived debts of $999 or less, past due or requiring monthly payments
2	**Any** of the following: □¨In the past 365 days, source of income has changed 2+ times □¨Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs □¨Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship) □¨Has been self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	□¨Has been self-managing financial resources and taking care of associated administrative tasks□for at least 90 days, but for less than 180 days
0	□¨Has been self-managing financial resources and taking care of associated acministrative tasks□for at least 180 days

L. Social Relationships & Networks

PROMPTS	CLIENT SCORE:
• *Tell me about your friends, family or other people in your life.* • *How often do you get together or chat?* • *When you go to doctor's appointments or meet with other professionals like that, what is that like?* • *Are there any people in your life that you feel are just using you?* • *Are there any of your closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that?* • *Have you ever had people crash at your place that you did not want staying there?* • *Have you ever been threatened with an eviction or lost a place because of something that friends or family did in your apartment?* • *Have you ever been concerned about not following your lease agreement because of your friends or family?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the past 90 days, left an exploitive, abusive or dependent relationship ☐ Friends, family or other people are placing security of housing at imminent risk, **or** impacting life, wellness, or safety ☐ No friends or family and demonstrates no ability to follow social norms ☐ Currently homeless and would classify most of friends and family as homeless
3	**Any** of the following: ☐ In the past 90-180 days, left an exploitive, abusive or dependent relationship ☐ Friends, family or other people are having some negative consequences on wellness or housing stability ☐ No friends or family but demonstrating ability to follow social norms ☐ Meeting new people with an intention of forming friendships ☐ Reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship ☐ Currently homeless, and would classify some of friends and family as being housed, while others are homeless
2	**Any** of the following: ☐ More than 180 days ago, left an exploitive, abusive or dependent relationship ☐ Developing relationships with new people but not yet fully trusting them ☐ Currently homeless, and would classify friends and family as being housed
1	☐ Has been housed for less than 180 days, **and** is engaged with friends or family, who are having no negative consequences on the individual's housing stability
0	☐ Has been housed for at least 180 days, **and** is engaged with friends or family, who are having no negative consequences on the individual's housing stability

M. Self Care & Daily Living Skills

PROMPTS	CLIENT SCORE:
• *Do you have any worries about taking care of yourself?* • *Do you have any concerns about cooking, cleaning, laundry or anything like that?* • *Do you ever need reminders to do things like shower or clean up?* • *Describe your last apartment.* • *Do you know how to shop for nutritious food on a budget?* • *Do you know how to make low cost meals that can result in leftovers to freeze or save for another day?* • *Do you tend to keep all of your clothes clean?* • *Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment?* • *When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ No insight into how to care for themselves, their apartment or their surroundings ☐ Currently homeless and relies upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing) on an almost daily basis ☐ Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
3	**Any** of the following: ☐ Has insight into some areas of how to care for themselves, their apartment or their surroundings, but misses other areas because of lack of insight ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), 14+ days in any 30-day period ☐ Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
2	**Any** of the following: ☐ Fully aware and has insight in all that is required to take care of themselves, their apartment and their surroundings, but has not yet mastered the skills or time management to fully execute this on a regular basis ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), fewer than 14 days in every 30-day period
1	☐ In the past 365 days, accessed community resources 4 or fewer times, **and** is fully taking care of all their daily needs
0	☐ For the past 365+ days, fully taking care of all their daily needs independently

N. Meaningful Daily Activity

PROMPTS	CLIENT SCORE:
• *How do you spend your day?* • *How do you spend your free time?* • *Does that make you feel happy/fulfilled?* • *How many days a week would you say you have things to do that make you feel happy/fulfilled?* • *How much time in a week would you say you are totally bored?* • *When you wake up in the morning, do you tend to have an idea of what you plan to do that day?* • *How much time in a week would you say you spend doing stuff to fill up the time rather than doing things that you love?* • *Are there any things that get in the way of you doing the sorts of activities you would like to be doing?*	**NOTES**

SCORING	
4	□¨No planned, legal activities described as providing fulfillment or happiness
3	□¨Discussing, exploring, signing up for and/or preparing for new activities or to re-engage with□planned, legal activities that used to provide fulfillment or happiness
2	□¨Attempting new or re-engaging with planned, legal activities that used to provide fulfillment or happiness, but uncertain that activities selected are currently providing fulfillment or happiness, **or** the individual is not fully committed to continuing the activities.
1	□¨Has planned, legal activities described as providing fulfillment or happiness 1-3 days per week
0	□¨Has planned, legal activities described as providing fulfillment or happiness 4+ days per week

O. History of Homelessness & Housing

PROMPTS	CLIENT SCORE:
• *How long have you been homeless?* • *How many times have you been homeless in your life other than this most recent time?* • *Have you spent any time sleeping on a friend's couch or floor? And if so, during those times did you consider that to be your permanent address?* • *Have you ever spent time sleeping in a car or alleyway or garage or barn or bus shelter or anything like that?* • *Have you ever spent time sleeping in an abandoned building?* • *Were you ever in hospital or jail for a period of time when you didn't have a permanent address to go to when you got out?*	**NOTES**

SCORING	
4	☐ Over the past 10 years, cumulative total of 5+ years of homelessness
3	☐ Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of homelessness
2	☐ Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of homelessness
1	☐ Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of homelessness
0	☐ Over the past 4 years, cumulative total of 7 or fewer days of homelessness

E ADULTS

VERSION 4.01

Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
MENTAL HEALTH & ELLNESS AND COGNITIVE FUNCTIONING	)	
PHYSICAL HEALTH & WELLNESS	)	
MEDICATION	)	
SUBSTANCE USE	)	
PERIENCE OF ABUSE AND/ OR TRAUMA	)	
SK OF HARM TO SELF OR OTHERS	)	
VOLVEMENT IN HIGHER SK AND/OR EXPLOITIVE SITUATIONS	)	
INTERACTION WITH EMERGENCY SERVICES	)	

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Ξ ADULTS

VERSION 4.01

Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
LEGAL INVOLVEMENT	0	
MANAGING TENANCY	0	
SONAL ADMINISTRATION MONEY MANAGEMENT	0	
CIAL RELATIONSHIPS & NETWORKS	0	
LF-CARE & DAILY LIVING SKILLS	0	
MEANINGFUL DAILY ACTIVITIES	0	
ISTORY OF HOUSING & HOMELESSNESS	0	
TOTAL		**No housing intervention**

Appendix A: About the SPDAT

OrgCode Consulting, Inc. is pleased to announce the release of Version 4 of the Service Prioritization Decision Assistance Tool (SPDAT). Since its release in 2010, the SPDAT has been used with over 10,000 unique individuals in over 100 communities across North America and in select locations around the world.

Originally designed as a tool to help prioritize housing services for homeless individuals based upon their acuity, the SPDAT has been successfully adapted to other fields of practice, including: discharge planning from hospitals, work with youth, survivors of domestic violence, health research, planning supports for consumer survivors of psychiatric care systems, and in work supporting people with fetal alcohol spectrum disorders. We are encouraged that so many service providers and communities are expanding the use of this tool, and OrgCode will continue to support the innovative use of the SPDAT to meet local needs.

SPDAT Design

The SPDAT is designed to:

- Help prioritize which clients should receive what type of housing assistance intervention, and assist in determining the intensity of case management services
- Prioritize the sequence of clients receiving those services
- Help prioritize the time and resources of Frontline Workers
- Allow Team Leaders and program supervisors to better match client needs to the strengths of specific Frontline Workers on their team
- Assist Team Leaders and program supervisors to support Frontline Workers and establish service priorities across their team
- Provide assistance with case planning and encourage reflection on the prioritization of different elements within a case plan
- Track the depth of need and service responses to clients over time

The SPDAT is NOT designed to:

- Provide a diagnosis
- Assess current risk or be a predictive index for future risk
- Take the place of other valid and reliable instruments used in clinical research and care

The SPDAT is only used with those clients who meet program eligibility criteria. For example, if there is an eligibility criterion that requires prospective clients to be homeless at time of intake to be eligible for Housing First, then the pre-condition must be met before pursuing the application of the SPDAT. For that reason, we have also created the VI-SPDAT as an initial screening tool.

The SPDAT is not intended to replace clinical expertise or clinical assessment tools. The tool complements existing clinical approaches by incorporating a wide array of components that provide both a global and detailed picture of a client's acuity. Certain components of the SPDAT relate to clinical concerns, and it is expected that intake professionals and clinicians will work together to ensure the accurate assessment of these issues. In fact, many organizations and communities have found the SPDAT to be a useful method for bridging the gap between housing, social services and clinical services.

Version 4

The SPDAT has been influenced by the experience of practitioners in its use, persons with lived experience that have had the SPDAT implemented with them, as well as a number of other excellent tools such as (but not limited to) the Outcome Star, Health of the Nation Outcome Scale, Denver Acuity Scale, Camberwell Assessment of Needs, Vulnerability Index, and Transition Aged Youth Triage Tool.

In preparing SPDAT v4, we have adopted a comprehensive and collaborative approach to changing and improving the SPDAT. Communities that have used the tool for three months or more have provided us with their feedback. OrgCode staff have observed the tool in operation to better understand its implementation in the field. An independent committee composed of service practitioners and academics review enhancements to the SPDAT. Furthermore, we continue to test the validity of SPDAT results through the use of control groups. Overall, we consistently see that groups assessed with the SPDAT have better long-term housing and life stability outcomes than those assessed with other tools, or no tools at all.

OrgCode intends to continue working with communities and persons with lived experience to make future versions of the SPDAT even better. We hope all those communities and agencies that choose to use this tool will remain committed to collaborating with us to make those improvements over time.

Version 4 builds upon the success of Version 3 of the SPDAT with some refinements. Starting in August 2014, a survey was launched of existing SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The major differences from Version 3 to Version 4 include:

- The structure of the tools is the same: four domains (five for families) with components aligned to specific domains. The names of the domains and the components remain unchanged.
- The scoring of the tools is the same: 60 points for singles, and 80 points for families.
- The scoring tables used to run from 0 through to 4. They are now reversed with each table starting at 4 and working their way down to 0. This increases the speed of assessment.
- The order of the tools has changed, grouped together by domain.
- Language has been simplified.
- Days are used rather than months to provide greater clarification and alignment to how most databases capture periods of time in service.
- Greater specificity has been provided in some components such as amount of debts.

Family Service Prioritization Decision Assistance Tool (F-SPDAT)

Assessment Tool for Families

VERSION 2.01

1 (800) 355-0420 info@orgcode.com www.orgcode.com

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or service delivery contexts. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The **Vulnerability Index – Service Prioritization Decision Assistance Tool** (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and may not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The **Service Prioritization Decision Assistance Tool** (SPDAT) was developed as an assessment tool for frontline workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. It is an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

1 (800) 355-0420 info@orgcode.com www.orgcode.com

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

Terms and Conditions Governing the Use of the SPDAT

SPDAT products have been developed by OrgCode Consulting, Inc. with extensive feedback from key community partners including people with lived experience. The tools are provided free of charge to communities to improve the client centered services dedicated to increasing housing stability and wellness. Training is indeed required for the administration and interpretation of these assessment tools. Use of the SPDAT products without authorized training is strictly prohibited.

By using this tool, you accept and agree to be bound by the terms of this expectation.

No sharing, reproduction, use or duplication of the information herein is permitted without the express written consent of OrgCode Consulting, Inc.

Ownership

The Service Prioritization Decision Assistance Tool ("SPDAT") and accompanying documentation is owned by OrgCode Consulting, Inc.

Training

Although the SPDAT Series is provided free of charge to communities, training by OrgCode Consulting, Inc. or a third party trainer, authorized by OrgCode, must be successfully completed. After meeting the training requirements required to administer and interpret the SPDAT Series, practitioners are permitted to implement the SPDAT in their work with clients.

Restrictions on Use

You may not use or copy the SPDAT prior to successfully completing training on its use, provided by OrgCode Consulting, Inc. or a third-party trainer authorized by OrgCode. You may not share the SPDAT with other individuals not trained on its use. You may not train others on the use of the SPDAT, unless specifically authorized by OrgCode Consulting, Inc.

Restrictions on Alteration

You may not modify the SPDAT or create any derivative work of the SPDAT or its accompanying documentation, without the express written consent of OrgCode Consulting, Inc. Derivative works include but are not limited to translations.

Disclaimer

The management and staff of OrgCode Consulting, Inc. (OrgCode) do not control the way in which the Service Prioritization Decision Assistance Tool (SPDAT) will be used, applied or integrated into related client processes by communities, agency management or frontline workers. OrgCode assumes no legal responsibility or liability for the misuse of the SPDAT, decisions that are made or services that are received in conjunction with the assessment tool.

A. Mental Health & Wellness & Cognitive Functioning

PROMPTS	CLIENT SCORE:
• *Has anyone in your family ever received any help with their mental wellness?* • *Do you feel that every member in your family is getting all the help they need for their mental health or stress?* • *Has a doctor ever prescribed anyone in your family pills for nerves, anxiety, depression or anything like that?* • *Has anyone in your family ever gone to an emergency room or stayed in a hospital because they weren't feeling 100% emotionally?* • *Does anyone in your family have trouble learning or paying attention, or been tested for learning disabilities?* • *Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby? What about when you were pregnant?* • *Has anyone in your family ever hurt their brain or head?* • *Do you have any documents or papers about your family's mental health or brain functioning?* • *Are there other professionals we could speak with that have knowledge of your family's mental health?*	**NOTES**

SCORING	
4	**Any** of the following among any family member: ☐ Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) **and** not in a heightened state of recovery currently ☐ Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
3	**Any** of the following among any family member: ☐ Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition ☐ Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
2	While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, **all** of the following are true: ☐ No major concerns about the family's safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning ☐ No major concerns for the health and safety of others because of mental health or cognitive functioning ability ☐ No compelling reason for any member of the family to be screened by an expert in mental health or cognitive functioning prior to housing to fully understand capacity
1	☐ All members of the family are in a heightened state of recovery, have a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, **and** are engaged with mental health supports as necessary.
0	☐ No mental health or cognitive functioning issues disclosed, suspected or observed.

B. Physical Health & Wellness

PROMPTS	CLIENT SCORE:
- *How is your family's health?* - *Are you getting any help with your health? How often?* - *Do you feel you are getting all the care you need for your family's health?* - *Any illnesses like diabetes, HIV, Hep C or anything like that going on in any member of your family?* - *Ever had a doctor tell anyone in your family that they have problems with blood pressure or heart or lungs or anything like that?* - *When was the last time anyone in your family saw a doctor? What was that for?* - *Do you have a clinic or doctor that you usually go to?* - *Anything going on right now with your family's health that you think would prevent them from living a full, healthy, happy life?* - *Are there other professionals we could speak with that have knowledge of your family's health?* - *Do you have any documents or papers about your family's health or past stays in hospital because of your health?*	**NOTES**

SCORING	
4	**Any** of the following for any member of the family: ☐ Co-occurring chronic health conditions ☐ Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health ☐ Palliative health condition
3	Presence of a health issue among any family member with **any** of the following: ☐ Not connected with professional resources to assist with a real or perceived serious health issue, by choice ☐ Single chronic or serious health concern but does not connect with professional resources because of insufficient community resources (e.g. lack of availability or affordability) ☐ Unable to follow the treatment plan as a direct result of homeless status
2	☐ Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care ☐ Presence of a physical health issue, for which appropriate treatment protocols are followed, but there is still a moderate impact on their daily living
1	Single chronic or serious health condition in a family member, but **all** of the following are true: ☐ Able to manage the health issue and live a relatively active and healthy life ☐ Connected to appropriate health supports ☐ Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements.
0	☐ No serious or chronic health condition ☐ If any minor health condition, they are managed appropriately

C. Medication

PROMPTS	CLIENT SCORE:
• *Has anyone in your family recently been prescribed any medications by a health care professional?* • *Does anyone in your family take any medication, prescribed to them by a doctor?* • *Has anyone in your family ever had a doctor prescribe them a medication that wasn't filled or they didn't take?* • *Were any of your family's medications changed in the last month? Whose? How did that make them feel?* • *Do other people ever steal your family's medications?* • *Does anyone in your family ever sell or share their medications with other people it wasn't prescribed to?* • *How does your family store their medication and make sure they take the right medication at the right time each day?* • *What do you do if you realize someone has forgotten to take their medications?* • *Do you have any papers or documents about the medications your family takes?*	**NOTES**

SCORING	
4	**Any** of the following for any family member: ☐ In the past 30 days, started taking a prescription which **is** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **less** than is sold or shared ☐ Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) ☐ Has had a medication prescribed in the last 90 days that remains unfilled, for any reason
3	**Any** of the following for any family member: ☐ In the past 30 days, started taking a prescription which is **not** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **more** than is sold or shared ☐ Requires intensive assistance to manage or take medication (e.g., assistance organizing in a pillbox; working with pharmacist to blister-pack; adapting the living environment to be more conducive to taking medications at the right time for the right purpose, like keeping nighttime medications on the bedside table and morning medications by the coffeemaker) ☐ Medications are stored and distributed by a third-party
2	**Any** of the following for any family member: ☐ Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week ☐ Self-manages medications except for requiring reminders or assistance for refills ☐ Successfully self-managing medication for fewer than 30 consecutive days
1	☐ Successfully self-managing medications for more than 30, but less than 180, consecutive days
0	**Any** of the following is true for **every** family member: ☐ No medication prescribed to them ☐ Successfully self-managing medication for 181+ consecutive days

D. Substance Use

PROMPTS	CLIENT SCORE:
- *When was the last time you had a drink or used drugs? What about the other members of your family?* - *Anything we should keep in mind related to drugs/alcohol?* - *How often would you say you use [substance] in a week?* - *Ever have a doctor tell you that your health may be at risk because you drink or use drugs?* - *Have you engaged with anyone professionally related to your substance use that we could speak with?* - *Ever get into fights, fall down and bang your head, do things you regret later, or pass out when drinking or using other drugs?* - *Have you ever used alcohol or other drugs in a way that may be considered less than safe?* - *Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that?*	**NOTES**

Note: Consumption thresholds: 2 drinks per day or 14 total drinks in any one week period for men; 2 drinks per day or 9 total drinks in any one week period for women.

SCORING	
4	☐ An adult is in a life-threatening health situation as a direct result of substance use, **or,** ☐ Any family member is under the legal age but over 15 and would score a 3+, **or,** ☐ Any family member is under 15 and would score a 2+, **or** who first used drugs prior to age 12, **or,** In the past 30 days, **any** of the following are true for any adult in the family... ☐ Substance use is almost daily (21+ times) **and** often to the point of complete inebriation ☐ Binge drinking, non-beverage alcohol use, or inhalant use 4+ times ☐ Substance use resulting in passing out 2+ times
3	☐ An adult is experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, **or,** ☐ Any family member is under the legal age but over 15 and would score a 2, **or,** ☐ Any family member is under 15 and would score a 1, **or** who first used drugs at age 13-15, **or,** In the past 30 days, **any** of the following are true for any adult in the family... ☐ Drug use reached the point of complete inebriation 12+ times ☐ Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation ☐ Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times
2	☐ Any family member is under the legal age but over 15 and would otherwise score 1, **or,** In the past 30 days, **any** of the following are true for any adult in the family... ☐ Drug use reached the point of complete inebriation fewer than 12 times ☐ Alcohol use exceeded the consumption thresholds fewer than 5 times
1	☐ In the past 365 days, no alcohol use beyond consumption thresholds, **or,** ☐ If making claims to sobriety, no substance use in the past 30 days
0	☐ In the past 365 days, no substance use

E. Experience of Abuse & Trauma of Parents

PROMPTS	CLIENT SCORE:
To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported. ***Because this section is self-reported, if there are more than one parent present, they should each be asked individually.*** - *"I don't need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?"* - *"Are you currently or have you ever received professional assistance to address that abuse?"* - *"Does the experience of abuse or trauma impact your day to day living in any way?"* - *"Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?"* - *"Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?"* - *"Have you ever become homeless as a direct result of experiencing abuse or trauma?"*	**NOTES**

SCORING	
4	☐ A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	☐ The experience of abuse or trauma is **not** believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) **is** impacting daily functioning and/or ability to get out of homelessness
2	**Any** of the following: ☐ A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness ☐ Engaged in therapeutic attempts at recovery, but does not consider self to be recovered
1	☐ A reported experience of abuse or trauma, and considers self to be recovered
0	☐ No reported experience of abuse or trauma

F. Risk of Harm to Self or Others

PROMPTS	CLIENT SCORE:
- *Does anyone in your family have thoughts about hurting themselves or anyone else? Have they ever acted on these thoughts? When was the last time? What was occurring when that happened?* - *Has anyone in your family ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt themself or others? How long ago was that? Does that happen often?* - *Has anyone in your family recently left a situation you felt was abusive or unsafe? How long ago was that?* - *Has anyone in your family been in any fights recently – whether they started it or someone else did? How long ago was that? How often do they get into fights?*	**NOTES**

SCORING	
4	**Any** of the following for any family member: ☐ In the past 90 days, left an abusive situation ☐ In the past 30 days, attempted, threatened, or actually harmed self or others ☐ In the past 30 days, involved in a physical altercation (instigator or participant)
3	**Any** of the following for any family member: ☐ In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 180 days, but not in the past 30 days ☐ In the past 365 days, involved in a physical altercation (instigator or participant), but not in the past 30 days
2	**Any** of the following for any family member: ☐ In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days ☐ 366+ days ago, 4+ involvements in physical alterations
1	☐ 366+ days ago, a family member had 1-3 involvements in physical alterations
0	☐ Whole family reports no instance of harming self, being harmed, or harming others

G. Involvement in Higher Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE:
• *[Observe, don't ask] Any abcesses or track marks from injection substance use?* • *Does anybody force or trick people in your family to do things that they don't want to do?* • *Do you or anyone in your family ever do stuff that could be considered dangerous like drinking until they pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?* • *Does anyone in your family ever find themselves in situations that may be considered at a high risk for violence?* • *Does your family ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the past 180 days, family engaged in a total of 10+ higher risk and/or exploitive events ☐ In the past 90 days, any member of the family left an abusive situation
3	**Any** of the following: ☐ In the past 180 days, family engaged in a total of 4-9 higher risk and/or exploitive events ☐ In the past 180 days, any member of the family left an abusive situation, but not in the past 90 days
2	**Any** of the following: ☐ In the past 180 days, family engaged in a total of 1-3 higher risk and/or exploitive events ☐ 181+ days ago, any member of the family left an abusive situation
1	☐ Any involvement in higher risk and/or exploitive situations by any member of the family occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no involvement by any family member in higher risk and/or exploitive events

H. Interaction with Emergency Services

PROMPTS	CLIENT SCORE:
• How often does your family go to emergency rooms? • How many times have you had the police speak to members of your family over the past 180 days? • Has anyone in your family used an ambulance or needed the fire department at any time in the past 180 days? • How many times have members of your family called or visited a crisis team or a crisis counselor in the last 180 days? • How many times have you or anyone in your family been admitted to hospital in the last 180 days? How long did they stay?	NOTES

Note: Emergency service use includes: admittance to emergency room/department; hospitalizations; trips to a hospital in an ambulance; crisis service, distress centers, suicide prevention service, sexual assault crisis service, sex worker crisis service, or similar service; interactions with police for the purpose of law enforcement; interactions with fire service in emergency situations.

