BOSTON CONTINUUM OF CARE
LEADERSHIP COUNCIL MEETING AGENDA
July 26, 2017, 2017 3:00- 4:30PM
Bill Buckley Conference Room, 26 Court St., 11th Floor

Agenda Items

1. Welcome & Introductions

2. CoC 2017 Competition — Katie & Gina
   - CoC Meeting – August 9, 2017, 2 PM
   - Leadership Council Meeting for CoC Competition: monthly
   - NOFA Overview: TAC Summary

3. Review: — Katie
   - Proposed Reallocation Policy
   - Tiering and Project Scoring
   - New Permanent Housing Bonus and Reallocation RFP

4. Boston's Way Home Updates — Laila
   - Chronically Homeless
   - Homeless Veterans

5. Rapid Rehousing Written Standards — Katie
   - Process Overview
   - Draft Written Standards

6. Next Meeting: August 16th @ 3 PM
   - Approve Updated CoC Goveranance Charter — Jen & Katie
   - Update on New Project Proposals
   - Narrative Assistance
   - Date for September meeting: 9/6 or 9/13 in AM

Boston Continuum of Care 2017 Competition Reallocation Policy

Based on the CoC 2017 Competition HUD NOFA, the Boston CoC is seeking funds from reallocated projects to:

- Create new Permanent Supportive Housing (PSH) Projects for chronically homeless (CH) individuals and families

- Create new Rapid Re-Housing (RRH) projects for homeless individuals and families, including unaccompanied youth, coming from the street or emergency shelter

- Create new Joint TH and PH-RRH projects to better serve homeless individuals and families, including those fleeing or attempting to flee domestic violence

Process to Reallocate Existing CoC Resources:
The City of Boston will issue a publicly advertised Request for Proposals to solicit project applications from existing CoC providers that wish to reallocate funds to create one of the project types described above and in HUD's Notice of Funding Availability for FY '17 CoC Competition.

- Applications for new PSH and RRH projects will be rated and ranked according to the Boston CoC 2017 Competition Review, Rating and Ranking and Selection Criteria and Process

Total Annual Renewal Demand
(ARD) $24,083,209
Tier 1 = 94% of the ARD or $22,638,216
Tier 2 = 6% of the ARD or $1,444,993

HUD Tier 1 and Tier 2 Selection Process
Tier 1 - HUD will select projects that are ranked in Tier 1 based on CoC score, beginning with the highest scoring to the lowest scoring CoC (Tier 1 projects are likely to be funded by HUD).

Tier 2- HUD will select projects that are prioritized in Tier 2. All projects in Tier 2 will be scored on a 100 point scale based on the following criteria:

I. up to 50 points for CoC score (CoC maximum score of 200 pts= 50 pts),
II. up to 40 points for CoC ranking of the project,
III. up to 10 points for commitment to operating a housing first/low barrier program model

Boston CoC FY17 Competition Project Review, Rating, and Selection Criteria

The CoC uses several methods to monitor the project performance of program recipients, including desk review monitoring, on-site DND monitoring, Annual Program Report (APR) review, HMIS and System Performance data review.

Sponsors are required to invoice monthly, which is reviewed to ensure eligibility of activities, expenditure rates and administrative capacity.

Annual Performance Reports (APR) are also reviewed for project utilization rates, success in accessing mainstream benefits, permanent housing destination data and recapture rates of unobligated funds.

HMIS and System Performance Measurement (SPM) data is analyzed to ensure project and agency participation and data quality. The majority of the monitoring, scoring and ranking criteria are based on this data. The criteria include, but are not limited to, the following data:

- Destination of exits from RRH and PSH program
- Length of stay/retention of PH in PSH and RRH programs
- Returns to homelessness
- Increased earned income through employment
- Increased overall income (include mainstream benefits)
- HMIS project data quality
- Level of high need populations served

CoC staff maintains an on-site monitoring schedule, which includes review of client records, in addition to feedback on performance concerns that may have presented through APRs, invoicing or other means. The CoC staff triages visits based on risk, new providers, and/or large programs may be more likely to be selected for on-sight monitoring by staff. The CoC also offers on-demand technical assistance to ensure providers have adequate systems and information necessary to effectively manage the programs.

Tier 1 Projects
Projects will be placed in Tier 1 in order of priority:

Tier 1 - Priority One
HMIS dedicated renewal projects that are funded to: increase CoC staff capacity, fund the projected increased cost of HMIS software, secure additional software licenses for state and federal partners (DMH and the VA), and customizations in order to interface with the Coordinated Access system. The renewal of the Coordinated Access SSO project, which supports the funding of CAS, is also included in this priority.

Tier 1 – Priority Two
Renewal PSH Projects that directly support leasing and rental assistance costs and meet HUD threshold criteria, and are then scored by the CoC renewal scoring tool based heavily on system/project performance data.

Tier 1 –Priority Three
Renewal PSH projects that directly support services for chronic in housing and meet HUD threshold criteria are then scored by the CoC renewal scoring tool based heavily on system/project performance data.

Tier 1 – Priority Four
Renewal PH-RRH projects that directly support homeless individuals, families and youth with rapid rehousing assistance and meet HUD threshold criteria, and are then scored by the CoC renewal scoring tool based heavily on system/project performance data.