SCORING	
4	☐ In the past 180 days, cumulative family total of 10+ interactions with emergency services
3	☐ In the past 180 days, cumulative family total of 4-9 interactions with emergency services
2	☐ In the past 180 days, cumulative family total of 1-3 interactions with emergency services
1	☐ Any interaction with emergency services by family members occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no interaction with emergency services

I. Legal

PROMPTS	CLIENT SCORE:
• *Does your family have any "legal stuff" going on?* • *Has anyone in your family had a lawyer assigned to them by a court?* • *Does anyone in your family have any upcoming court dates? Do you think there's a chance someone in your family will do time?* • *Any outstanding fines?* • *Has anyone in your family paid any fines in the last 12 months for anything?* • *Has anyone in your family done any community service in the last 12 months?* • *Is anybody expecting someone in your family to do community service for anything right now?* • *Did your family have any legal stuff in the last year that got dismissed?* • *Is your family's housing at risk in any way right now because of legal issues?*	**NOTES**

SCORING	
4	**Any** of the following among any family member: ☐ Current outstanding legal issue(s), likely to result in fines of $500+ ☐ Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand
3	**Any** of the following among any family member: ☐ Current outstanding legal issue(s), likely to result in fines less than $500 ☐ Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand
2	**Any** of the following among any family member: ☐ In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s) ☐ Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)
1	☐ There are no current legal issues among family members, **and** any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration
0	☐ No family member has had any legal issues within the past 365 days, **and** currently no conditions of release

J. Managing Tenancy

PROMPTS	CLIENT SCORE:
• *Is your family currently homeless?* • *[If the family is housed] Does your family have an eviction notice?* • *[If the family is housed] Do you think that your family's housing is at risk?* • *How is your family's relationship with your neighbors?* • *How does your family normally get along with landlords?* • *How has your family been doing with taking care of your place?*	**NOTES**

Note: Housing matters include: conflict with landlord and/or neighbors, damages to the unit, payment of rent on time and in full. Payment of rent through a third party is not considered to be a short-coming or deficiency in the ability to pay rent.

SCORING	
4	**Any** of the following: ☐ Currently homeless ☐ In the next 30 days, will be re-housed or return to homelessness ☐ In the past 365 days, was re-housed 6+ times ☐ In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters
3	**Any** of the following: ☐ In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days ☐ In the past 365 days, was re-housed 3-5 times ☐ In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters
2	**Any** of the following: ☐ In the past 365 days, was re-housed 2 times ☐ In the past 180 days, was re-housed 1+ times, but not in the past 60 days ☐ Continuously housed for at least 90 days but not more than 180 days ☐ In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters
1	**Any** of the following: ☐ In the past 365 days, was re-housed 1 time ☐ Continuously housed, with no assistance on housing matters, for at least 180 days but not more than 365 days
0	☐ Continuously housed, with no assistance on housing matters, for at least 365 days

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K. Personal Administration & Money Management

PROMPTS	CLIENT SCORE:
- *How are you and your family with taking care of money?* - *How are you and your family with paying bills on time and taking care of other financial stuff?* - *Does anyone in your family have any street debts or drug or gambling debts?* - *Is there anybody that thinks anyone in your family owes them money?* - *Do you budget every single month for every single thing your family needs? Including cigarettes? Booze? Drugs?* - *Does your family try to pay your rent before paying for anything else?* - *Is anyone in your family behind in any payments like child support or student loans or anything like that?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ No family income (including formal and informal sources) ☐ Substantial real or perceived debts of $1,000+, past due or requiring monthly payments **Or**, for the person who normally handles the household's finances, **any** of the following: ☐ Cannot create or follow a budget, regardless of supports provided ☐ Does not comprehend financial obligations ☐ Not aware of the full amount spent on substances, if the household includes a substance user
3	☐ Real or perceived debts of $999 or less, past due or requiring monthly payments, **or** For the person who normally handles the household's finances, **any** of the following: ☐ Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money) ☐ Only understands their financial obligations with the assistance of a 3rd party ☐ Not budgeting for substance use, if the household includes a substance user
2	☐ In the past 365 days, source of family income has changed 2+ times, **or** For the person who normally handles the household's finances, **any** of the following: ☐ Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs ☐ Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship) ☐ Self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	☐ The person who normally handles the household's finances has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days
0	☐ The person who normally handles the household's finances has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days

L. Social Relationships & Networks

PROMPTS	CLIENT SCORE:
- *Tell me about your family's friends, extended family or other people in your life.* - *How often do you get together or chat with family friends?* - *When your family goes to doctor's appointments or meet with other professionals like that, what is that like?* - *Are there any people in your life that you feel are just using you, or someone else in your family?* - *Are there any of your family's closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that?* - *Have you ever had people crash at your place that you did not want staying there?* - *Have you ever been threatened with an eviction or lost a place because of something that friends or extended family did in your apartment?* - *Have you ever been concerned about not following your lease agreement because of friends or extended family?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ Currently homeless and would classify most of friends and family as homeless ☐ Friends, family or other people are placing security of housing at imminent risk, **or** impacting life, wellness, or safety ☐ In the past 90 days, left an exploitive, abusive or dependent relationship ☐ No friends or family and any family member demonstrates an inability to follow social norms
3	**Any** of the following: ☐ Currently homeless, and would classify some of friends as housed, while some are homeless ☐ In the past 90-180 days, left an exploitive, abusive or dependent relationship ☐ Friends, family or other people are having some negative consequences on wellness or housing stability ☐ No friends or family but all family members demonstrate ability to follow social norms ☐ Any family member is meeting new people with an intention of forming friendships ☐ Any family member is reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship
2	**Any** of the following: ☐ Currently homeless, and would classify friends and family as being housed ☐ More than 180 days ago, left an exploitive, abusive or dependent relationship ☐ Any family member is developing relationships with new people but not yet fully trusting them
1	☐ Has been housed for less than 180 days, **and** family is engaged with friends or family, who are having no negative consequences on the individual's housing stability
0	☐ Has been housed for at least 180 days, **and** family is engaged with friends or family, who are having no negative consequences on the individual's housing stability

M. Self Care & Daily Living Skills of Family Head

PROMPTS	CLIENT SCORE:
- *Do you have any worries about taking care of yourself or your family?* - *Do you have any concerns about cooking, cleaning, laundry or anything like that?* - *Does anyone in your family ever need reminders to do things like shower or clean up?* - *Describe your family's last apartment.* - *Do you know how to shop for nutritious food on a budget?* - *Do you know how to make low cost meals that can result in leftovers to freeze or save for another day?* - *Do you tend to keep all of your family's clothes clean?* - *Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment?* - *When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty?*	**NOTES**

SCORING	
4	**Any** of the following for head(s) of household: ☐ No insight into how to care for themselves, their apartment or their surroundings ☐ Currently homeless and relies upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing) on an almost daily basis ☐ Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
3	**Any** of the following for head(s) of household: ☐ Has insight into some areas of how to care for themselves, their apartment or their surroundings, but misses other areas because of lack of insight ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), 14+ days in any 30-day period ☐ Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
2	**Any** of the following for head(s) of household: ☐ Fully aware and has insight in all that is required to take care of themselves, their apartment and their surroundings, but has not yet mastered the skills or time management to fully execute this on a regular basis ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), fewer than 14 days in every 30-day period
1	☐ In the past 365 days, family accessed community resources 4 or fewer times, **and** head of household is fully taking care of all the family's daily needs
0	☐ For the past 365+ days, fully taking care of all the family's daily needs independently

N. Meaningful Daily Activity

PROMPTS	CLIENT SCORE:
• How does your family spend their days? • How does your family spend their free time? • Do these things make your family feel happy/fulfilled? • How many days a week would you say members of your family have things to do that make them feel happy/fulfilled? • How much time in a week would you or members of your family say they are totally bored? • When people in your family wake up in the morning, do they tend to have an idea of what they plan to do that day? • How much time in a week would you say members of your family spend doing stuff to fill up the time rather than doing things that they love? • Are there any things that get in the way of your family doing the sorts of activities they would like to be doing?	NOTES

SCORING	
4	☐ Any member of the family has no planned, legal activities described as providing fulfillment or happiness
3	☐ Any member of the family is discussing, exploring, signing up for and/or preparing for new activities or to re-engage with planned, legal activities that used to provide fulfillment or happiness
2	☐ Some members of the family are attempting new or re-engaging with planned, legal activities that used to provide fulfillment or happiness, but uncertain that activities selected are currently providing fulfillment or happiness, **or** they are not fully committed to continuing the activities.
1	☐ Each family member has planned, legal activities described as providing fulfillment or happiness 1-3 days per week
0	☐ Each family member has planned, legal activities described as providing fulfillment or happiness 4+ days per week

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0. History of Homelessness & Housing

PROMPTS	CLIENT SCORE:
- *How long has your family been homeless?* - *How many times has your family experienced homelessness other than this most recent time?* - *Has your family spent any time sleeping on a friend's couch or floor? And if so, during those times did you consider that to be your family's permanent address?* - *Has your family ever spent time sleeping in a car, alleyway, garage, barn, bus shelter, or anything like that?* - *Has your family ever spent time sleeping in an abandoned building?* - *Was anyone in your family ever been in hospital or jail for a period of time when they didn't have a permanent address to go to when they got out?*	NOTES

SCORING	
4	☐ Over the past 10 years, cumulative total of 5+ years of family homelessness
3	☐ Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of family homelessness
2	☐ Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of family homelessness
1	☐ Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of family homelessness
0	☐ Over the past 4 years, cumulative total of 7 or fewer days of family homelessness

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P. Parental Engagement

PROMPTS	CLIENT SCORE:
- *Walk me through a typical evening after school in your family.* - *Tell me about what role, if any, the older kids have with the younger kids. Do they babysit? Walk them to school? Bathe or put the younger kids to bed?* - *Does your family have play time together? What kinds of things do you do and how often do you do it?* - *Let's pick a day like a Saturday...do you know where your kids are the entire day and whom they are out with all day?*	**NOTES**

Note: In this section, a child is considered "supervised" when the parent has knowledge of the child's whereabouts, the child is in an age-appropriate environment, and the child is engaged with the parent or another responsible adult. "Caretaking tasks" are tasks that may be expected by a parent/caregiver such as getting children to/from school, preparing meals, bathing children, putting children to bed, etc.

SCORING	
4	☐ No sense of parental attachment and responsibility ☐ No meaningful family time together ☐ Children 12 and younger are unsupervised 3+ hours each day ☐ Children 13 and older are unsupervised 4+ hours each day ☐ In families with 2+ children, the older child performs caretaking tasks 5+ days/week
3	☐ Weak sense of parental attachment and responsibility ☐ Meaningful family activities occur 1-4 times in a month ☐ Children 12 and younger are unsupervised 1-3 hours each day ☐ Children 13 and older are unsupervised 2-4 hours each day ☐ In families with 2+ children, the older child performs caretaking tasks 3-4 days/week
2	☐ Sense of parental attachment and responsibility, but not consistently applied ☐ Meaningful family activities occur 1-2 days per week ☐ Children 12 and younger are unsupervised fewer than 1 hour each day ☐ Children 13 and older are unsupervised 1-2 hours each day ☐ In families with 2+ children, the older child performs caretaking tasks fewer than 2 days/week
1	☐ Strong sense of parental attachment and responsibility towards their children ☐ Meaningful family activities occur 3-6 days of the week ☐ Children 12 and younger are never unsupervised ☐ Children 13 and older are unsupervised no more than an hour each day
0	☐ Strong sense of attachment and responsibility towards their children ☐ Meaningful family activities occur daily ☐ Children are never unsupervised

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Q. Stability/Resiliency of the Family Unit

PROMPTS	CLIENT SCORE:
- *Over the past year have there been any different adults staying with the family like a family friend, grandparent, aunt or that sort of thing? If so, can you tell me when and for how long and the changes that have occurred?* - *Other than kids being taken into care, have there been any instances where any child has gone to stay with another family member or family friend for any length of time? Can you tell me how many times, when and for how long that happened?*	**NOTES**

SCORING	
4	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relative within the family have changed 4+ times ☐ Children have left or returned to the family 4+ times
3	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relatives within the family have changed 3 times ☐ Children have left or returned to the family 3 times
2	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relatives within the family have changed 2 times ☐ Children have left or returned to the family 2 times
1	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relatives within the family have changed 1 time ☐ Children have left or returned to the family 1 time
0	In the past 365 days, **any** of the following have occurred: ☐ No change in parental arrangements and/or other adult relatives within the family ☐ Children have not left or returned to the family

R. Needs of Children

PROMPTS	CLIENT SCORE:
- *Please tell me about the attendance at school of your school-aged children.* - *Any health issues with your children?* - *Any times of separation between your children and parents?* - *Without going into detail, have any of your children experienced or witnessed emotional, physical, sexual or psychological abuse?* - *Have your children ever accessed professional assistance to address that abuse?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the last 90 days, children needed to live with friends or family for 15+ days in any month ☐ School-aged children are not currently enrolled in school ☐ Any member of the family, including children, is currently escaping an abusive situation ☐ The family is homeless
3	**Any** of the following: ☐ In the last 90 days, children needed to live with friends or family for 7-14 days in any month ☐ School-aged children typically miss 3+ days of school per week for reasons other than illness ☐ In the last 180 days, any child(ren) in the family has experienced an abusive situation that has since ended
2	**Any** of the following: ☐ In the last 90 days, children needed to live with friends or family for 1-6 days in any month ☐ School-aged children typically miss 2 days of school per week for reasons other than illness ☐ In the past 365 days, any child(ren) in the family has experienced an abusive situation that has ended more than 180 days ago
1	**Any** of the following: ☐ In the last 365 days, children needed to live with friends or family for 7+ days in any month, but not in the last 90 days ☐ School-aged children typically miss 1 day of school per week for reasons other than illness
0	**All** of the following: ☐ In the last 365 days, children needed to live with friends or family for fewer than 7 days in every month ☐ School-aged children maintain consistent attendance at school ☐ There is no evidence of children in the home having experienced or witnessed abuse ☐ The family is housed

S. Size of Family Unit

PROMPTS	CLIENT SCORE:
• *I just want to make sure I understand how many kids there are, the gender of each and their age. Can you take me through that again?* • *Is anyone in the family currently pregnant?*	NOTES

SCORING	FOR ONE-PARENT FAMILIES:	FOR TWO-PARENT FAMILIES:
4	**Any** of the following: ☐ A pregnancy in the family ☐ At least one child aged 0-6 ☐ Three or more children of any age	**Any** of the following: ☐ A pregnancy in the family ☐ Four or more children of any age
3	**Any** of the following: ☐ At least one child aged 7-11 ☐ Two children of any age	**Any** of the following: ☐ At least one child aged 0-6 ☐ Three children of any age
2	☐ At least one child aged 12–15.	**Any** of the following: ☐ At least one child aged 7-11 ☐ Two children of any age
1	☐ At least one child aged 16 or older.	☐ At least one child aged 12 or older
0	☐ Children have been permanently removed from the family and the household is transitioning to services for singles or couples without children	

T. Interaction with Child Protective Services and/or Family Court

PROMPTS	CLIENT SCORE:
- *Any matters being considered by a judge right now as it pertains to any member of your family?* - *Have any of your children spent time in care? When was that? For how long were they in care? When did you get them back?* - *Has there ever been an investigation by someone in child welfare into the matters of your family?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the past 90 days, interactions with child protective services have occurred ☐ In the past 365 days, one or more children have been removed from parent's custody that have **not** been reunited with the family at least four days per week ☐ There are issues still be decided or considered within family court
3	In the past 180 days, **any** of the following have occurred: ☐ Interactions with child protective services have occurred, but not within the past 90 days ☐ One or more children have been removed from parent's custody through child protective services (non-voluntary) **and** the child(ren) has been reunited with the family four or more days per week; ☐ Issues have been resolved in family court
2	☐ In the past 365 days, interactions with child protective services have occurred, but not within the past 180 days, and there are no active issues, concerns or investigations
1	☐ No interactions with child protective services have occurred, within the past 365 days, and there are no active issues, concerns or investigations.
0	☐ There have been no serious interactions with child protective services because of parenting concerns

Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
MENTAL HEALTH & WELLNESS AND COGNITIVE FUNCTIONING	0	
PHYSICAL HEALTH & WELLNESS	0	
MEDICATION	0	
SUBSTANCE USE	0	
EXPERIENCE OF ABUSE AND/ OR TRAUMA	0	
RISK OF HARM TO SELF OR OTHERS	0	
INVOLVEMENT IN HIGHER RISK AND/OR EXPLOITIVE SITUATIONS	0	
INTERACTION WITH EMERGENCY SERVICES	0	

Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
LEGAL INVOLVEMENT	0	
MANAGING TENANCY	0	
PERSONAL ADMINISTRATION & MONEY MANAGEMENT	0	
SOCIAL RELATIONSHIPS & NETWORKS	0	
SELF-CARE & DAILY LIVING SKILLS	0	
MEANINGFUL DAILY ACTIVITIES	0	
HISTORY OF HOUSING & HOMELESSNESS	0	

Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
PARENTAL ENGAGEMENT	0	
STABILITY/ RESILIENCY OF THE FAMILY UNIT	0	
NEEDS OF CHILDREN	0	
SIZE OF FAMILY	0	
INTERACTION WITH CHILD PROTECTIVE SERVICES AND/ OR FAMILY COURT	0	
TOTAL	0	No housing intervention

Appendix A: About the SPDAT

OrgCode Consulting, Inc. is pleased to announce the release of Version 4 of the Service Prioritization Decision Assistance Tool (SPDAT). Since its release in 2010, the SPDAT has been used with over 10,000 unique individuals in over 100 communities across North America and in select locations around the world.

Originally designed as a tool to help prioritize housing services for homeless individuals based upon their acuity, the SPDAT has been successfully adapted to other fields of practice, including discharge planning from hospitals, work with youth, survivors of domestic violence, health research, planning supports for consumer survivors of psychiatric care systems, and in work supporting people with fetal alcohol spectrum disorders. We are encouraged that so many service providers and communities are expanding the use of this tool, and OrgCode will continue to support the innovative use of the SPDAT to meet local needs.

SPDAT Design

The SPDAT is designed to:

- Help prioritize which clients should receive what type of housing assistance intervention, and assist in determining the intensity of case management services
- Prioritize the sequence of clients receiving those services
- Help prioritize the time and resources of Frontline Workers
- Allow Team Leaders and program supervisors to better match client needs to the strengths of specific Frontline Workers on their team
- Assist Team Leaders and program supervisors to support Frontline Workers and establish service priorities across their team
- Provide assistance with case planning and encourage reflection on the prioritization of different elements within a case plan
- Track the depth of need and service responses to clients over time

The SPDAT is NOT designed to:

- Provide a diagnosis
- Assess current risk or be a predictive index for future risk
- Take the place of other valid and reliable instruments used in clinical research and care

The SPDAT is only used with those clients who meet program eligibility criteria. For example, if there is an eligibility criterion that requires prospective clients to be homeless at time of intake to be eligible for Housing First, then the pre-condition must be met before pursuing the application of the SPDAT. For that reason, we have also created the VI-SPDAT as an initial screening tool.

The SPDAT is not intended to replace clinical expertise or clinical assessment tools. The tool complements existing clinical approaches by incorporating a wide array of components that provide both a global and detailed picture of a client's acuity. Certain components of the SPDAT relate to clinical concerns, and it is expected that intake professionals and clinicians will work together to ensure the accurate assessment of these issues. In fact, many organizations and communities have found the SPDAT to be a useful method for bridging the gap between housing, social services and clinical services.

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Family SPDAT

Upon the release of SPDAT Version 3, a special version was released - the Family SPDAT Version 1. This tool introduced five new components that specifically address the unique challenges to housing stability faced by homeless families. In addition, the tool has a focus on households throughout.

SPDAT Version 4/Family SPDAT Version 2

The SPDAT has been influenced by the experience of practitioners in its use, persons with lived experience that have had the SPDAT implemented with them, as well as a number of other excellent tools such as (but not limited to) the Outcome Star, Health of the Nation Outcome Scale, Denver Acuity Scale, Camberwell Assessment of Needs, Vulnerability Index, and Transition Aged Youth Triage Tool.

In preparing SPDAT v4 and F-SPDAT v2, we have adopted a comprehensive and collaborative approach to changing and improving the SPDAT. Communities that have used the tool for three months or more have provided us with their feedback. OrgCode staff have observed the tool in operation to better understand its implementation in the field. An independent committee composed of service practitioners and academics review enhancements to the SPDAT. Furthermore, we continue to test the validity of SPDAT results through the use of control groups. Overall, we consistently see that groups assessed with the SPDAT have better long-term housing and life stability outcomes than those assessed with other tools, or no tools at all.

OrgCode intends to continue working with communities and persons with lived experience to make future versions of the SPDAT even better. We hope all those communities and agencies that choose to use this tool will remain committed to collaborating with us to make those improvements over time.

The new versions build upon the success of previous versions of the SPDAT products with some refinements. Starting in August 2014, a survey was launched of existing SPDAT and F-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The major differences from F-SPDAT Version 1 to Version 2 include:

- The structure of the tools is the same: four domains (five for families) with components aligned to specific domains. The names of the domains and the components remain unchanged.
- The scoring of the tools is the same: 60 points for singles, and 80 points for families.
- The scoring tables used to run from 0 through to 4. They are now reversed with each table starting at 4 and working their way down to 0. This increases the speed of assessment.
- The order of the tools has changed, grouped together by domain.
- Language has been simplified.
- Days are used rather than months to provide greater clarification and alignment to how most databases capture periods of time in service.
- Greater specificity has been provided in some components such as amount of debts.

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Attachment 1E-1

New Bedford Continuum of Care
MA-505

Projects Accepted Notification

City of New Bedford
Office of Housing & Community Development
608 Pleasant Street | New Bedford, Massachusetts 02740
Telephone: (508) 979.1500 Facsimile: (508) 979.1575

Patrick J. Sullivan
DIRECTOR

August 16, 2019

Steven Montembault, VP & COO
Southeast Regional Network and SEMCOA
80 Rivet Street
New Bedford, MA 02744

RE: APPLICATION FOR COC RENEWAL
FAMILY PRESERVATION PROGRAM

Dear Mr. Montembault:

This letter is intended to formally advise you that the above-captioned proposal submitted for funding consideration in this year's Continuum of Care (CoC) competition in New Bedford was ranked at the August Homeless Service Provider's Network (HSPN) meeting held on Thursday, August 15, 2019.

The HSPN's Performance Review Committee (PRC) met and conducted reviews and evaluations of all proposals submitted for consideration in this year's 2019 CoC Funding Competition. The PRC's recommendation for project ranking to the HSPN membership included scoring for each of the proposals submitted. The resulting scoring was such that the FAMILY PRESERVATION PROGRAM project ranked as third overall in the CoC's ranking.

As a result, CSS' proposed renewal program will be included in this year's New Bedford CoC application as a project in Tier 1 at an amount of $274,604.

Staff from this office will be in touch with your organization within the next few days via email to advise regarding your required completion of the e-snaps application for this project. Otherwise, should you have any questions concerning this ranking, please contact Patrick Sullivan at PatrickS@newbedford-ma.gov.

Respectfully,

Jennifer Clarke, AICP
Deputy Director

City of New Bedford
Office of Housing & Community Development
608 Pleasant Street | New Bedford, Massachusetts 02740
Telephone: (508) 979.1500 Facsimile: (508) 979.1575

Patrick J. Sullivan
DIRECTOR

August 16, 2019

Susan Mazzarella, M.A., L.S.W.
Chief Executive Officer
Catholic Social Services
1600 Bay Street
P.O. Box M/So. Station
Fall River, MA 02724

RE: APPLICATION FOR COC RENEWAL
PRISM

Dear Ms. Mazzarella:

This letter is intended to formally advise you that the above-captioned proposal submitted for funding consideration in this year's Continuum of Care (CoC) competition in New Bedford was ranked at the August Homeless Service Provider's Network (HSPN) meeting held on Thursday, August 15, 2019.

The HSPN's Performance Review Committee (PRC) met and conducted reviews and evaluations of all proposals submitted for consideration in this year's 2019 CoC Funding Competition. The PRC's recommendation for project ranking to the HSPN membership included scoring for each of the proposals submitted. The resulting scoring was such that the PRISM project ranked as seventh overall in the CoC's ranking.

As a result, CSS' proposed renewal program will be included in this year's New Bedford CoC application as a project in Tier 1 at an amount of $114,233.

Staff from this office will be in touch with your organization within the next few days via email to advise regarding your required completion of the e-snaps application for this project. Otherwise, should you have any questions concerning this ranking, please contact Patrick Sullivan at PatrickS@newbedford-ma.gov.

Respectfully,

Jennifer Clarke, AICP
Deputy Director

City of New Bedford
Office of Housing & Community Development
608 Pleasant Street | New Bedford, Massachusetts 02740
Telephone: (508) 979.1500 Facsimile: (508) 979.1575

Patrick J. Sullivan
DIRECTOR

August 16, 2019

Carl J. Alves
Executive Director
PAACA, Inc.
360 Coggeshall Street
New Bedford, MA 02746

RE: APPLICATION FOR COC RENEWAL
STEP UP

Dear Mr. Alves:

This letter is intended to formally advise you that the above-captioned proposal submitted for funding consideration in this year's Continuum of Care (CoC) competition in New Bedford was ranked at the August Homeless Service Provider's Network (HSPN) meeting held on Thursday, August 15, 2019.

The HSPN's Performance Review Committee (PRC) met and conducted reviews and evaluations of all proposals submitted for consideration in this year's 2019 CoC Funding Competition. The PRC's recommendation for project ranking to the HSPN membership included scoring for each of the proposals submitted. The resulting scoring was such that the STEP-UP project ranked as fourth overall in the CoC's ranking.

As a result, CSS' proposed renewal program will be included in this year's New Bedford CoC application as a project in Tier 1 at an amount of $286,082.

Staff from this office will be in touch with your organization within the next few days via email to advise regarding your required completion of the e-snaps application for this project. Otherwise, should you have any questions concerning this ranking, please contact Patrick Sullivan at PatrickS@newbedford-ma.gov.

Respectfully,

Jennifer Clarke, AICP
Deputy Director

City of New Bedford
Office of Housing & Community Development
608 Pleasant Street | New Bedford, Massachusetts 02740
Telephone: (508) 979.1500 Facsimile: (508) 979.1575

Patrick J. Sullivan
DIRECTOR

August 16, 2019

Susan Mazzarella, M.A., L.S.W.
Chief Executive Officer
Catholic Social Services
1600 Bay Street
P.O. Box M/So. Station
Fall River, MA 02724

RE: APPLICATION FOR COC RENEWAL
THE CALL

Dear Ms. Mazzarella:

This letter is intended to formally advise you that the above-captioned proposal submitted for funding consideration in this year's Continuum of Care (CoC) competition in New Bedford was ranked at the August Homeless Service Provider's Network (HSPN) meeting held on Thursday, August 15, 2019.

The HSPN's Performance Review Committee (PRC) met and conducted reviews and evaluations of all proposals submitted for consideration in this year's 2019 CoC Funding Competition. The PRC's recommendation for project ranking to the HSPN membership included scoring for each of the proposals submitted. The resulting scoring was such that the CALL project ranked as second overall in the CoC's ranking.

In addition to this ranking, the PRC additionally reallocated $3,243 from another CoC renewal project to the CALL. As a result, CSS' proposed renewal program will be included in this year's New Bedford CoC application as a project in Tier 1 at an amount of 50,000.

Staff from this office will be in touch with your organization within the next few days via email to advise regarding your required completion of the e-snaps application for this project. Otherwise, should you have any questions concerning this ranking, please contact Patrick Sullivan at PatrickS@newbedford-ma.gov.

Respectfully,

Jennifer Clarke, AICP
Deputy Director

City of New Bedford
Office of Housing & Community Development
608 Pleasant Street | New Bedford, Massachusetts 02740
Telephone: (508) 979.1500 Facsimile: (508) 979.1575

Patrick J. Sullivan
DIRECTOR

August 16, 2019

Susan Mazzarella, M.A., L.S.W.
Chief Executive Officer
Catholic Social Services
1600 Bay Street
P.O. Box M/So. Station
Fall River, MA 02724

RE: APPLICATION FOR COC RENEWAL
TRANSITION TO STABILITY

Dear Ms. Mazzarella:

This letter is intended to formally advise you that the above-captioned proposal submitted for funding consideration in this year's Continuum of Care (CoC) competition in New Bedford was ranked at the August Homeless Service Provider's Network (HSPN) meeting held on Thursday, August 15, 2019.

The HSPN's Performance Review Committee (PRC) met and conducted reviews and evaluations of all proposals submitted for consideration in this year's 2019 CoC Funding Competition. The PRC's recommendation for project ranking to the HSPN membership included scoring for each of the proposals submitted. The resulting scoring was such that the TRANSITION TO STABILITY project ranked as sixth overall in the CoC's ranking.

As a result, CSS' proposed renewal program will be included in this year's New Bedford CoC application as a project in Tier 1 at an amount of $159,109.

Staff from this office will be in touch with your organization within the next few days via email to advise regarding your required completion of the e-snaps application for this project. Otherwise, should you have any questions concerning this ranking, please contact Patrick Sullivan at PatrickS@newbedford-ma.gov.

Respectfully,

Jennifer Clarke, AICP
Deputy Director

City of New Bedford
Office of Housing & Community Development
608 Pleasant Street | New Bedford, Massachusetts 02740
Telephone: (508) 979.1500 Facsimile: (508) 979.1575

Patrick J. Sullivan
DIRECTOR

August 16, 2019

Kathleen Schedler-Clark
Executive director
Steppingstone, Inc.
522 North Main Street
Fall River, MA 02720-3509

RE: APPLICATION FOR COC RENEWAL
WELCOME HOME

Dear Ms. Schedler-Clark:

This letter is intended to formally advise you that the above-captioned proposal submitted for funding consideration in this year's Continuum of Care (CoC) competition in New Bedford was ranked at the August Homeless Service Provider's Network (HSPN) meeting held on Thursday, August 15, 2019.

The HSPN's Performance Review Committee (PRC) met and conducted reviews and evaluations of all proposals submitted for consideration in this year's 2019 CoC Funding Competition. The PRC's recommendation for project ranking to the HSPN membership included scoring for each of the proposals submitted. The resulting scoring was such that the WELCOME HOME project ranked as fifth overall in the CoC's ranking.

As a result, CSS' proposed renewal program will be included in this year's New Bedford CoC application as a project in Tier 1 at an amount of $181,445.

Staff from this office will be in touch with your organization within the next few days via email to advise regarding your required completion of the e-snaps application for this project. Otherwise, should you have any questions concerning this ranking, please contact Patrick Sullivan at PatrickS@newbedford-ma.gov.

Respectfully,

Jennifer Clarke, AICP
Deputy Director

Attachment 1E-1

New Bedford Continuum of Care
MA-505

Projects Rejected/Reduced Notification

NOTE:
No projects were rejected.
One project, Portico, was reduced and follows as an attachment here.

City of New Bedford
Office of Housing & Community Development
608 Pleasant Street | New Bedford, Massachusetts 02740
Telephone: (508) 979.1500 Facsimile: (508) 979.1575

Patrick J. Sullivan
DIRECTOR

August 16, 2019

Susan Mazzarella, M.A., L.S.W.
Chief Executive Officer
Catholic Social Services
1600 Bay Street
P.O. Box M/So. Station
Fall River, MA 02724

RE: APPLICATION FOR COC RENEWAL
PORTICO

Dear Ms. Mazzarella:

This letter is intended to formally advise you that the above-captioned proposal submitted for funding consideration in this year's Continuum of Care (CoC) competition in New Bedford was ranked at the August Homeless Service Provider's Network (HSPN) meeting held on Thursday, August 15, 2019.

The HSPN's Performance Review Committee (PRC) met and conducted reviews and evaluations of all proposals submitted for consideration in this year's 2019 CoC Funding Competition. The PRC's recommendation for project ranking to the HSPN membership included scoring for each of the proposals submitted. The resulting scoring was such that the PORTICO project ranked as eighth overall in the CoC's ranking.

As a result, $3,243 of the project's total funding was reallocated from PORTICO to another Continuum project renewal. Given it's placement within the renewal ranking and this reallocation, CSS' proposed renewal program will be included in this year's New Bedford CoC application as a project split between Tier 1 at an amount of $513,385 and Tier 2 at $105,535 representing the project balance.

Staff from this office will be in touch with your organization within the next few days via email to advise regarding your required completion of the e-snaps application for this project. Otherwise, should you have any questions concerning this ranking, please contact Patrick Sullivan at PatrickS@newbedford-ma.gov.

Respectfully,

Jennifer Clarke, AICP
Deputy Director

Attachment 1E-1

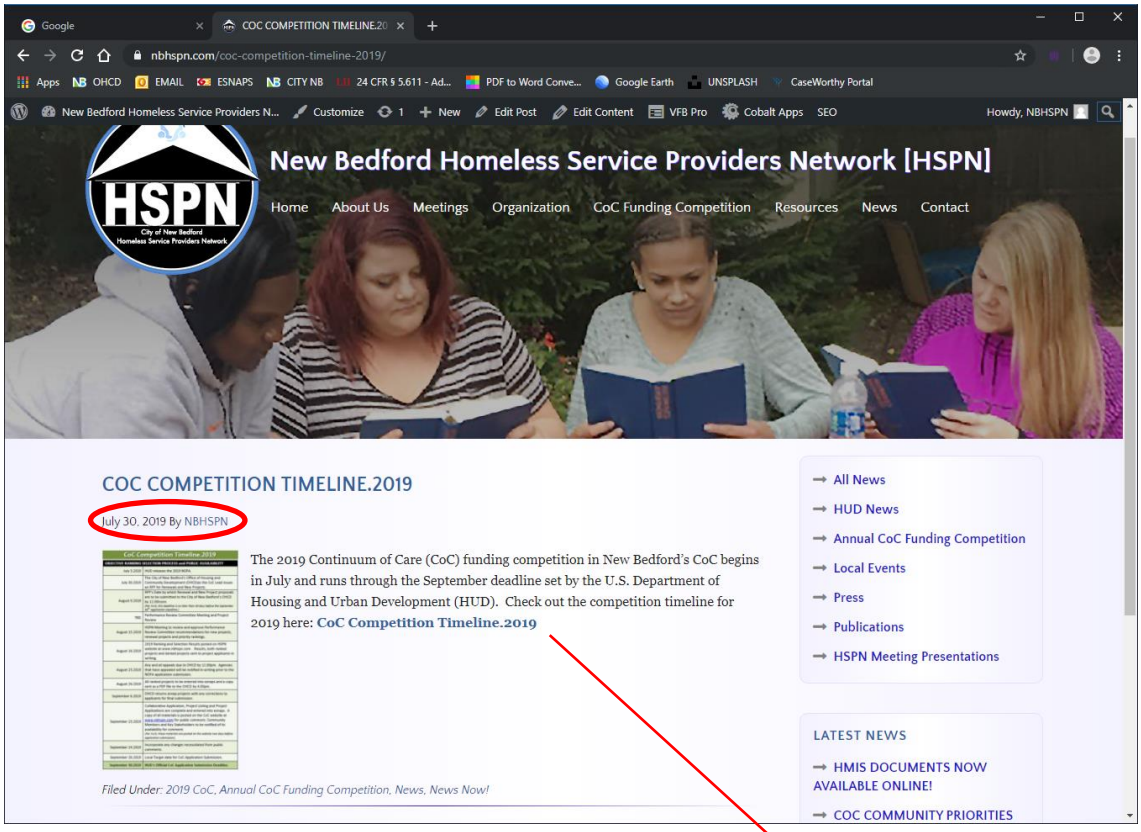
New Bedford Continuum of Care
MA-505

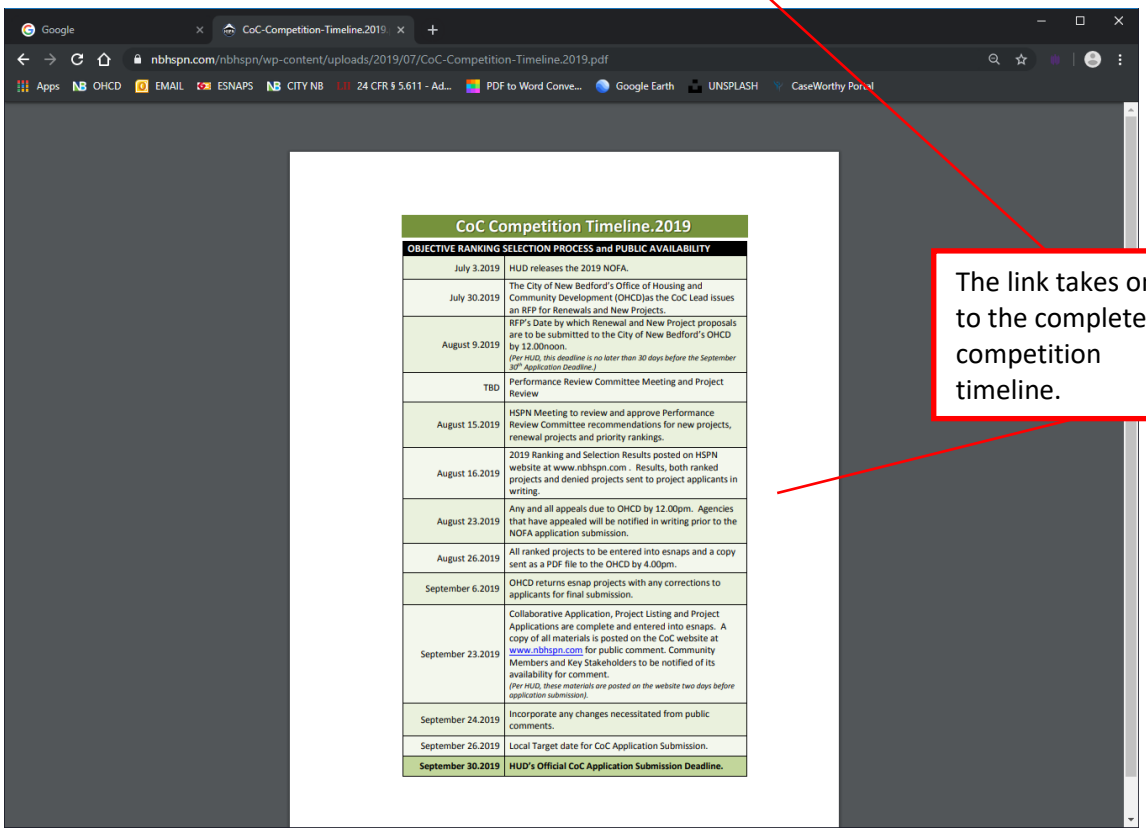
Local Competition Deadline

Evidence of Posting

Website posting showing local competition timeframe

Posted July 30, 2019 at https://www.nbhspn.com/coc-competition-timeline-2019/





CoC Competition Timeline.2019

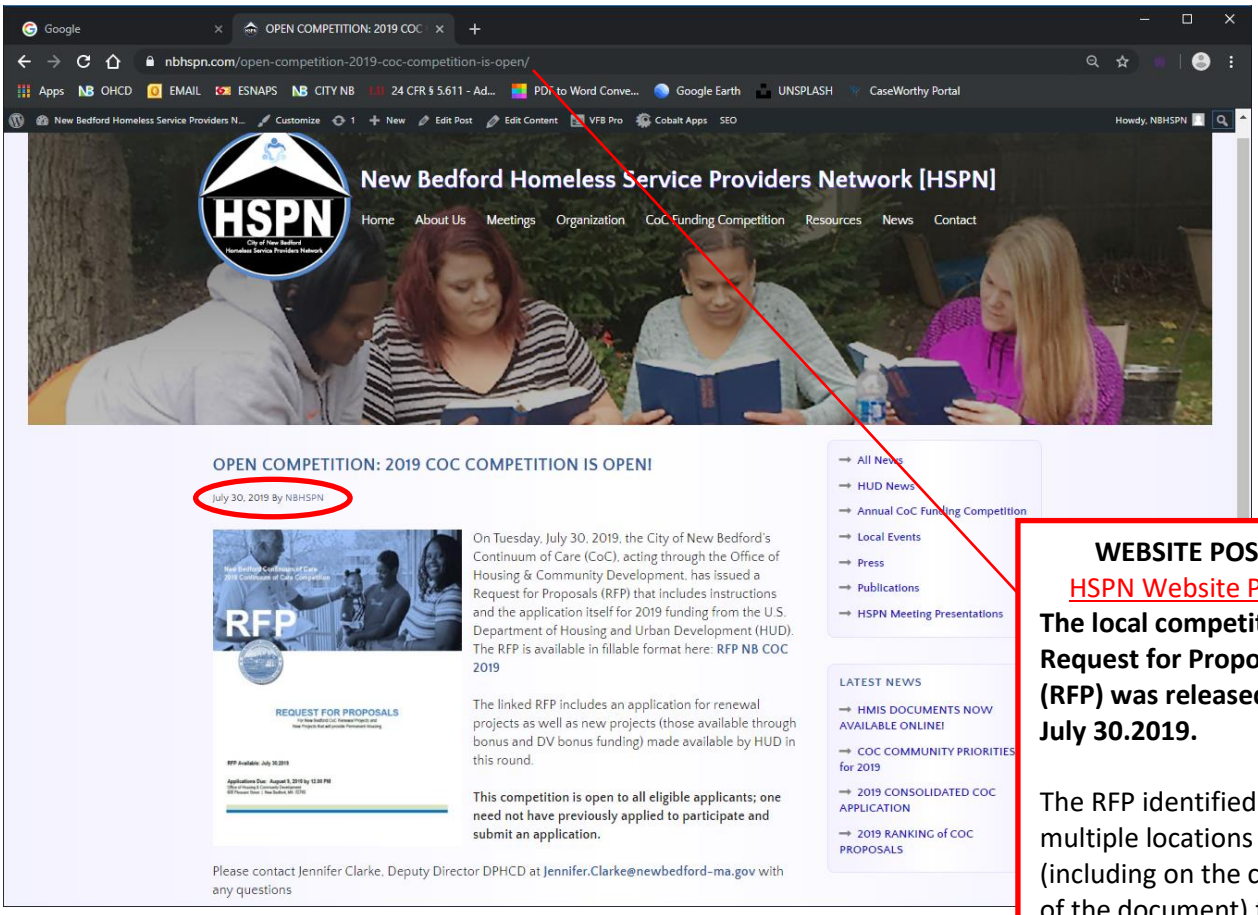
OBJECTIVE RANKING SELECTION PROCESS and PUBLIC AVAILABILITY	
July 3.2019	HUD releases the 2019 NOFA.
July 30.2019	The City of New Bedford's Office of Housing and Community Development (OHCD)as the CoC Lead issues an RFP for Renewals and New Projects.
August 9.2019	RFP's Date by which Renewal and New Project proposals are to be submitted to the City of New Bedford's OHCD by 12.00noon. *(Per HUD, this deadline is no later than 30 days before the September 30th Application Deadline.)*
TBD	Performance Review Committee Meeting and Project Review
August 15.2019	HSPN Meeting to review and approve Performance Review Committee recommendations for new projects, renewal projects and priority rankings.
August 16.2019	2019 Ranking and Selection Results posted on HSPN website at www.nbhspn.com . Results, both ranked projects and denied projects sent to project applicants in writing.
August 23.2019	Any and all appeals due to OHCD by 12.00pm. Agencies that have appealed will be notified in writing prior to the NOFA application submission.
August 26.2019	All ranked projects to be entered into esnaps and a copy sent as a PDF file to the OHCD by 4.00pm.
September 6.2019	OHCD returns esnap projects with any corrections to applicants for final submission.
September 23.2019	Collaborative Application, Project Listing and Project Applications are complete and entered into esnaps. A copy of all materials is posted on the CoC website at www.nbhspn.com for public comment. Community Members and Key Stakeholders to be notified of its availability for comment. *(Per HUD, these materials are posted on the website two days before application submission).*
September 24.2019	Incorporate any changes necessitated from public comments.
September 26.2019	Local Target date for CoC Application Submission.
September 30.2019	**HUD's Official CoC Application Submission Deadline.**

The link takes one to the complete competition timeline.

Evidence of Posting

Website posting showing July 30.2019 release of local competition material (RFP)

Posted July 30, 2019 at https://www.nbhspn.com/open-competition-2019-coc-competition-is-open/



WEBSITE POST

HSPN Website Post

The local competition Request for Proposals (RFP) was released on July 30.2019.

The RFP identified in multiple locations (including on the cover of the document) that the local competition deadline was August 9, 2019 at 12.00PM.

Facebook posting showing July 30.2019 release of local competition material (RFP)

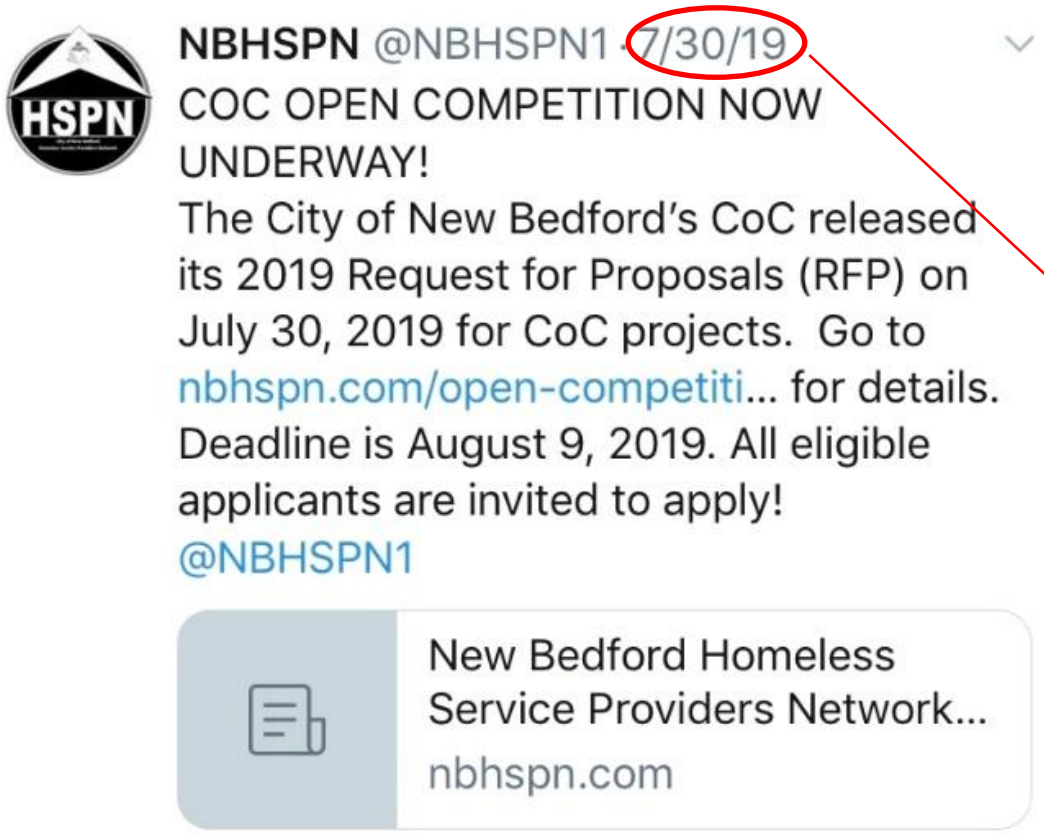
FACEBOOK POST

HSPN Facebook Page

The local competition Request for Proposals (RFP) was released on July 30.2019.

The RFP cover included the August 9, 2019 deadline information.

Tweet posted July 30.2019 showing the release of local competition material (RFP)



TWITTER POST
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Attachment 1E-1

New Bedford Continuum of Care
MA-505

Local Competition Public Announcement

NOTE:

The New Bedford CoC publicly announced the local competition through an RFP whose availability was advertised through the CoC's website, its Facebook page and its twitter account. The RFP included information advising potential applicants of the ranking criteria that would be used in project evaluation.

This attachment includes both evidence of publicly posting the RFP through those three sources and includes the RFP, itself. Although the RFP has a significant amount of information, one may wish to note in particular: Threshold Criteria on page 13 and the CoC Application Selection Process, Scoring and Ranking (criteria) in the RFP's Appendix B beginning on page 19 of this attachment.

Evidence of Posting

Website posting showing July 30.2019 release of local competition material (RFP)

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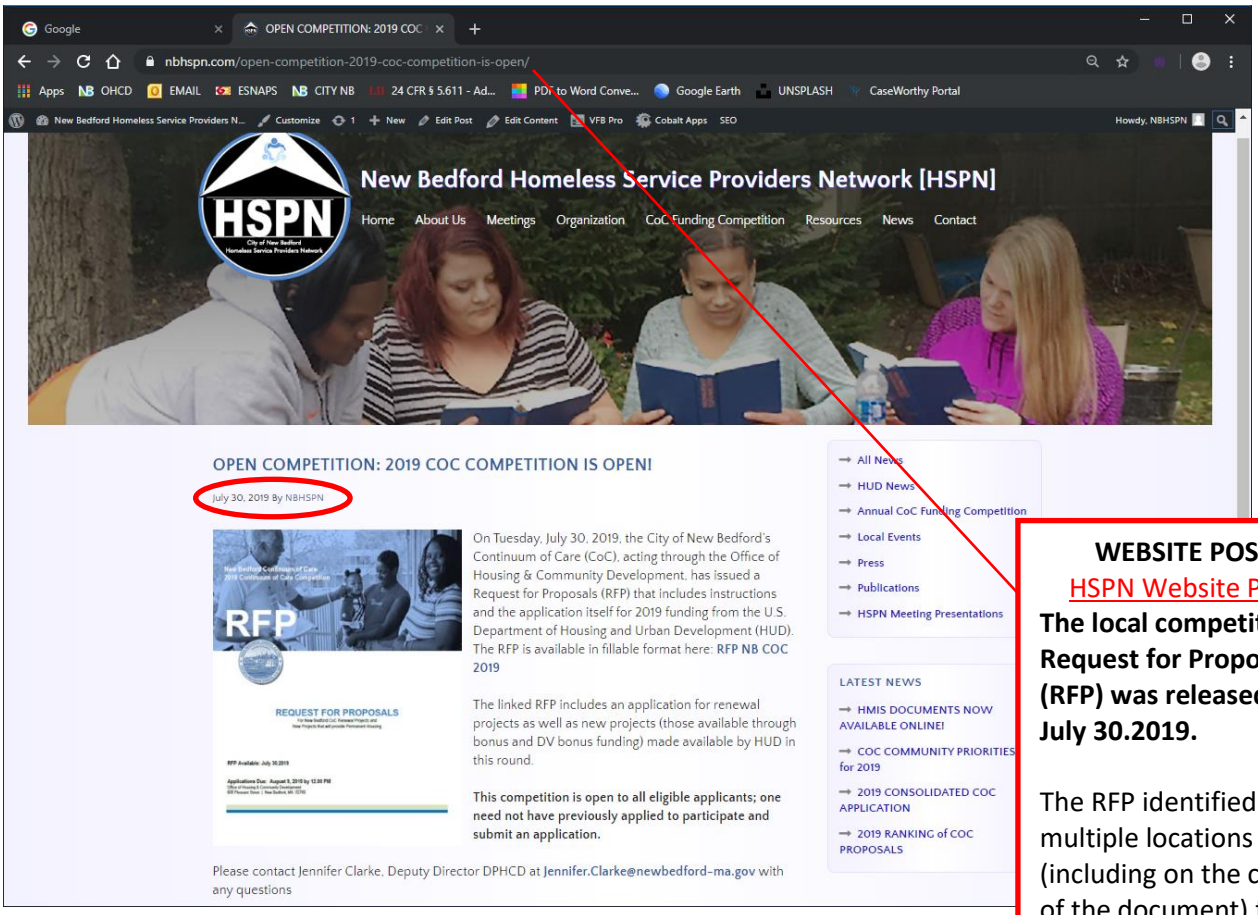

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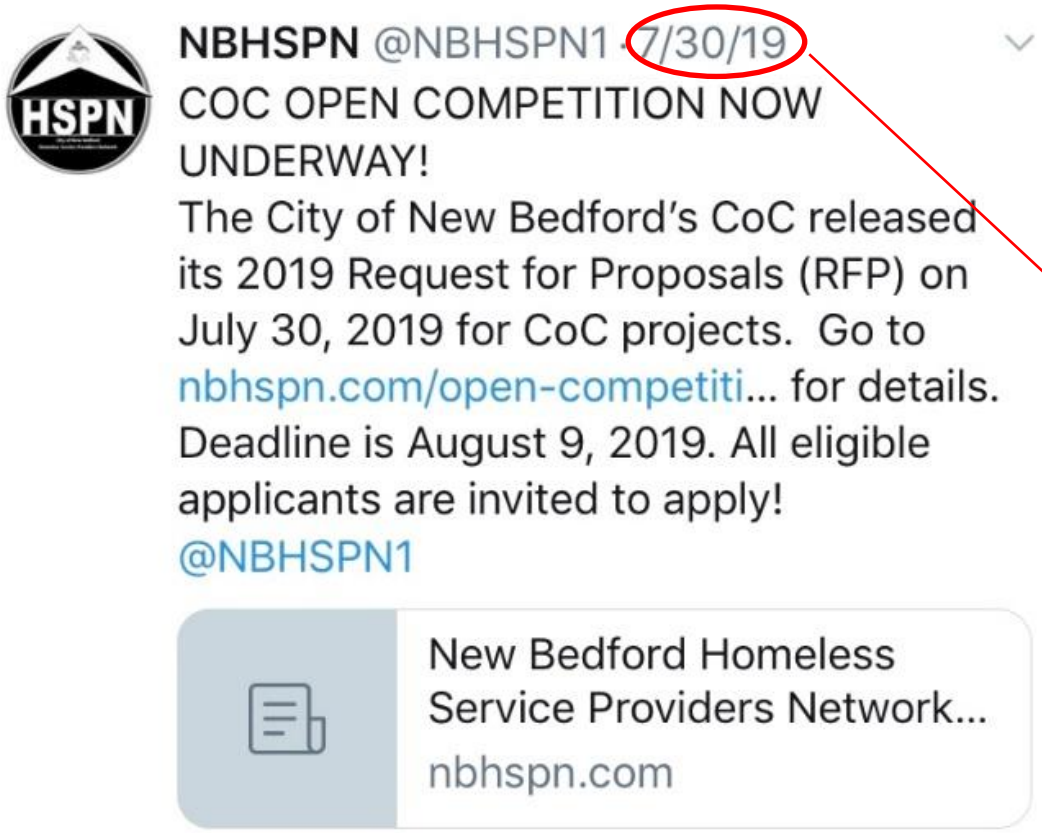

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New Bedford Continuum of Care
2019 Continuum of Care Competition

RFP

REQUEST FOR PROPOSALS

For New Bedford CoC Renewal Projects and
New Projects that will provide Permanent Housing

RFP Available: July 30.2019

Applications Due: August 9, 2019 by 12.00 PM
Office of Housing & Community Development
608 Pleasant Street | New Bedford, MA 02740

Request for Proposals

New Bedford CoC Renewal Projects *and* New Projects that will provide Permanent Housing

Introduction

The U.S. Department of Housing and Urban Development (HUD) annually releases a Notice of Funding Availability (NOFA) for the Continuum of Care Homeless Assistance Program. Following that release, the City of New Bedford is now issuing this Request for Proposals (RFP) to allow adequate time for the local review and decision-making process and will be accepting proposals for Continuum of Care funding for both renewal and new projects.

The City reserves the right to publish additional information subject to NOFA guidelines and additional HUD guidance. A single, consolidated submission of all selected projects in New Bedford Continuum of Care will be submitted to HUD by the City of New Bedford. Funding will be derived from a Federal Fiscal Year 2019 allocation of HUD funding and is subject to funding availability under the NOFA. The City reserves the right to request that applicant organizations submit adjusted project budgets based on the amount of funding made available by HUD.

The NOFA was published on July 3, 2019 including:

HUD 2019 NOFA:
https://files.hudexchange.info/resources/documents/FY-2019-CoC-Program-Competition-NOFA.pdf

HUD *esnaps* CoC Program Applications and Grants Management System:
https://www.hudexchange.info/programs/e-snaps/

The OHCD reserves the right to modify, correct or amend this RFP in order to ensure consistency with HUD regulations.

The HUD NOFA sets up the procedure by which a CoC, through its Collaborative Applicant/designee, submits a single collaborative application to fund the CoC and eligible projects that advance the CoC's goals. The Collaborative Applicant/designee, for the New Bedford CoC (also known as the Homeless Service Provider's Network or "HSPN") is the City of New Bedford through its Office of Housing & Community Development (OHCD) which administers the CoC and all grants awarded to the CoC.

The consolidated application that will be submitted by the City of New Bedford for the FY2019 CoC Program Competition will include eligible new projects and renewal projects from prior competitions. The CoC is seeking proposals from New Bedford providers of services and housing for new permanent supportive housing projects, new rapid rehousing projects and renewal projects. The highest need is for new permanent housing. **There is no Applicant's Conference being conducted this year; please review the HUD website materials for technical assistance. If questions remain after doing so, please contact the Office of Housing & Community Development at 508.979.1500.**

Applications must be submitted in HUD's electronic grant application system, *esnaps*. The City of New Bedford will provide applicants access to *esnaps* and technical assistance regarding the use of the system. An explanation of the process that will be used for selection of projects, including the scoring criteria, is attached as Appendix B.

The New Bedford CoC's Performance Review Committee (PRC) will recommend new projects to be put forward with the New Bedford CoC FY19 Collaborative Application to HUD. Any new projects, together with renewal projects, will go through the PRC ranking process (Appendix B) and be subject to the final approval by the governing board of the CoC, it's Homeless Service Provider Network (HSPN). That final ranking, along with final project applications to be submitted through HUD's *esnaps* system, will, along with the project priority listing, be paired with the CoC's collaborative application and will constitute the CoC's 2019 Consolidated Application to HUD. HUD will make final decisions regarding awards via a national competition.

The deadline for submission of the application is Friday, August 9, 2019 by 12.00 PM.

Eligible Applicants

Eligible applicants include non-profits, local and state government and housing authorities.

All recipients/subrecipients of HUD CoC funds must comply with HUD and New Bedford CoC Conflict of Interest requirements, including:

- Projects cannot use leasing funds in buildings owned by the recipient, subrecipient, their parent organization(s), a staff or board member, relative or business associate;
- The owner of a unit or his/her subordinate may not conduct the Housing Quality Standard, Rent Reasonableness or lead-based paint visual inspection; and
- Staff, persons with whom staff has immediate family or business ties and board members are prohibited from accruing any financial interest/benefit from CoC assisted activities during their tenure with the organization and for one year following tenure.

Funding Availability

The New Bedford Continuum of Care expects to be awarded an estimated $1,758,917 this funding round and may receive additional funding for bonus projects. Available funding anticipated consists of:

- **Renewal Projects.** The total amount of funding estimated to be available for Renewal Projects (and those taking advantage of the transition grant—see Eligible Projects) from HUD is $1,758,917; this amount is based on the amount of currently funded projects eligible for renewal funding; this is also referred to as the pro-rata need determined by HUD. Annual grant amounts for existing permanent housing programs range from approximately $109,030 to $591,092; the average permanent housing grant size is roughly $260,000.
- **New Projects** can be funded through reallocation from existing projects or through a bonus funding process, as described in this RFP. New project activities are limited by HUD to permanent supportive housing, rapid re-housing, homeless management information systems, and coordinated intake and assessment programs. HUD strictly limits the type of projects for which reallocated or bonus funds may be used.
  - **New Project through a Permanent Housing Bonus.** It is anticipated that the total amount of funding to be available through a permanent housing bonus will be $96,394.
  - **New Project through a DV Bonus.** It is anticipated that the total amount of funding which the New Bedford CoC may apply for under this bonus will be $192,789.

Additional funds may also be available through the reallocation process as determined by the New Bedford CoC's Performance Review Committee (PRC).

Tier 1 will be equal to 94% of the CoC's Annual Renewal Demand (ARD) or roughly $1,653,382; Tier 2 is the difference between Tier 1 and the total ARD plus any amount available for CoC bonus projects. For New Bedford's CoC, it is estimated that Tier 2 will be roughly $201,929.

NOTE: The OHCD reserves the right to adjust proposals and funding amounts based on final allocations published by HUD.

Eligible Projects

The following types of projects are eligible for funding in this competition:

- **Renewal Projects**
  Projects currently funded under the CoC Supportive Housing Program (SHP) are eligible for renewal for FY 2019 funds if they have a subrecipient agreement that expires in Calendar Year 2019. Projects may renew as is, or they may be part of transition, expansion or consolidated projects as further described in this section:

  - "Transition Grants:" This year, HUD is permitting HUD transition grants that will allow renewal projects to "transition" from one CoC Program component to another during the CoC Program Competition. Transition Grants are not an additional source of funding but rather, would be part of the existing Annual Renewal Demand (ARD) amount for the CoC. No more than 50% of each transition grant may be used for costs of eligible activities of the program component originally funded, transition grants in this competition are eligible for renewal in subsequent fiscal years for eligible activities of the new program component and eligibility to receive a transition grant requires renewal project applicants to have the consent of its CoC and meet all other criteria and standards in the NOFA. *See Section III.B.2.u of the HUD NOFA for further details.*

  - "Expansion Projects:" Projects currently funded under the CoC Supportive Housing Program (SHP) may apply to expand an existing renewal project in accordance with the NOFA. *See Section III. B.2.j. of the HUD NOFA for further details*.

  - "Consolidated Projects:" Eligible renewal project applicants have the ability to consolidate two or more eligible renewal projects into one project application during the application process. This means that a CoC Program subrecipient no longer must wait for a grant agreement amendment to be executed to consolidate two or more grants before it can apply for a single consolidated project in the CoC Competition. Consultation with the OHCD prior to undertaking this opportunity is required as HUD must confirm eligibility to consolidate projects. *See Section II.B.5. of the HUD NOFA for further details.*

- **New Permanent Supportive Housing (PSH) for Chronically Homeless Individuals or Families (Bonus Project)**
  New permanent supportive housing projects that will serve 100% chronically homeless individuals or families are eligible to apply in this competition.

  Permanent housing is community-based housing, the purpose of which is to provide housing without a designated length of stay. Grant funds may be used for leasing, rental assistance, operating costs and supportive services; definitions and guidance for each of these items is at 24 CFR 578.49 - 24 CFR 578.63. "Chronically homeless" is defined in Appendix A of this RFP.

- **New Projects providing eligible activities that the Secretary of HUD determines are critical in order to assist persons fleeing/attempting to flee domestic violence (DV Bonus Project)**
  New projects that are dedicated to survivors of domestic violence, dating violence, sexual assault, or stalking as defined at 24 CFR 578.3 Definition for Homeless, paragraph (4) are eligible to apply for funding in this competition. The following project types are permitted to apply for a DV Bonus:

  - Rapid Re-housing (PH-RRH) projects that must follow a housing first approach.
  - SSO Projects for Coordinated Entry (SSO-CE) to implement policies, procedures, and practices that equip the CoC's coordinated entry to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking (e.g., to implement policies and procedures that are trauma-informed, client-centered or to better coordinate referrals between the CoC's coordinated entry and the victim service providers coordinated entry system where they are different).
  - Joint TH and PH-RRH component projects as defined in Section II.C.3.m of this NOFA that must follow a housing first approach. Joint TH and RRH projects may request funding for construction, rehabilitation, acquisition, leasing, operating, rental assistance (must be tenant-based TBRA) as well as supportive services, and administration. See "Application Requirements" section of this RFP as it further highlights relevant project requirements and priorities. CoC funding may provide supportive services and/or short-term (up to 3 months) and/or medium-term (for 3 – 24 months) of tenant based

rental assistance as necessary to help participants move as quickly as possible into permanent housing and achieve stability in that housing.

Additional information germane to these projects:

- PSH projects cannot combine the following types of assistance in a single structure or housing unit:
  - Leasing and acquisition, rehabilitation or new construction;
  - Tenant-based rental assistance and acquisition, rehabilitation, or new construction;
  - Short or medium-term rental assistance and acquisition, rehabilitation or new construction;
  - Rental assistance and leasing, and
  - Rental assistance and operating
- All projects must follow the written policies and procedures established by the CoC for determining and prioritizing which eligible families and individuals will receive rapid rehousing assistance, as well as the amount or percentage of rent that each program participant must pay.
- All projects may set a maximum amount or percentage of rental assistance that a program participant may receive, a maximum number of months that a program participant may receive rental assistance, and/or a maximum number of times that a program participant may receive rental assistance. The recipient or subrecipient may also require program participants to share in the costs of rent.
- Rental assistance, where applicable, must be limited to no more than 24 months to a household.
- All projects may provide supportive services for no longer than 6 months after rental assistance stops.
- All projects must re-evaluate, not less than once annually, that the program participant lacks sufficient resources and support networks necessary to retain housing without Continuum of Care assistance and the types and amounts of assistance that the program participant needs to retain housing. The recipient or subrecipient may require each program participant receiving assistance to notify the recipient or subrecipient of changes in the program participant's income or other circumstances (e.g., changes in household composition) that affect the program participant's need for assistance. When notified of a relevant change, the recipient or subrecipient must reevaluate the program participant's eligibility and the amount/types of assistance that the program participant needs.
- All projects must require the program participant to meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability. (The project is exempt from this requirement if the Violence Against Women Act of 1994 (42 U.S.C. 13925 *et seq.*) or the Family Violence Prevention and Services Act (42 U.S.C. 10401 *et seq.*) prohibits the recipient carrying out the project from making its housing conditional on the participant's acceptance of services.)
- All projects must meet the threshold criteria shown in the application package in Appendix D.
- New projects may only be funded through reallocation of funds from existing projects or through the permanent housing bonus process. HUD strictly limits the type of projects for which reallocated or bonus funds may be used.
- All projects will be limited to requests for one year of assistance, unless a different term is required by HUD. Upon expiration, projects may be renewed subject to HUD requirements, local priorities, satisfactory performance, and availability of funds.

Eligible Populations

Populations who may be served by each of the project types are, as follow:

1. **Permanent Supportive Housing (PSH)**
   - All PSH projects must dedicate 100% of the units to chronically homeless individuals and/or chronically homeless families as defined by HUD. (See Appendix A).
   - Project applicants must demonstrate that they 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.
   - Disabilities: All PSH projects must serve exclusively disabled households as defined by HUD.
   - PSH projects may serve survivors of domestic violence, dating violence, sexual assault, or stalking as defined at 24 CFR 578.3 Definition of Homeless, paragraph (4).

2. **Rapid Re-Housing (RRH)**
   - All projects must serve 100% literally homeless families and/or single adults coming from emergency shelters and/or unsheltered locations or meeting the criteria of paragraph (4) of the HUD definition of homeless including survivors of domestic violence, dating violence, sexual assault, or stalking as defined under homeless, paragraph (4) at 24 CFR 578.3.
   - 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 (TH) Program, unless they meet the criteria of category (4) definition of homelessness at 24 CFR 578.3 (survivors of domestic violence, dating violence, sexual assault, or stalking as defined). A household would meet category 4 of the definition of homelessness if they are fleeting or attempting to flee from domestic violence and meet all other requirements, regardless of where they are residing.

3. **Joint Transitional Housing (TH) and Rapid Re-Housing Component Projects**
   - Individuals and families experiencing homelessness including those survivors of domestic violence ,dating violence, sexual assault or stalking as defined in paragraph (4) at 24 CFR 578.3.
   - Combines the TH and RRH components into a single project.
   - Joint TH and RRH projects must provide low-barrier, temporary housing while individuals and families quickly move to permanent housing with a seamless program design. Projects must have the capacity to provide both kinds of assistance to each participant.

Eligible Costs

The following guidance indicates the costs that may be included in program budgets, to be paid for by the CoC grant or by matching funds.

Rental Assistance
Rental assistance for homeless individuals and families, including tenant-based rental assistance. Grant funds may be used for security deposits in an amount not to exceed two months of rent, as well as last month's rent.

Leasing
The costs of leasing scattered site units to provide housing to homeless persons.

Leasing: Limits on rent costs. Rents paid must be reasonable in relation to comparable space or units, and may not be more than the owner charges others for comparable units. Rents for residential units cannot exceed the HUD Fair Market Rent (FMR).

Utilities. Utilities are not a leasing line item. If utilities are not provided by the landlord, utility costs are an operating cost.

Security deposits and first and last month's rent. Grant funds may be used to pay security deposits, in an amount not to exceed two months of actual rent, as well as last month's rent.

Supportive Services
The eligible costs of supportive services that address the special needs of the program participants.

Supportive Services in PSH and RRH Programs Must Relate to Housing Stability.

Supportive services must be necessary to assist program participants obtain and maintain housing and agencies must conduct an annual assessment of the service needs of the program participants and adjust services accordingly to achieve those ends.

Eligible supportive services costs:

- Reasonable one-time moving costs
- Case management
- Food—meals or groceries for program participants
- Housing search and counseling services
- Life skills training
- Outreach services
- Transportation
- Utility deposits (one-time fee, paid to utility companies)
- Direct provision of services: 1) costs of labor, supplies, and materials; and 2) salary and benefit packages of service delivery staff.

Ineligible costs: Any cost that is not described as an eligible cost is not an eligible cost.

Operating Costs
Grant funds may be used to pay the costs of the day-to-day operation of permanent supportive housing in a single structure or individual housing units.

Eligible operating costs:

- Maintenance and repair of housing
- Property taxes and insurance
- Building security for a structure where more than 50 percent of the units or area is paid for with grant funds
- Electricity, gas, and water
- Furniture
- Equipment.

Ineligible costs Program funds may not be used for rental assistance and operating costs in the same project. Program funds may not be used for the maintenance and repair of housing where the costs of maintaining and repairing the housing are included in the lease.

Project Administration
All renewal subgrantees are required to allocate the maximum 10% of their full grant amount to administration. The subgrantee may use up to 50% of the HUD-allowed administrative funds associated with the project; the remaining 50% of the allowed administrative funds are retained by the City of New Bedford (grantee). Administrative costs for renewal programs are set by HUD. The HUD-allowed administrative costs allowable for new grants are 7% of the full grant amount.

Matching Funds

The subgrantee must match all funds, except for leasing funds, with no less than 25% of funds or in-kind contributions from other sources. Guidance regarding cash and in-kind match is at 24 CFR 578.73. Cash match must be used for the costs of activities that are eligible CoC Program costs. Appendix C provides information required to document match.

Homeless Management Information System

All successful project applicants—with the exception of entities that are victim service providers—must participate in the CoC's Homeless Management Information System (HMIS).

Coordinated Entry/Assessment System

All successful applicants must participate in the CoC's coordinated entry/assessment system.

Grant Term

Renewal projects may only apply for one year grant terms. New projects may request funds for a grant term of 1.

Please note: any new project application that includes leasing–either leasing alone or leasing costs plus other costs (e.g. supportive services, HMIS, etc.)–may only request up to a 1-year grant term.

HUD Requirements

While this document summarizes key components of the CoC Program, more information is available from the NOFA, itself. Continuum of Care Program information is available at the HUD exchange website (https://www.hudexchange.info/programs/coc/). In addition information specific to the 2019 NOFA is available at https://www.hudexchange.info/resources/documents/FY-2019-CoC-Program-Competition-NOFA.pdf.

It is recommended that all renewal applicants under this RFP also review information from HUD published here: https://www.hudexchange.info/resource/2910/coc-project-application-instructions-for-renewal-projects/

If there are any conflicts between guidance in this document and HUD guidance, the HUD guidance takes priority and is what should be relied upon.

All parties intending to apply for funding are strongly encouraged to review the program regulations, including those organizations that

Timeline

CoC Competition Timeline.2019

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August 26.2019	All ranked projects to be entered into esnaps and a copy sent as a PDF file to the OHCD by 4.00pm.
September 6.2019	OHCD returns esnap projects with any corrections to applicants for final submission.
September 23.2019	Collaborative Application, Project Listing and Project Applications are complete and entered into esnaps. A copy of all materials is posted on the CoC website at www.nbhspn.com for public comment. Community Members and Key Stakeholders to be notified of its availability for comment. *(Per HUD, these materials are posted on the website two days before application submission).*
September 24.2019	Incorporate any changes necessitated from public comments.
September 26.2019	Local Target date for CoC Application Submission.
September 30.2019	**HUD's Official CoC Application Submission Deadline.**

Threshold Requirements & Competitive Review

Threshold Requirements.

To become eligible for consideration by the CoC's Performance Review Committee, all projects must first successfully pass a review of threshold requirements. The City of New Bedford's Office of Housing & Community Development (OHCD) will perform a threshold review of all submitted projects.

Each project must meet the following minimum standards in order to be considered for scoring; those projects not meeting the threshold criteria as determined by the OHCD will not be scored or considered for funding.

Threshold Criteria
▪ All housing programs will serve 100% Chronically Homeless individuals and families; (Transitional Housing will not be considered for funding under this RFP).
▪ Timeliness in the expenditure of grant funds.
▪ Project Applicant is in good standing with HUD.
▪ For housing programs, proposed program budget requests no less than 70% of the total program funding for leasing, rental assistance, or operating costs. (No more than 30% of the total program funding may be used for ELIGIBLE supportive services costs.)
▪ Application demonstrates a plan for rapid implementation/seamless continuation of the program.
▪ Applicant articulates how program participants are connected to, and assisted with, a range of mainstream resource service systems.
▪ Renewal program must be a current and active participant in the CoC's HMIS and its coordinated assessment system, the CALL; new programs must agree to participate in both systems if funded.
▪ Applicant has positive performance against plans and goals established in the initial application, as amended
▪ Application packet is complete.

Competitive Review

All applications that meet the threshold requirements will be forwarded to the CoC's Performance Review Committee for evaluation, selection and ranking. Appendix B explains the process that will be used for the competitive review.

Similar to past years, all applications for funding will be vetted, evaluated and ranked by the CoC – Homeless Service Provider Network (HSPN) Performance Review Committee (PRC), ratified by the HSPN membership and eventually submitted to HUD via the E-SNAPS system. The City of New Bedford's OHCD will act as the Collaborative Applicant and submit an application for funds on behalf of the New Bedford Continuum of Care for renewal projects and any new projects identified through the Request for Proposal (RFP).

IMPORTANT! When considering renewal projects for award, HUD—and by extension the New Bedford CoC through both the OHCD and the PRC--will review information in the Line of Credit Control System (LOCCS), Annual Performance Reports (APRs), information provided from/for the local HUD/CPD Field Office that includes monitoring reports and audit reports as applicable, performance achievements on prior grants, and will also assess projects on the following criteria using a pass/fail basis:

1. The project applicant's performance against plans and goals established in the initial application as amended;
2. Project applicants must demonstrate all timeliness standards for grants being renewed, including that standards for the expenditure of grant funds have been met;
3. The project applicant's performance in assisting program participants to achieve and maintain independent living and record of success, except HMIS dedicated projects are not required to meet this standard; and
4. Evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project mismanagement, has a drastic reduction in the population served, has made program changes without prior OHCD/HUD approval, or has lost a project site. These conditions may result in the rejection of an application from the competition.

HUD/New Bedford CoC reserves the right to reduce or reject a funding request from the project applicant for the following reasons:

1. Outstanding obligation to HUD in arrears or for which a payment schedule has not been agreed upon;
2. Audit finding(s) for which a response is overdue or unsatisfactory;
3. History of inadequate financial management accounting practices;
4. Evidence of untimely expenditures on prior award;
5. History of other major capacity issues that have significantly impacted the operation of the project and its performance;
6. Timeliness in reimbursing subrecipients for eligible costs. HUD will consider a project applicant as meeting this standard if it has drawn down grant funds at least once per month; and
7. History of serving ineligible persons, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.

It is anticipated that HUD will be requiring CoCs to rank all projects applying for grant funds in E-SNAPS. To ensure that CoCs have the opportunity to prioritize their projects locally in the event that HUD is not able to fund all renewals, it is anticipated that HUD will be requiring CoCs to rank projects within 2 tiers, similar to NOFAs issued over the past two years.

See Appendix B for the scoring criteria used for the competitive review of new and renewal projects.

Application Requirements

This RFP was released on Tuesday, July 30, 2019 and is subject to change. The application—which is for both new and renewal projects—is located within Appendix D.

Deadline
Agencies desiring to submit renewal and/or new projects must submit a completed application packet including required attachments to the City by 12:00pm on Friday, August 9, 2019. Late applications will not be accepted.

Submission
All documents must be submitted in PDF electronic format (only email will be accepted) to Jennifer Clarke, Deputy Director, via e-mail to Jennifer.Clarke@newbedford-ma.gov. No extensions will be granted. NOTE: Successful applicants will, at a later date to be determined, be required to complete an electronic application in HUD's *esnaps* system at the direction of the OHCD.

Project Requirements & Priorities

Eligible activities/projects for the Funds:

- All projects must be Permanent Supportive Housing, Rapid Re-Housing, or Joint Transitional Housing, Supportive Service Only-Coordinated Entry System and Rapid Re-Housing component projects or must meet eligibility requirements for the Bonus or DV Bonus project/s as described in this RFP and in the HUD NOFA.

- Projects may request funds for:
  - PSH: rental assistance, leasing, operating, construction, acquisition, rehabilitation;
  - RRH: rental assistance (must be tenant-based –TBRA);
  - Joint TH and RRH: construction, rehabilitation, acquisition, leasing, operating, rental assistance (must be tenant-based – TBRA);
  - SSO-CES (Supportive Service Only-Coordinated Entry System) and
  - All Projects may request funds for the following line items: Supportive Services, HMIS, and Administration.

- Term – Projects may request up to 1 year of funding for rental assistance, operating, or supportive services and capital funds. The New Bedford CoC reserves the right to change the maximum allowable term for final applications submitted to HUD based on NOFA requirements and/or strategic priorities such as those aimed at maximizing federal funding.

- PSH projects cannot combine the following types of assistance in a single structure or housing unit:
  - Leasing and acquisition, rehabilitation, or new construction;
  - Tenant-based rental assistance and acquisition, rehabilitation, or new construction;
  - Short or medium-term rental assistance and acquisition, rehabilitation, or new construction;
  - Rental assistance and leasing; and
  - Rental assistance and operating.

- Recipients and subrecipients of HUD CoC funds must comply with HUD and New Bedford CoC Conflict of Interest requirements, including:
  - Projects cannot use leasing funds in buildings owned by the recipient, subrecipient, their parent organization(s), a staff or board member relative or business associate;
  - The owner of a unit or his/her subordinate may not conduct Housing Quality Standard,
  - Rent Reasonableness or lead-based paint visual inspection; and
  - Staff, persons with whom staff has immediate family or business ties and board members are prohibited from accruing any financial interest/benefit from CoC assisted activities during their tenure with the organization and for one year following tenure.

Applications must demonstrate:

- A plan for rapid implementation of the program; the project narrative must document when the project will be ready to begin housing the first program participant, when the project will achieve full occupancy, and a detailed plan for how the project will ensure timely implementation.

- A connection to mainstream service systems, specifically:
  - That activities are in place to identify and enroll all Medicaid-eligible program participants; and
  - Whenever possible, that the project includes Medicaid-financial services, including case management, tenancy supports, behavioral health services or other services important to supporting housing stability. Project applicants may include Medicaid-financed services either by the recipient receiving Medicaid coverage payments for services provided to project participants or through formal partnerships with one or more Medicaid billable provider (e.g., Federally Qualified Health

Centers). Medicaid-financed health services provided in a hospital setting do not qualify. Where projects can demonstrate that there are barriers to include Medicaid-financed resources available in the CoC's geographic area, including mainstream behavioral health system resources such as mental health or substance abuse prevention and treatment block grants or state behavioral health system funding.

Populations
All projects must follow the requirements detailed under the section of this RFP entitled, "Eligible Populations."

Written Standards
As required by HUD, the New Bedford CoC has adopted written standards. All CoC Program funded projects must comply in full with the applicable standards. The current written standards are available upon request from the city of New Bedford's Office of Housing & Community Development. All CoC Program funded projects must also comply with all HUD regulations and NOFA requirements established for the CoC Program. The current HUD regulations that govern the CoC Program may be found at: https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf

CoC Program funded projects may also be subject to additional criteria as set forth in annual competitive application processes administered by the New Bedford CoC in conjunction with HUD's annual CoC program competitions. All applicants are responsible for reviewing our written standards in their entirety.

Additional Resources & Information

HUD Homelessness Resource Exchange, http://www.hudhre.info/
HUD Supportive Housing Program Desk Guide, http://www.hudhre.info/index.cfm?do=viewShpDeskguide
HUD e-snaps Training and Resources Page, http://www.hudhre.info/esnaps/

Appendices

Appendix A

Definition of Homeless and Chronically Homeless

"Homeless" is defined as:

1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
   (1) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

   (2) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low- income individuals); or

   (3) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

2. An individual or family who will imminently lose their primary nighttime residence, provided that:
   (1) The primary nighttime resident will be lost within 14 days of the date of application for homeless assistance;
   (2) No subsequent residence has been identified and
   (3) The individual or family lacks the resources or support networks (e.g. family, friends, faith-based or other social networks) needed to obtain other permanent housing;
3. (not applicable)
4. Any individual or family who:
   (1) Is fleeing, or is 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, including a child, that has either taken place within the individual's or family's primary nighttime resident or has made the individual or family afraid to return to their primary nighttime residence;
   (2) Has no other residence and
   (3) Lacks the resources or support networks (e.g. family, friends, faith-based or other social networks) needed to obtain other permanent housing.

"Chronically homeless" is defined as:

(1) A "homeless individual with a disability," as defined in section 401(9)of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who: (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;

(2) 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, before entering that facility; or

(3) 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) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Appendix B

CoC Application Selection Process, Scoring, Ranking, and Reallocation Process 2019

Selection Process

The process for considering projects includes a threshold review requirement, project scoring and responses to any requests for explanations or requests for more information from the Performance Review Committee (PRC). The process ends with the PRC presenting its recommended ranking to the Homeless Service Provider's Network (HSPN) and the membership votes in the final selection step.

- **Threshold Review.** The City of New Bedford's Office of Housing & Community Development (OHCD) will complete the threshold review for all submitted applications. The OHCD will then provide all information necessary for scoring each application meeting the threshold requirements to the PRC.

  Agencies that do not meet the threshold score or who are not recommended for funding may appeal and address the members of the COC PRC Appeal Panel based only on the following guidelines (agencies recommended or only partially funded are not eligible to request an appeal):

- **Scoring.** The PRC of the HSPN will complete the review, scoring and evaluation process using the scoring rubrics provided in this Appendix.

  The scoring rubric evaluates past performance (of renewal applicants) and promotes best practices or practices that will improve the New Bedford CoC's response to homelessness and align this response with national policies and best practices. These include, but are not limited to:

  - Commitment to a Housing First low-demand service model, and
  - Projects that use low-barrier standards.

  The City of New Bedford's OHCD and/or the PRC reserve the right to request additional and/or clarifying information in order to inform its review of a project.

  Scores will determine each project's rank in the CoC's application to HUD and rank will be the primary determinant of placement into Tier 1 and Tier 2. Scores may also be used to reject applications or to reduce budgets for low-scoring projects or over-funded projects.

  - **Final Selection.** After scoring the application, the PRC will present its resulting ranking recommendation (as discussed elsewhere in this Appendix) for funding approval to the HSPN at the HSPN member meeting.

If the project is not selected for funding, the applicant has the right to appeal, provided that the appeal is based upon violations of program regulations. For example, reviewing members did not consistently follow the scoring criteria and process or if there was a conflict of interest that prevented a fair review of the proposal. No appeals will be heard on the basis of funding level.

Scoring

New Projects

Consideration for funding of new projects, including those created as a result of reallocation, will be based on the following performance objectives:

- Agency Experience and Capacity (20 point maximum)
- Project Quality (40 point maximum)
- Match Resources (20 point maximum)
- Fiscal Management (20 point maximum)

New projects may score up to 100 points maximum based on information provided in the application including attachments of required materials. Specific scoring criteria for new projects is as follows:

Scoring Criteria :: New Projects	
NDARDS AND SCORING	**X POINTS**
gency Experience and Capacity. pplicants demonstrating extensive experience in administering HUD or other federal funds, and providing the proposed service and/or serving the proposed population will receive 20 points.	**20**
Project Quality. Each application will be scored on the overall quality of the project, and the extent to which the applicant can clearly demonstrate the following: ▪ Housing First (15 points): Applicants may receive up to 15 points based on the extent to which the Permanent Supportive Housing Bonus project will follow a Housing First model/low barrier approach. ▪ Chronic Homeless (15 points) Projects serving at least 100% of beds dedicated to chronic homeless will receive 15 points. ▪ Mainstream Services (5 points): Applicants may receive up to 5 points based on the extent to which the project is fully leveraging mainstream resources for supportive services. ▪ Low Barrier (5 points): Projects demonstrating low barriers to program admission and flexible participation policies designed to retain program participants will receive 5 points.	**40**
tch Resources. ojects demonstrating ability to match the required HUD 25% match will receive 20 points.	**20**
scal Management. receive maximum points, applicants must demonstrate history of financial stability, including prompt expenditure of program funds, and no outstanding audit or HUD monitoring findings.	**20**
TOTAL POSSIBLE POINTS *for* NEW PROJECTS	**100**

Renewal Projects

Consideration for funding of renewal projects, including those created as a result of reallocation, will be based on the submitted application, previous APR reporting, HMIS, the HUD LOCCS system and any other monitoring conducted by the OHCD and/or HUD using the following performance objectives:

- Performance (70 point maximum)
- Data Quality (10 point maximum)
- Fiscal Management (20 point maximum)

In addition to these scored elements, all renewal projects will be expected to satisfy additional evaluation criteria noted within this section. Renewal projects may score up to 100 points maximum based on information provided in the application including attachments of required materials. Specific scoring criteria for renewal projects is as follows:

Scoring Criteria :: Renewal Projects

GOALS	PERFORMANCE STANDARD	SCORING	MAX POINTS
1. Exits to Permanent Housing *Persons residing in permanent housing exited to another form of a permanent housing destination.* ***Goal 85%***	Based on APR Q23a & b *The % of persons who exited to permanent housing destinations as of the end of the operating year.*	≥85%=20 80%-84%= 15 65%-79%= 10 55%-64%= 5 ≤54%= 0	**20**
2. Earned Income – Stayers *Persons or stayers who increased earned income.* ***Goal 20%***	Based on APR Q19a1 – Adults with Earned Income *The % of project stayers that had either new or increased earned income.*	≥20%= 5 14%-19%= 4 7%-13%= 3 2%-6%= 2 ≤1%= 0	**5**
3. Non-Employment – Stayers *Persons or stayers who maintained or obtained non-employment income.* ***Goal 85%***	Based on APR Q19a1 – Adults with Other Income *The % of project stayers that had either new or increased non-employment income.*	≥85%= 5 80%-84%= 4 65%-79%= 3 55%-64%= 2 ≤54%= 0	**5**
4. Earned Income – Leavers *Persons or leavers who increased earned income.* ***Goal 20%***	Based on APR Q19a1 – Adults with Earned Income *The % of project leavers that had either new or increased earned income.*	≥20%= 5 14%-19%= 4 7%-13%= 3 2%-6%= 2 ≤1%= 0	**5**
5. Non-Employment – leavers *Persons or leavers who maintained or obtained non-employment income.* ***Goal 85%***	Based on APR Q19a1 – Adults with Other Income *The % of project leavers that had either new or increased non-employment income.*	≥85%= 5 80%-84%= 4 65%-79%= 3 55%-64%= 2 ≤54%= 0	**5**
6. Utilization Rate - Beds *Program beds at full capacity, with low vacancy rate.* ***Goal 90%***	Based on 2019 HIC at PIT *The % beds filled at the time of the Point In Time (PIT) Count in January 2019.*	≥90%= 15 70%-89%= 10 51%-69%= 5 ≤50%= 0	**15**
7. Chronic Homeless - Persons *Persons who are chronically homeless by household* ***Goal 54%***	Based on APR Q26b *The # of chronically homeless persons divided by the total number of persons served.*	Prorated up to 15 points for 100% of CH Beds.	**15**
TOTAL POSSIBLE PERFORMANCE POINTS			**70**

Scoring Criteria :: Renewal Projects *(Continued)*				
GOALS	**PERFORMANCE STANDARD**		**SCORING**	**MAX POINTS**
Performance. Total performance points available as noted in previous chart				**70**
8. Date Quality *Agency's thoroughness in ensuring all data is collected and entered into HMIS.* ***Goal = No Omissions***	Based on APR Q6a, b, c & d		0 oms= 10 1%-10%= 6 11%-20%= 4 21%>= 0	**10**
9. Fiscal Management *Complete and timely drawdown of funds.* ***Goal = 100% Drawndown***	Based on HUD LOCS		0%= 15 1%-5%= 10 6%-10%= 5 10%>= 0	**20**
TOTAL POSSIBLE POINTS *for* RENEWAL PROJECTS				**100**

Additional Evaluation Criteria

Renewal projects will also be evaluated based on the following baseline criteria. Subrecipients that fail that meet these required criteria will lose points.

Additional Evaluation Criteria
Agency Experience and Capacity. ▪ Administration : Applicants demonstrating extensive experience in administering HUD or other federal funds, and providing the proposed service and/or serving.
Fiscal Management. ▪ Applicants must demonstrate history of financial stability, including prompt expenditure of program funds, and no outstanding audit or HUD monitoring findings.
Project Quality. ▪ Housing First: Applicants will be evaluated to the extent to which the Permanent Supportive Housing Bonus project will follow a Housing First model/low barrier approach. ▪ Mainstream Services: Applicants will be evaluated to the extent to which the project is fully leveraging mainstream resources for supportive services. ▪ Low Barrier: Projects must demonstrate low barriers to program admission and flexible participation policies designed to retain program participants. ▪ Consistency of Program: Applicants will be evaluated to the extent to which the project's performance is consistent against plans and goals established in the application.

Ranking

HUD requires that all CoCs list all projects that they approved to submit project applications to HUD, in the order of priority as determined by the CoC. CoCs should place all new and renewal project applications that the CoC determines are high priority, high performing, and meet the needs and gaps as identified by the CoC in Tier 1. HUD will select projects in Tier 1 as described in the NOFA. HUD will select all projects in Tier 1 before selecting any projects in Tier 2. Then, HUD will select projects in Tier 2 as described in the NOFA. Lower ranked projects may be selected for funding above higher ranked projects, consistent with HUD's selection priorities.

The CoC renewal application components and narratives serve to:

- Confirm the capacity of agencies to provide CoC funded programs;
- Provide information on program delivery in order to evaluate performance and meeting HUD priorities for scoring and ranking of projects by the PRC; and
- Provide project level narrative to be utilized in the CoC Program Application (former 'Exhibit 1'). HUD will limit renewal grants to one (1) year of funding. Renewal Project Applications that request multiple years of funding will be reduced to one (1) year grant amounts.

Renewal projects must meet minimum project eligibility, capacity, timeliness, and performance standards. HUD will review information in the LOCCS; Annual Performance Reports (APRs); and information provided from the HUD local /CPD Field Office, including monitoring reports and Part 200 audit reports as applicable, as well as performance standards on prior grants, and assess a project on the following criteria using a pass/fail basis:

- Applicant's performance against plans and goals;
- Timeliness standards;
- Applicant's performance in assisting program participants to achieve and maintain independent living and record of success;
- Financial management accounting practices;
- Timely expenditures;
- Capacity;
- Timeliness; and
- Eligible activities.

The final ranking for this competition will be posted online at www.nbhspn.com after the CoC ranking vote is taken at a date to be determined.

Reallocation Process

The U.S. Department of Housing and Urban Development (HUD) requires that CoCs careful evaluate and review all renewal projects and to develop a reallocation process for projects funded with CoC funds. Reallocating funds is an important tool used by CoCs to make strategic improvements to their homelessness system. Through reallocation, the CoC can create new projects that are aligned with HUD's goals, by eliminating projects that are underperforming or are more appropriately funded from other sources. Reallocation is particularly important when new resources are not available.

A copy of the New Bedford CoC's Reallocation Process is available online at www.nbhspn.com.

Appendix C

Match for the Continuum of Care Program

Match Guidance:

- Per the HEARTH Interim Rule (24 CFR 578.73), match must equal at least **25 percent of the total grant request including admin costs but excluding leasing costs** (i.e., any funds identified for Leased Units and Leased Structures). For example, if the 'total assistance requested' is $100,000, and the project applicant did not request costs for Leased Units or Leased Structures, then the project applicant must secure commitments for match funds equal to no less than $25,000. For example, if the 'total assistance requested' is $100,000, of which $50,000 is for Leased Units or Leased Structures, then the project applicant must secure commitments for match funds equal to no less than $12,500 (i.e. , ($100,000 Total Assistance - $50,000 Leasing)*.25).

- HUD expects that the full match amount committed in the application is met and would monitor based on that amount. Match that exceeds the minimum requirement should be used to meet the leverage requirements described below.

- The total match requirement can be met through **cash, in-kind, or a combination** of the two.

- Match must be used for **eligible costs** for the program component you are applying for, as set forth in the HEARTH Interim Rule (Subpart D of 24 CFR part 578).

- **Cash sources.** A recipient or subrecipient may use funds from any source, including any other federal sources (excluding Continuum of Care program funds), as well as State, local, and private sources, provided that funds from the source are not statutorily prohibited to be used as a match. The recipient must ensure that any funds used to satisfy the matching requirements of this section are eligible under the laws governing the funds in order to be used as matching funds for a grant awarded under this program.

- The recipient may use the value of any real property, equipment, goods, or services contributed to the project as match, provided that if the recipient had to pay for them with grant funds, the costs would have been eligible. Any such value previously used as match, may not be used again.

- If match is provided through **in-kind sources** from a third party, it must be documented by an **MOU** between the recipient or subrecipient and the third party that will provide the services. Services provided by individuals must be **valued at rates consistent** with those ordinarily paid for similar work in the recipient's or subrecipient's organization. If the recipient or subrecipient does not have employees performing similar work, the rates must be consistent with those ordinarily paid by other employers for similar work in the same labor market. The MOU must establish the **unconditional commitment**, except for selection to receive a grant, by the third party to provide the services, the **specific service** to be provided, the **profession** of the persons providing the service, and the **hourly cost** of the service to be provided. Subrecipients using staff time as an in-kind match must provide job descriptions for each position.

- During the term of the grant, the recipient or subrecipient must keep and make available, for inspection, **records documenting the service hours provided**.

- **To qualify as match, funds must come to and be disbursed by the grantee.** If benefits are paid directly to program participants, the funding is not going through the agency's books and it cannot be counted as match.

- Tenant rent payments or public benefits participants receive **may not be used as match**. When the rents are paid directly to the sponsor agency, it is considered to be 'program income' and program income cannot be used as match. Similarly, rent paid directly to a private landlord does not come to the grantee and so cannot qualify as match. Benefits received by tenants such as SSI, do not go to the grantee and cannot be used as match.

Appendix D

Application

The 2019 CoC competition is open to renewal and eligible new projects, all of which will be scored competitively. The highest scoring projects will be included in the CoC Consolidated Application submitted to HUD. Each project requires its own complete application.

All applicants must complete the paper application in accordance with this RFP. Those projects selected for funding by a vote of the HSPN membership will then be expected to complete an online *esnaps* renewal or new application (as applicable) according to guidance to be provided through the city's Office of Housing & Community Development (OHCD).

For new project applications…

Applicants submitting a **new** project application must also include the following:

- ☐ Completed CoC Application
- ☐ 2019 (or most recent) Form 990 for Recipient (as applicable) and Subrecipient
- ☐ Most recent audited financial statement (Required only if $750,000 in aggregate federal funds expended)

For renewal project applications…

Applicants submitting a **renewal** project application must also include the following:

- ☐ Completed CoC Application
- ☐ 2019 (or most recent) Form 990 for Recipient (as applicable) and Subrecipient
- ☐ Most recent audited financial statement (Required only if $750,000 in aggregate federal funds expended)
- ☐ A copy of the last "e-snaps" application for the project submitted to HUD. Applicant must review it and provide a marked-up copy with any changes to the city as part of complete application submission. (Please note that changes to the budget should be noted on the attached budget).
- ☐ A copy of the most recently completed Annual Performance Report (APR) for the most recent grant year. Please note: data for other time periods may be used by the city in developing performance scores for ranking of projects, subject to information in the HUD Notice of Funding Availability.

The deadline for submission of this application is Friday, August 9, 2019 by 12.00 pm.

Application follows on next page.

2019 COC APPLICATION

For New Bedford CoC Renewal Projects and New Projects that will provide Permanent Supportive Housing, Rapid Rehousing, Supportive Service Only-Coordinated Entry System, or Joint Transitional Housing (TH) and Rapid Re-Housing Component Projects

The deadline for submission of this application is Friday, August 9, 2019 by 12.00 pm.
Applicants must submit a complete application including all additional materials referenced in the RFP to be considered.

I. AGENCY AND PROJECT INFORMATION

Name of Applicant Agency:			
Project Name:			
Check one box:	☐ NEW PROJECT ☐ RENEWAL PROJECT		
Project Location: *(Physical address of the project; if project is scattered site, write "scattered site.")*			
HUD Component Type:	☐ Permanent Housing ☐ Rapid Re-Housing ☐ JTH/RRH ☐ SSO-CES		
Total Amount Requested:			
Agency DUNS Number:		**Tax ID or EIN** (format: 12-3456789)	

Project Contact Information:

Project Contact Person:			
Job Title of Contact Person:			
Agency Mailing Address:			
Contact Phone Number:		**Fax number:**	
Email Address:			

# of Units Proposed:	

# of Beds Proposed:	

II. PROJECT APPLICATION SUMMARY BUDGET

Eligible Costs			al Assistance Requested for Grant Term (Applicant)
1a. Leased Units			$
1b. Leased Structures			$
2. Housing Relocation and Stabilization			$
3. Short-term/Medium-term Assistance			$
4. Long-term Rental Assistance			$
5. Supportive Services			$
6. Operating			$
7. HMIS			$
8. Sub-Total Costs Requested			$
9. Admin (Up to 10%)			$
10. Total Assistance plus Admin Requested			$
11. Cash Match			$
12. In-Kind Match			$
13. Total Match			$
14. Total Budget			$

III. PROJECT NARRATIVE

1. **SUMMARY: Please provide a brief summary of your project. What data/evidence do you have as to the need within this CoC and how does your project meet that need?** ***[Character limit 500]***

1a. Describe how your project aligns with Opening Doors - the Federal Strategies to End Homelessness. www.usich.gov/opening_doors/.

	Objective 1: Increase Progress towards Ending Chronic Homelessness	YES	NO
a.	Will/Does the project prioritize client selection based on duration of homelessness and vulnerability?	☐	☐
b.	Will/Does the project accept all clients regardless of substance use history, or current use?	☐	☐
c.	Will/Does the project accept clients who are diagnosed with, or show symptoms of, a mental illness?	☐	☐
d.	Will/Does the project accept clients regardless of criminal history?	☐	☐
e.	Will/Does the project accept clients regardless of income or financial resources?	☐	☐
f.	Will/Does the project use a harm-reduction model for drugs and/or alcohol use?	☐	☐
g.	Will/Does the project include mandatory case management as a condition of remaining in the program?	☐	☐

Briefly explain any "no" answers for a-f, and "yes" answer for item g.

1b. TARGET POPULATION: Describe the target population(s) served by this project. Why do they need the proposed assistance provided by this project? (Include age, gender, special needs, etc.). *[Character limit 500]*

2. **PRIORITIZING HIGHEST NEED: Project applicant must demonstrate that the proposed program will first serve the chronically homeless according to the order of priority established in the CoC Written Standards (amended June 2019) and in Section III.A. of Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status. To receive full points, the applicant must clearly describe the system it currently uses to determine severity of need for the chronically homeless, its process for prioritizing persons with the most severe needs, and the outreach process used to engage chronically homeless persons living on the streets and in shelter. *[Character limit 500]***

3. **HOUSING FIRST APPROACH:** ***[Character limit 1,000]***

a. Please check any of the following situations in which a tenant in your proposed housing would NOT be terminated:

Failure to participate in supportive services	☐
Failure to make progress on a service plan	☐
Loss of income or failure to improve income	☐
Being a victim of domestic violence	☐
Other activity not covered in typical lease agreement	☐
None of the above	☐

b. Demonstrate the agency's understanding of the Housing First approach and the extent to which a Housing First model will be used in operating the proposed housing. To receive full points in this section, the applicant must also demonstrate it has experience in operating a successful Housing First Program, clearly describe the proposed program design and identify how it meets the definition of Housing First as described in Section III.A.3.d. of the FY 2019 CoC Funding Notice.

4. **MAINSTREAM SERVICES: Applicants must demonstrate the extent to which the project is fully leveraging mainstream resources for supportive services. To receive full points, applicants must demonstrate the leveraging of available Medicaid resources. Applicants should demonstrate that specific activities are in place to identify and enroll all Medicaid-eligible program participants regardless of whether the project applicant's state is participating in Medicaid expansion under the Affordable Care Act; and that the project includes Medicaid-financed services, including case management, tenancy supports, behavioral health services, or other services important to supporting housing stability.** ***[Character limit 500]***

5. AGENCY EXPERIENCE and CAPACITY: In five sentences or less, tell how your organization has the capacity and resources to continue the proposed program and achieve/exceed your performance goals, noting deficiencies, if any.

6. FOR RENEWAL APPLICATIONS, ONLY: PERFORMANCE: Review the performance results in question #36 of the APR you are submitting with this application. In five sentences or less, describe how your agency will work to maintain or increase its performance metrics in the coming grant year.

IV. PROJECT ELIGIBILITY TYPE (*NEW PROJECTS ONLY*)

Eligible Types for NEW CoC Projects-Permanent Housing Bonus OR DV Bonus (*Pick applicable project type and answer questions specific to that selection*):

☐ **New Permanent Housing**

☐ Tenant-Based Rental Assistance [RA] ☐ Sponsor-Based RA ☐ Project-Based RA

☐ Project-Based/Leasing *[leases building/units]* ☐ Project-Based/Operations [*owns building*]

Rental Assistance Administrator:
☐ Local PHA ☐ Unit of Local Government ☐ State

Pick one or more: ☐ Individuals ☐ Families ☐ Unaccompanied Youth (18-24)

Pick one or more: ☐ Severe/Persistent Mental Health
☐ Chronic Substance Abuse Disorder
☐ Other:

☐ **New Permanent Housing - Rapid Re-housing** *(Tenant Based Rental Assistance only/Literally Homeless)*

Pick one or more: ☐ Individuals ☐ Families ☐ Unaccompanied Youth (18-24)
☐ Fleeing Domestic Violence

☐ **New Joint Transitional Housing & Rapid Re-Housing** (*Individuals and families experiencing homelessness - more details will be available subsequent to the release of the FY2019 CoC NOFA).*

Pick one or more: ☐ Individuals ☐ Families ☐ Unaccompanied Youth (18-24)
☐ Fleeing Domestic Violence

Rental Assistance Administrator:
☐ Local PHA ☐ Unit of Local Government ☐ State

All proposals, regardless of selections above, must complete the following: [*check all appropriate boxes*]

Low Barrier- Are participants screened based upon any of the following?
☐ Too Little or No Income ☐ Active or History of Substance Abuse
☐ Criminal record with exceptions for state-mandated restrictions
☐ History of DV (e.g. lack of a protective order, period of sep. from abuser or law enforcement involvement)
☐ None of the Above

☐ **New Permanent Housing DV Bonus**

☐ Rapid Rehousing ☐ JTH & RRH ☐ SSO-CES

If your new program is selected will it....	**YES**	**NO**
Quickly move participants into Permanent Housing (PH)?	☐	☐
Require participants to live in a particular structure/unit/locality?	☐	☐
Use an existing homeless facility or activities?	☐	☐
Have at least 80% of CoC PH participants remain in or exit to PH destinations?	☐	☐
Actively participate in New Bedford's Coordinated Entry?	☐	☐
Actively participate in New Bedford's HMIS?	☐	☐

Ensure that a 25% match requirement is met?	☐	☐

V. FISCAL INFORMATION (*RENEWAL PROJECTS ONLY*)

1. Do you anticipate you will have unexpended funds at the expiration date of your current contract?

   ☐ Yes ☐ No If yes, how much? $_____

2. Have you had unexpended HUD funds at the expiration of grant terms in the past two (2) years?

   ☐ Yes ☐ No If yes, how much was unexpended?

   2014 $_____
   2015 $_____

If money was returned in the current or previous years, explain why dollars were returned and how that would change in the coming grant cycle if renewal funding is granted. *Character limit 500)*

3. Have you provided a signed letter(s) by your agency or provided other documentation of public/private, and/or mainstream program funding?

   ☐ Yes ☐ No

VI. MATCH

PLEASE NOTE:

Final match letters are not due with this application. However, final letters will be required at the time of your e-snaps Application and must be dated in accordance with HUD requirements.

MATCH

You are required to provide a SIGNED LETTER(s) on agency letterhead detailing the source and amount of the required 25% match. Match can include in-kind components that are exclusively and directly part of the project and may be cash or non-cash (in-kind) resources provided by the recipient toward the actual costs of operating the project. Cash can come from other grant funding, unrestricted general funds, fundraising activities, private donations, etc. Enter the Source, amount of your match and when the funds will be available for one year. All grant funds must be matched with an amount no less than 25% of the awarded grant amount (excluding the amount awarded to the leasing budget line item) with cash or in-kind resources. Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC Program interim rule.

Amount of Match Being Provided: $_____

VII. AGENCY QUESTIONNAIRE

Please check either yes or no to the questions below:

	Yes	No
In the past ten (10) years, has your organization ever had its nonprofit status revoked or withheld by the IRS, the Secretary of State, or the State Attorney General?	☐	☐
Have you completed the annual update to your organization's registration with the federal government at www.sam.gov	☐	☐
Have all due IRS 990 filings been submitted to the IRS?	☐	☐
Does your organization currently have any unresolved fiscal reporting, or program issues with any of its funding sources?	☐	☐
Have you attached all of the materials required this application?	☐	☐

VIII. ASSURANCES

To the best of my knowledge and belief, all information in this application is true and correct. The governing body of the applicant has duly authorized this document and the applicant will comply with the following:

- Applicant agrees to complete the HUD Project Application forms with the same information as contained in this application unless the Application Review Committee has made adjustments during the rating/ranking process. Those adjustments would supersede this document and are included in the Project Ranking Letter sent to each applicant.

- Applicant agrees to participate fully in the New Bedford Continuum of Care's Homeless Management Information System (HMIS) and coordinated entry system.

- Applicant understands that HUD CoC funded homeless projects are monitored by City of New Bedford as the CoC lead. This can include an annual site visit and submission annually of the applicant's most recent Annual Performance Reports (APR) submitted to HUD and most recent audited financial statement.

If awarded funding, the applicant agrees to inform the City of New Bedford when the following occurs:

- Organization has staff vacancies that are of a duration that could affect the projected number of participants served or result in HUD funds not being fully expended;

- Changes to an existing project that are significantly different than what the funds were originally approved for, including any budget amendments/modifications submitted to HUD and agrees to bring these to the city's OHCD for approval prior to the final 30 days of the grant year;

- Any increase/decrease in match funding for the project that could affect the projected number of participants served, services provided, ability to meet matching requirements, etc. and
- Significant delays in the start-up or operation of a project.

Name:	
Title:	
Phone:	
Email:	
Signature of Authorized Representative: ☐ "X" indicates electronic signature submitted	
Date:	

IMPORTANT!

PLEASE ENSURE THAT YOUR APPLICATION IS COMPLETE; ANY ATTACHED MATERIALS REQUIRED AND REFERENCED WITHIN THE RFP SHOULD BE INCLUDED AND SUBMITTED WITH THIS APPLICATION AS ONE PDF DOCUMENT.

Attachment 1E-4

New Bedford Continuum of Care
MA-505

Consolidated Application

NOTE:

This Attachment includes the following material:

1. One blank scoring form use to score renewal applications (no new applications were received this round)
2. One completed score form (renewal PSH – the Family Preservation Project)
3. A screenshot of the ranking results that were posted on the CoC's website and the published ranking results sheet
4. A screenshot of the Consolidated Plan, Attachments and Priority Listing posted on the CoC website

1 One blank scoring form use to score renewal applications (no new applications were received this round)

EVALUATION REVIEW SHEET

AGENCY NAME:	
PROJECT NAME:	

Project Name	Reporting Period		Type	Leasing	portive Service	Operating	HMIS	Admin	Total

Inventory: Beds: # Units: #

Project Description

Persons served during APR year:	Clients	Adults	Children	Leavers	Stayers

Mental/Physical Health - Entry: Q13a1	Mental Illness	Alcohol Abuse	Drug Abuse	Chronic Health	Physical Disab.

CHRONIC HOMELESS	
Number of Chronic Homeless Beds:	
Number of Total Beds:	
Percentage of Chronic Homeless Beds in Program	___%

GOALS	PERFORMANCE STANDARD	%	SCORING	COMMENTS	POINTS
Data Quality *Agency's thoroughness in ensuring all data is collected and entered into HMIS.* **Goal = No Omissions**	Based on APR Q6a, b, c & d	%	0 oms= 10 1%-10%= 6 11%-20%= 4 21%>= 0		0
Fiscal Management *Complete and timely drawdown of Funds.* **Goal = 100% Drawdown**	*HUD LOCS* *8/01/2017 - 7/31/2018*	%	0%= 20 1%-5%= 15 6%-10%= 10 10%>= 0	Amount Returned: $0.00	0

GOALS	PERFORMANCE STANDARD	%	SCORING	COMMENTS	POINTS
1. Exits to Permanent Housing *Persons residing in permanent housing exited to another form of a permanent housing destination.* **Goal 85%**	Based on APR Q23a & b *The % of persons who exited to permanent housing destinations as of the end of the operating year.*	%	≥85%=20 80%-84%= 15 65%-79%= 10 55%-64%= 5 ≤55%= 0		0
2. Earned Income – Stayers *Persons or stayers who increased earned income.* **Goal 20%**	Based on APR Q19a1 – Adults with Earned Income *The % of project stayers that had either new or increased earned income.*	%	≥20%= 5 14%-19%= 4 7%-13%= 3 2%-6%= 2 ≤1%= 0		0
3. Non-Employment – Stayers *Persons or stayers who increased non-employment income.* ***Goal 85%***	Based on APR Q19a1 – Adults with Other Income *The % of project stayers that had either new or increased non-employment income.*	%	≥85%= 5 80%-84%= 4 65%-79%= 3 55%-64%= 2 ≤54%= 0		0
4. Earned Income – Leavers *Persons or leavers who increased earned income.* ***Goal 20%***	Based on APR Q19a2 – Adults with Earned Income *The % of project leavers that had either new or increased earned income.*	%	≥20%= 5 14%-19%= 4 7%-13%= 3 2%-6%= 2 ≤1%= 0		0
5. Non-Employment – leavers *Persons or leavers who increased non-employment income.* ***Goal 85%***	Based on APR Q19a2 – Adults with Other Income *The % of project leavers that had either new or increased non-employment income.*	%	≥85%= 5 80%-84%= 4 65%-79%= 3 55%-64%= 2 ≤54%= 0		0

6. Utilization Rate - Beds *Program beds at full capacity, with low vacancy rate.* **Goal 90%**	Based on APR Q2 SAGE *The % beds filled on a quarterly basis during the operating year.*	%	≥90%= 15 70%-89%= 10 51%-69%= 5 ≤50%= 0		0
7. Chronic Homeless - Persons *Persons who are chronically homeless by household.* **Goal 54%**	Based on APR Q26b *The # of chronically homeless persons divided by the total number of persons served.*	%	Prorated up to 15 points for 100% of CH persons.		0
TOTAL POINTS OUT OF 100					**0**

APR REVIEW COMMENTS: APR Comments –

YEAR TO DATE REVIEW: Overall Issues and Concerns -

Financial Review YTD –

When considering renewal projects for award, HUD and the local will assess the following:

1. An applicant's performance against plans and goals established in the initial application, as amended;

2. Timeliness in the expenditure of grant funds, as HUD expects all projects to be drawing down funds at least quarterly through the course of the grant term. While most funds should be expended prior to the expiration of the grant, all funds must be drawn down within 90 days of the expiration of the grant term;

3. Assisting participants achieve and maintain independent living, and record of success. HUD will also consider if an applicant has been unwilling to accept technical assistance, has a continued history of inadequate financial management accounting practices, indications of mismanagement on the part of the recipient, drastic reduction in population served by the recipient, program changes made by the recipient without prior HUD approval, and loss of project site. HUD reserves the right to reject a request from an organization for the following reasons:
    - Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
    - Audit finding for which a response is overdue or unsatisfactory;
    - History of inadequate financial management accounting practices;
    - Evidence of untimely expenditures on prior award;
    - History of other major capacity issues that have significantly impacted the operation of the project and its performance.

The following questions will assist in evaluating Programs:

1. Are there any unresolved monitoring or audit findings on HUD Continuum of Care Program grants?
   ☐ Yes ☐ No ☐ N/A If yes, explain:

2. Does the applicant currently have any unresolved fiscal, reporting, or program issues with any of its funding sources? ☐ Yes ☐ No ☐ N/A If yes, explain:

3. Has the applicant drawn down funds at least quarterly through the course of your prior and current renewal grant terms? ☐ Yes ☐ No ☐ N/A

4. Has the applicant drawn down funds within 90 days of the expiration of prior renewal grant terms?
   ☐Yes ☐ No ☐ N/A

5. Is the applicant's performance consistent against plans and goals established in the initial application?
   ☐ Yes ☐ No ☐ N/A If not, explain:

6. Has there been a drastic reduction in population served by the applicant or program changes made by the applicant without prior HUD approval? ☐ Yes ☐ No If yes, explain:

2 **One completed score form (*renewal PSH – the Family Preservation Project*)**

EVALUATION REVIEW WORKSHEET

AGENCY NAME:	Southeast Family Services, Inc.
PROJECT NAME:	Family Preservation Program (MA0112L1T051609)

Project Name	Reporting Period		Type	Leasing	Supportive Services	Operating	HMIS	Admin	Total
Family Preservation Program	9/01/17	8/31/18	PH	$175,935	$46,671	$14,594	$0	$23,720	$260,920

Inventory: Beds: #46 Units: #16

Project Description

The Family Preservation Program (FPP) provides permanent housing and case management services to homeless families with children, with at least one member of the household having a disability and a substance use disorder. FPP has sixteen scattered site units consisting of ten 2 bedroom and six 3-bedroom units located in New Bedford, MA. Participants entering FPP are assigned a case manager who collaborates with the participant to develop an individual service plan (ISP). Through the assessment and intake process participant's needs are identified and goals are built around those needs. Based on participant's needs/goals, referrals are made to local agencies/resources in order to assist participants in achieving their objectives. Staff of FPP perform home visits and work closely with outside agencies such as the Department of Children and Families in order to provide a smooth transition for those families who are reunifying with their children. Workshops such as Educational/Vocational and Healthy Living are held for participants to give them the opportunity to increase skills and education and learn life skills that will assist them in becoming independent and successful. FPP strives to create and environment in which families can grow and thrive together. Staff considers each family member and their needs and connects them with services as appropriate.

Persons served during APR year:	61 Clients	30 Adults	31 Children	16 Leavers	45 Stayers

Mental/Physical Health - Entry: Q13a1	Mental Illness	Alcohol Abuse	Drug Abuse	Chronic Health	Physical Disab.
	22	22	22	1	1

CHRONIC HOMELESS	
Number of Chronic Homeless Beds:	46
Number of Total Beds:	46
Percentage of Chronic Homeless Beds in Program	**100%**

GOALS	PERFORMANCE STANDARD	%	SCORING	COMMENTS	POINTS
Data Quality *Agency's thoroughness in ensuring all data is collected and entered into HMIS.* **Goal = No Omissions**	Based on APR Q6a, b, c & d	100%	0 oms= 10 1%-10%= 6 11%-20%= 4 21%>= 0	No data quality issues identified. All data 100% complete with no missing values.	10
Fiscal Management *Complete and timely drawdown of Funds.* **Goal = 100% Drawdown**	*HUD LOCS 8/01/2017 - 7/31/2018*	100%	0%= 20 1%-5%= 15 6%-10%= 10 10%>= 0	Amount Returned: $0.00	20

GOALS	PERFORMANCE STANDARD	%	SCORING	COMMENTS	POINTS
1. Exits to Permanent Housing *Persons residing in permanent housing exited to another form of a permanent housing destination.* **Goal 85%**	Based on APR Q23a & b *The % of persons who exited to permanent housing destinations as of the end of the operating year.*	88%	≥85%=20 80%-84%= 15 65%-79%= 10 55%-64%= 5 ≤55%= 0	14 out of 16 persons either remained or exited to PH	20
2. Earned Income – Stayers *Persons or stayers who increased earned income.* **Goal 20%**	Based on APR Q19a1 – Adults with Earned Income *The % of project stayers that had either new or increased earned income.*	45%	≥20%= 5 14%-19%= 4 7%-13%= 3 2%-6%= 2 ≤1%= 0	5 adult stayer increased earned income from latest assessment out of 11 with no income.	5
3. Non-Employment – Stayers *Persons or stayers who increased non-employment income.* ***Goal 85%***	Based on APR Q19a1 – Adults with Other Income *The % of project stayers that had either new or increased non-employment income.*	9%	≥85%= 5 80%-84%= 4 65%-79%= 3 55%-64%= 2 ≤54%= 0	1 adult stayer increased non-employment income from latest assessment out of 11 with no income.	0
4. Earned Income – Leavers *Persons or leavers who increased earned income.* ***Goal 20%***	Based on APR Q19a2 – Adults with Earned Income *The % of project leavers that had either new or increased earned income.*	22%	≥20%= 5 14%-19%= 4 7%-13%= 3 2%-6%= 2 ≤1%= 0	2 adult leavers increased earned income from start to exit out of 9 with no income.	5
5. Non-Employment – leavers *Persons or leavers who increased non-employment income.* ***Goal 85%***	Based on APR Q19a2 – Adults with Other Income *The % of project leavers that had either new or increased non-employment income.*	56%	≥85%= 5 80%-84%= 4 65%-79%= 3 55%-64%= 2 ≤54%= 0	5 adult leavers increased non-employment income from start to exit out of 9 with no income.	2

6. Utilization Rate - Beds *Program beds at full capacity, with low vacancy rate.* **Goal 90%**	Based on APR Q2 SAGE *The % beds filled on a quarterly basis during the operating year.*	87%	≥90%= 15 70%-89%= 10 51%-69%= 5 ≤50%= 0	For two QTRs, program was at 80%, one QTR at 91% and only one QTR at full capacity.	10
7. Chronic Homeless - Persons *Persons who are chronically homeless by household.* **Goal 54%**	Based on APR Q26b *The # of chronically homeless persons divided by the total number of persons served.*	75%	Prorated up to 15 points for 100% of CH persons.	46 CH persons out of a total 61	15

TOTAL POINTS OUT OF 100	**87**

APR Review Comments: The Family Preservation Program (FPP) Program performed very well during the course of the program year and accomplished 6 out of 9 goals. FPP received a total score of 87 out of 100. The following are some standout performance measures (Data Quality 100%, Fiscal Management 100%, Exits to Permanent housing 88%, and Chronic Homeless Persons 75%). Further, FPP achieved two out of four Income Standards related to Earned Income for Stayers / Leavers. FPP did fall short of achieving two important goals: Nonemployment for Levers and Bed Utilization Rate. Non-Employment for Leavers - FPP only had 5 out of 9 persons or leavers increase their non-employment income. Only 56% of the goal was achieved for this measure. Bed Utilization Rate - FPP only had an 87% utilization rate. For example, the program had an 80% utilization rate for two quarters, 91% for one quarter and 100% for one quarter. The main reason for the lower than expected utilization rate was due to the difficulty of finding or recruiting landlords willing to rent to the CoC Program and units that met HUD's Housing Quality Standards. According to the FPP, many landlords also requesting rents that exceeded the FMR rate. In terms of goals not achieved, FPP received 0 points for Non-Employment for Stayers. The program only achieved 9% of the goal for this performance measure. Besides falling short on three goals, the program continues to perform well and did not have any fiscal, reporting and/or program issues during the program year.

YEAR TO DATE REVIEW - Overall Issues and Concerns - During the program year, the FPP Program performed extremely well. The program continues to perform at a high rate with no fiscal, reporting and/or program issues identified. Further, FPP staff are always available and responsive to any inquires / questions. Any minor issues that arise are always addressed promptly. Overall the program is efficient, organized and well managed.

Financial Review YTD - FPP was able to spend down 100% of CoC funds according to their budget. In FY16, FPP submitted two (2) amendment requests (12/8/2017 & 7/6/2018) to address any budget irregularities such as surplus or shorts falls for a particular line item. Both amendment requests were approved by HUD and helped the agency spend down all funds. Further, all reimbursement requests were submitted on a monthly basis and only minor budgetary corrections were needed. On a financial level, FPP continues to perform extremely well and no concerns identified.

When considering renewal projects for award, HUD and the local will assess the following:

4. An applicant's performance against plans and goals established in the initial application, as amended;

5. Timeliness in the expenditure of grant funds, as HUD expects all projects to be drawing down funds at least quarterly through the course of the grant term. While most funds should be expended prior to the expiration of the grant, all funds must be drawn down within 90 days of the expiration of the grant term;

6. Assisting participants achieve and maintain independent living, and record of success. HUD will also consider if an applicant has been unwilling to accept technical assistance, has a continued history of inadequate financial management accounting practices, indications of mismanagement on the part of the recipient, drastic reduction in population served by the recipient, program changes made by the recipient without prior HUD approval, and loss of project site. HUD reserves the right to reject a request from an organization for the following reasons:
    - Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
    - Audit finding for which a response is overdue or unsatisfactory;
    - History of inadequate financial management accounting practices;
    - Evidence of untimely expenditures on prior award;
    - History of other major capacity issues that have significantly impacted the operation of the project and its performance.

The following questions will assist in evaluating Programs:

7. Are there any unresolved monitoring or audit findings on HUD Continuum of Care Program grants?
   ☐ Yes ☒ No ☐ N/A If yes, explain:

8. Does the applicant currently have any unresolved fiscal, reporting, or program issues with any of its funding sources? ☐ Yes ☒ No ☐ N/A If yes, explain:

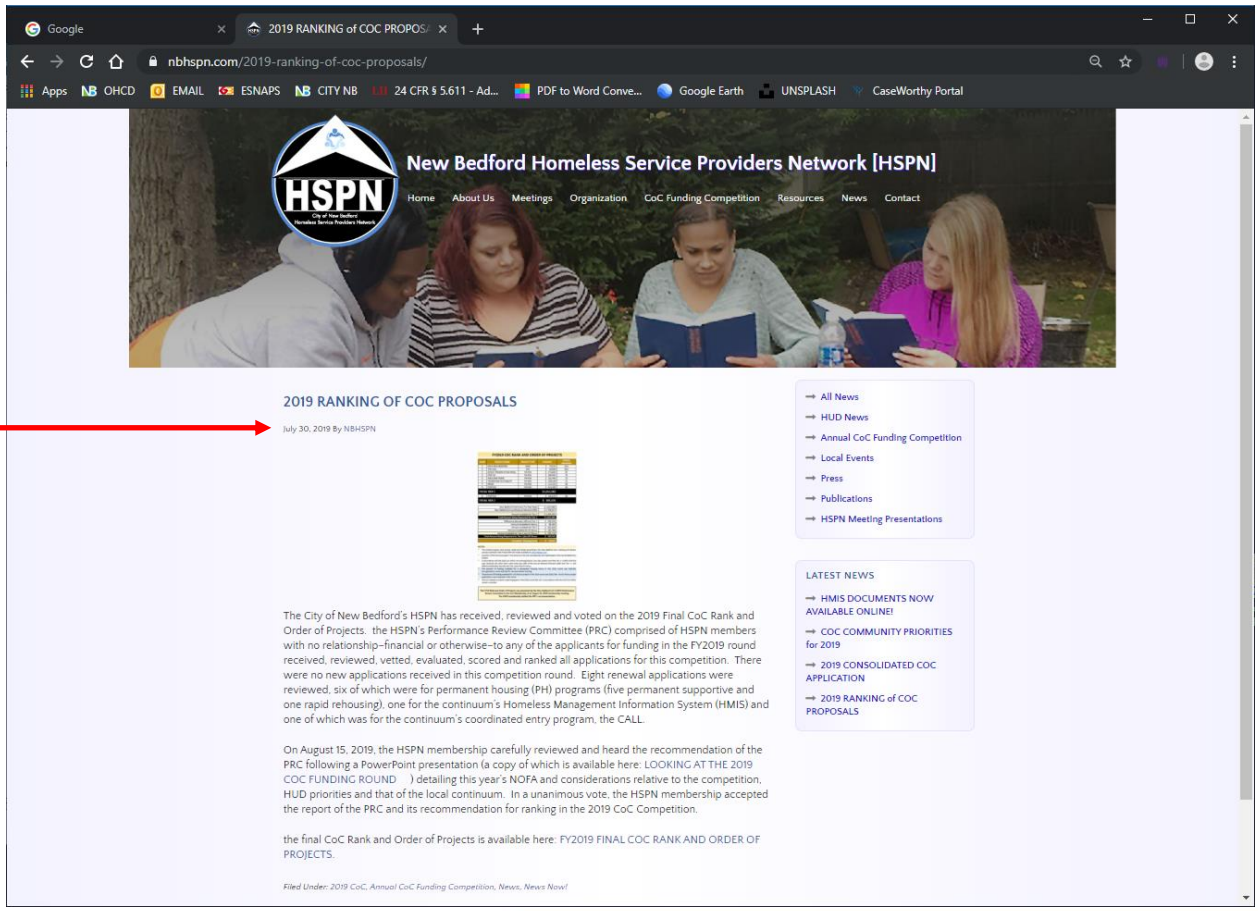
9. Has the applicant drawn down funds at least quarterly through the course of your prior and current renewal grant terms? ☒ Yes ☐ No ☐ N/A

10. Has the applicant drawn down funds within 90 days of the expiration of prior renewal grant terms?
    ☒Yes ☐ No ☐ N/A

11. Is the applicant's performance consistent against plans and goals established in the initial application?
    ☒ Yes ☐ No ☐ N/A If not, explain:

12. Has there been a drastic reduction in population served by the applicant or program changes made by the applicant without prior HUD approval? ☐ Yes ☒ No If yes, explain:

3 **A screenshot of the ranking results that were posted on the CoC's website**
https://www.nbhspn.com/2019-ranking-of-coc-proposals/

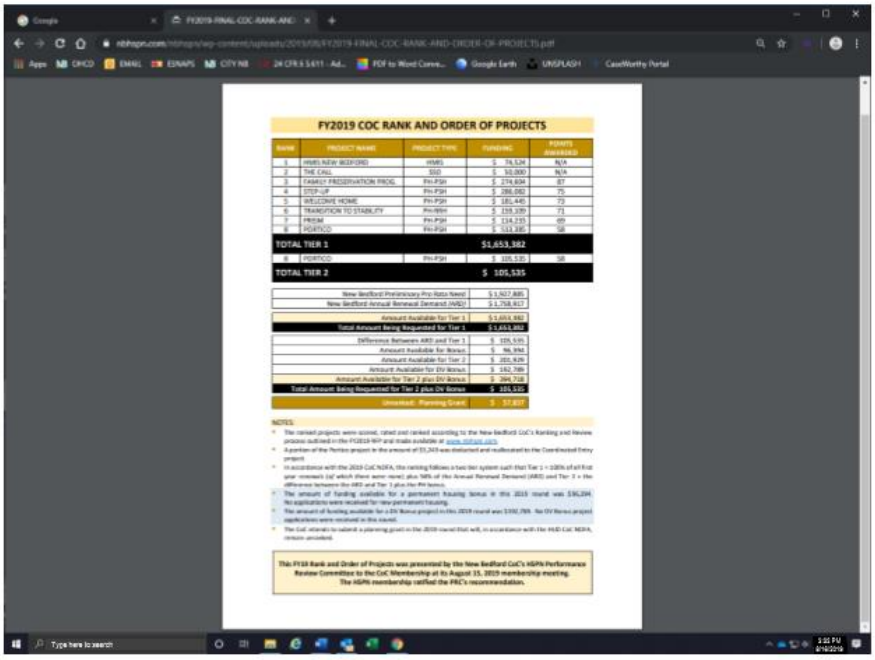


RANKING RESULTS on COC WEBSITE

Ranking results along with information about the competition were posted on the www.nbhspn.com website on Friday, **August 16, 2019**, the day following the CoC's vote on the ranking.

PLEASE NOTE

The screenshot (above) has a July 30th date because the title and a "coming soon" message was placed on the website at the outset of the competition as a placeholder. There was no way to correct that date. The actual ranking document does, however, reflect the actual post date.



3 *(Continued.)* **The actual published ranking results sheet showing points awarded/scoring.**

FY2019 COC RANK AND ORDER OF PROJECTS

RANK	PROJECT NAME	PROJECT TYPE	FUNDING	POINTS AWARDED
1	HMIS NEW BEDFORD	HMIS	$ 74,524	N/A
2	THE CALL	SSO	$ 50,000	N/A
3	FAMILY PRESERVATION PROG.	PH-PSH	$ 274,604	87
4	STEP-UP	PH-PSH	$ 286,082	75
5	WELCOME HOME	PH-PSH	$ 181,445	73
6	TRANSITION TO STABILITY	PH-RRH	$ 159,109	71
7	PRISM	PH-PSH	$ 114,233	69
8	PORTICO	PH-PSH	$ 513,385	58
TOTAL TIER 1			**$1,653,382**	
8	PORTICO	PH-PSH	$ 105,535	58
TOTAL TIER 2			**$ 105,535**	

New Bedford Preliminary Pro Rata Need	$ 1,927,885
New Bedford Annual Renewal Demand *(ARD)*	$ 1,758,917

Amount Available for Tier 1	$ 1,653,382
Total Amount Being Requested for Tier 1	**$ 1,653,382**

Difference Between ARD and Tier 1	$ 105,535
Amount Available for Bonus	$ 96,394
Amount Available for Tier 2	$ 201,929
Amount Available for DV Bonus	$ 192,789
Amount Available for Tier 2 plus DV Bonus	$ 394,718
Total Amount Being Requested for Tier 2 plus DV Bonus	**$ 105,535**

Unranked: Planning Grant	**$ 57,837**

NOTES:

- The ranked projects were scored, rated and ranked according to the New Bedford CoC's Ranking and Review process outlined in the FY2019 RFP and made available at www.nbhspn.com.
- A portion of the Portico project in the amount of $3,243 was deducted and reallocated to the Coordinated Entry project.
- In accordance with the 2019 CoC NOFA, the ranking follows a two tier system such that Tier 1 = 100% of all first year renewals (*of which there were none*) plus 94% of the Annual Renewal Demand (ARD) and Tier 2 = the difference between the ARD and Tier 1 plus the PH bonus.
- The amount of funding available for a permanent housing bonus in this 2019 round was $96,394. No applications were received for new permanent housing.
- The amount of funding available for a DV Bonus project in this 2019 round was $192,789. No DV Bonus project applications were received in this round.
- The CoC intends to submit a planning grant in the 2019 round that will, in accordance with the HUD CoC NOFA, remain unranked.

This FY19 Rank and Order of Projects was presented by the New Bedford CoC's HSPN Performance Review Committee to the CoC Membership at its August 15, 2019 membership meeting. The HSPN membership ratified the PRC's recommendation.

4 A screenshot of the Consolidated Plan, Attachments and Priority Listing posted on the CoC website

SCREENSHOT of the CONSOLIDATED PLAN, ATTACHMENTS AND PRIORITY LISTING POSTED ON THE WWW.NBHSPN.COM WEBSITE TO BE PLACED HERE AFTER POSTING.

Attachment 3A

New Bedford Continuum of Care
MA-505

State or Local Workforce Agreement

New Bedford CoC's Homeless Service Providers Network
Greater New Bedford Area Workforce Investment Board

Memorandum of Understanding

Between the
New Bedford CoC's Homeless Service Providers Network
and the
Greater New Bedford Area Workforce Investment Board, Inc.

For the Period of:
September 1.2019 – August 31.2020

Purpose
This Memorandum of Understanding is intended to memorialize the collaboration between the New Bedford Homeless Service Providers Network (HSPN) and the Greater New Bedford Area Workforce Investment Board (GNBAWIB) whereby the two organizations recognize and partner in addressing access to employment opportunities for people experiencing homelessness in New Bedford.

Shared Goals
- Goal…
- Goal…

Effective Dates and Term of MOU
This MOU shall be binding upon each party hereto upon execution by such party and go into effect fully executable on September 1, 2019. The term of this MOU shall be for one (1) year commencing on the date of execution by all parties. The MOU shall be reviewed by the Planning Committee annually to identify any substantial changes that have occurred.

Please note…
IT IS ANTICIPATED THAT A FINAL MOU WILL BE EXECUTED BY BOTH PARTIES DURING THE WEEK OF SEPTEMBER 23RD PRIOR TO THE SUBMISSION OF THIS APPLICATION TO HUD.

Overview of Collaborative Responsibilities and Commitments
- Each party acknowledges that it will collaborate in joint planning of activities and/or strategies to ensure/facilitate ……..
- Each party agrees to ……
- The HSPN agrees to …….
- The GNBAWIB agrees to …….

The GNBAWIB acknowledges that this MOU is consistent with
- its published Strategic Vision and Strategic Plan particularly related to access for individuals with barriers to employment (*Final Partner MOU with Signatures 06.19.2017 DCS*)

the Local Board's integrated service delivery MOUs in constructing career pathways aligned with business demand across federal, state and community based partnerships that will improve foundation skills and facilitate the transition to postsecondary education and training for individuals with barriers to employment including those adults who are/have experienced homelessness.

- alignment with adult education and literacy activities are a critical part of the local workforce initiatives in New Bedford. Adult literacy is crucial for the area to earn a living wage in New Bedford. Adult literacy and education is critical to workforce initiatives by providing adults with access to training and education to meet demands and requirements of local employer job opportunities.
- Workforce investment through a data driven and person-centered approach, focusing on area employment needs and working developing training and education initiatives to meet these demands as well as meet the living wage needs of the New Bedford population, particularly those experiencing homelessness.

Please note…

IT IS ANTICIPATED THAT A FINAL MOU WILL BE EXECUTED BY BOTH PARTIES DURING THE WEEK OF SEPTEMBER 23RD PRIOR TO THE SUBMISSION OF THIS APPLICATION TO HUD.

Attachment 3B-3

New Bedford Continuum of Care
MA-505

Racial Disparity Assessment Summary

NOTE:

The New Bedford CoC received an FY18 planning grant to hire a consultant and conduct a formal racial disparity assessment summary. The RFP for consultant services is currently being developed. In the meantime, the CoC conducted an initial Racial Disparity Analysis Summary to briefly explore census data compared with PIT data within the CoC. That document comprises this attachment and has been formally voted on/accepted by the New Bedford Continuum of Care.

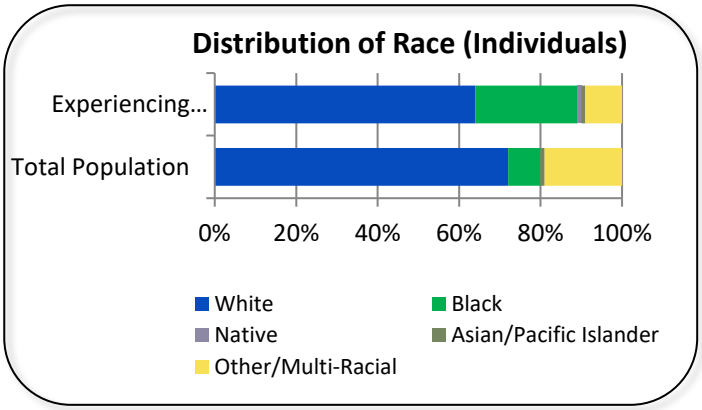
City of New Bedford | Continuum of Care

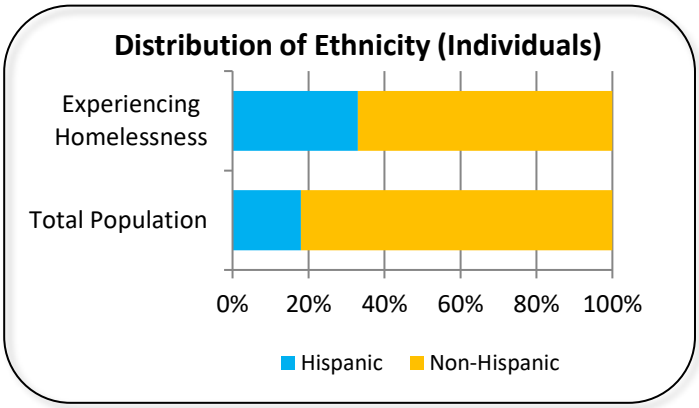
Racial Disparity Analysis Summary

The National Alliance to End Homelessness reports that across the United States, most minority groups experience homelessness at higher rates than Whites. Considering this, minorities represent a disproportionate share of the homeless population. In the City of New Bedford's Continuum of Care (CoC), such a disparity also exists when considering population and homelessness.

Total Population

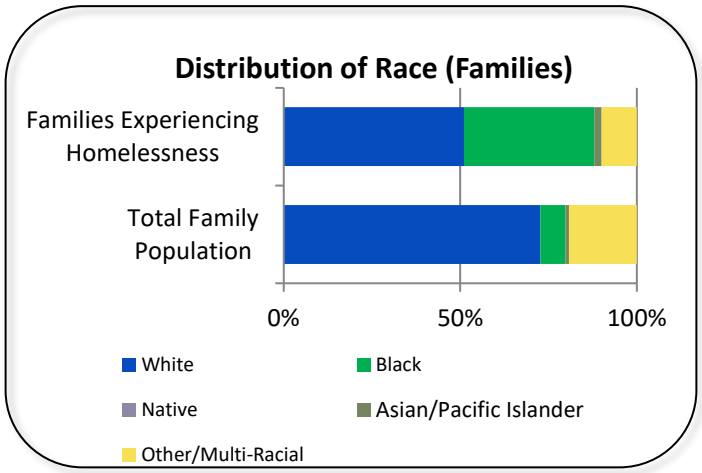
Data suggests racial disparities among those experiencing homelessness in New Bedford are present. While White individuals make up 72% of the City's population, they only account for 64% of the City's population experiencing homelessness. This contrasts with Black individuals who constitute only 8% of the City population, but almost 25% of the population experiencing homelessness—a 17% higher incidence than if racial parity existed. A look at ethnicity bears similar disproportionate results: Hispanic individuals comprise 18% of the City's total population, but 33% of the population experiencing homelessness.

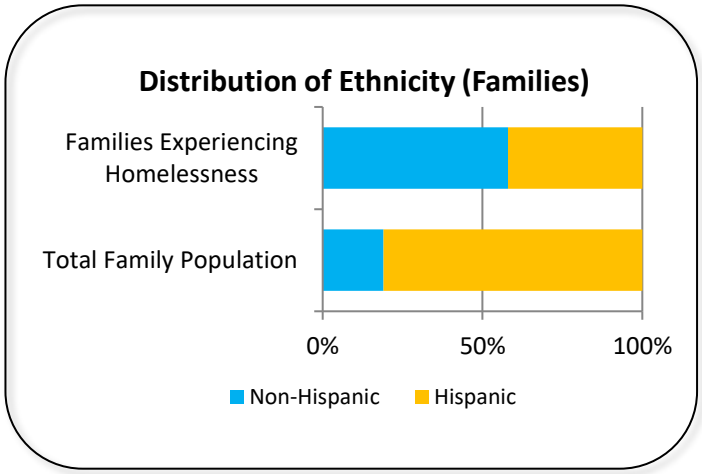




Families with Children

Racial disparities among families with children experiencing homelessness are even greater than the disparities that exist among the total population. Although Black families represent just 7% of the total "families with children" in New Bedford, they constitute 37% of "families with children" that are experiencing homelessness within the City's CoC. Similarly, Hispanic families make up 19% of the total "families with children" population in the City, but 58% of "families with children" experiencing homelessness in the city are Hispanic.



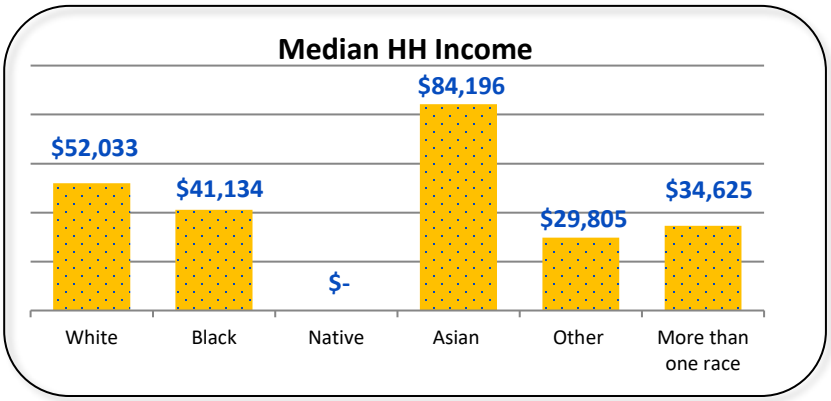


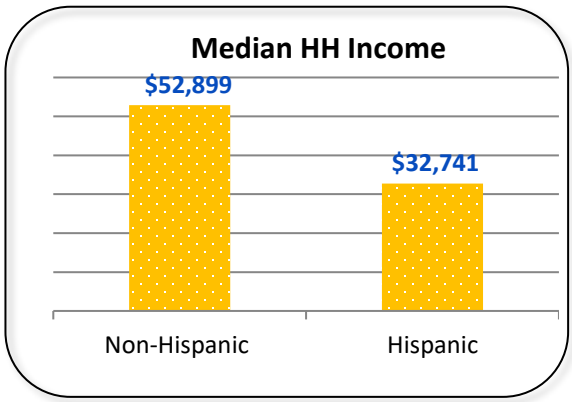
Youth

Racial disparities are also persistent among New Bedford's unaccompanied youth (individuals under the age of 25) experiencing homelessness. Black youth comprise of 5% of the total youth population, but an overwhelming 43% of the youth experiencing homelessness. With respect to ethnicity such disparity also holds true: Hispanic youth constitute 11% of the total population but represent over three times that amount (35%) when considering the percentage of the Hispanic youth experiencing homelessness.

Other Possible Indicators

Beyond a comparative analysis of the total population and Point In Time (PIT) count of individuals experiencing homelessness, there additional data metrics that suggest that people of color may be more at risk of experiencing an occurrence of homelessness. Financial metrics provide one such indicator: almost all racial and ethnic groups in the city (with the exception of Asian households) have a lower median household income than White households. The median household income of White households is $10,899 (23%) more than the median income of Black households. The disparity broadens when overlaying income and ethnicity: White households earn $19,292 (46%) more than the median household income of Hispanic households. Income differences of this magnitude provide an important lens when considering personal resources/wealth, racial disparity and homelessness.





Similarly, the federal poverty level offers another gauge for considering disparities: for a family of one is $12,140 annually and for a family of four is $25,100. Households living with this low of an income are far more susceptible to housing instability and are typically housing-burdened. Racial and ethnic groups are more likely to be living below the poverty level than the City's White population. Hispanic individuals constitute over 24% of the general population but comprises 43% of the population living below the federal poverty level. Further, Black individuals make up just under 6% of the population but 10% of the population living below the federal poverty level.

	Total		Below Poverty Level	
	#	%	#	%
White	60,383	66%	7,647	46.2%
Black	5,436	5.9%	1,673	10.1%
Native	--	--	--	--
Asian	--	--	--	--
Pacific Islander	--	--	--	--
Other	20,222	22%	5,870	35%
Two or more races	5,351	5.8%	1,337	8%
Hispanic	18,668	24.5%	5,559	43%
Non-Hispanic	57,337	75.5%	7,297	57%

This Summary was developed by the City of New Bedford's Office of Housing & Community Development.

Source material for this study includes the New Bedford CoC's 2017 Point In Time Count and the American Community Survey (ACS) 2013-2017 five year estimates. Population data and CoC-based information has also been extracted from the National Homeless Information Project (NHIP) website.