Tier 2 Projects

Tier 2- Priority One: Renewal PH-RRH projects as described above. Given the Tier 1 limit, a portion of renewal PH-RRH projects will fall into Tier 2 based on rank from the scoring tool. It is anticipated that one of these projects will be the CoC's "straddle project" where a portion of the project funding falls within Tier 1 and the balance is at the top of Tier 2.

Tier 2- Priority Two: (New Reallocation Projects) these projects will be ranked with the new project scoring tool and placed below renewing projects that fall within Tier 2.

Tier 2 – Priority Three: (New Permanent Housing Bonus Projects) these projects will be ranked with the new project scoring tool and placed below new reallocation projects.

Initially projects (new and renewal) will be reviewed to ensure they meet HUD threshold requirements. All projects will be ranked by score using the CoC scoring tools (new and renewal). Projects that are renewing for the first time or have been operating for less than a year as of September 1, 2017 will be evaluated using the new project scoring tool. The scoring tools weight heavily on system performance measurements data outcomes. The score will be made up of the follow criteria:

1. Consistency with HUD objectives regarding past project performance as it relates to HUD and CoC system performance measurements- include; exits to PH, length of stay in PSH, increased income employment and mainstream benefits. *(Scoring source- APRs, SPM, and HMIS)*
2. Project level HMIS data quality- include; percentage of bed coverage in HMIS, percent of null and unknown data fields. *(Scoring source- HMIS)*
3. Financial Management of project-include; agency audit findings, project invoicing, and project cost effectiveness and contribution of non-CoC funded resources. *(Scoring source from APR and monitoring data)*
4. Project utilization rates- include; rates of returned funds, utilization at PIT count and average throughout the year, and target population. *(Scoring source- HMIS, AHAR, PIT report, SPM, and HIC report)*
5. Alignment with CoC, HUD, and USICH policy priorities-include; serving sub-populations most at risk to or experiencing long-term homelessness, project that operate a housing first/low barriers model, projects serving populations with serve needs and who have high barriers to housing, projects participating in the coordinated access system, and projects who serve households who have been homeless for longest length of time. *(Scoring source- APRs, HMIS, SPM, and Project Applications)*

City of Boston Continuum of Care

HMIS Guidance for the Desk Review Monitoring Tool for the CoC Program

Instructions: This Guide has been marked up in order to help you interpret the Project Data Quality Report (will be renamed eventually) that has been generated from the Boston CoC HMIS Data Warehouse. This report was designed specifically to answer the data and outcome related questions for this version of the CoC Monitoring Tool. Depending on the program's structure, one or more HMIS programs may be grouped together in order to generate this report for the evaluation of the full grant and program. The guide will also make an attempt to direct you to the actual data element used in this calculation where applicable.

HMIS review conducted by (SH Development Officer and HMIS PM):	Direct Entry by Development Officer
Date HMIS review completed:	Report Summary: Completed On Auto Generated based on user submission in warehouse report
Agency Name:	Title of Report & Result of Measure (Agency Name) Pulled from Site Name in HMIS
Subrecipient Name[1] (if different than agency)	Result of Measure - Partner Agencies will be listed here (Agency Name) Pulled from the Site Name in HMIS
Project Name:	Title of Report & Result of Measure (Project Name) – Partner Agency programs will be listed here Pulled from the Program Name in HMIS
Operating Year that was Monitored (corresponds to APR year used)	{*START DATE*} to {*END DATE*} Result of Measure (Operating Year (Funder Dates)) Pulled from Grant Start/End Date in HMIS Project Descriptor Data Elements
Funding Year:	Direct Entry by Development Officer Maybe inferred from Operating Year if present
Grant Identification #	Result of Measure (Grant ID#) Pulled from Grant ID# in HMIS Project Descriptor Data Elements
CoC Program Component:	Result of Measure (CoC Program Component Type) Pulled from Grant ID# in HMIS Project Descriptor Data Elements (grouped projects will have more

[1] If the onsite visit is different the actual subrecipient then list the subrecipient here- e.g. MBHP is the subrecipient for all RA grants, you may be conducting an onsite visit at one of their project sponsors

	than one type, Development Officers should use the main type
Is this a DV project?	Direct Entry by Development Officer DV programs are Federally Prohibited from entering HMIS data and must use a comparable database to and be able to report aggregate data directly to the Development Officer

HMIS		Notes
1. Is the Agency entering the required data/descriptor touch-points into HMIS for this project?	Yes ☐ No ☐	Result of Measure (Entering required descriptor data) Report is looking for completion of these fields above, not accuracy, Development Officers should use best judgement in completing this question based on the above supplied data
2. Is the Agency a DV provider and entering data into a comparable database for this project?	Yes ☐ No ☐	Direct Entry by Development Officer DV programs are Federally Prohibited from entering HMIS data and must use a comparable database to and be able to report aggregate data directly to the Development Officer. If a DV program cannot produce a system generated APR this answer is NO.
3. What is the percent of bed coverage in HMIS/comparable database for this project?		Result of Measure (Bed Coverage %) Agency Supplied Beds **Captured** in HMIS per the Project Descriptor Inventory Data Point / Agency Supplied **Total** Beds for the Program per the Project Descriptor Inventory Data Point * 100
4. What is the percent of null or missing data values?		Development Officers should indicate the highest % element per the Results of Measures of **Missing** Names->Destination and the Element Name Total Clients Missing Element / Clients Included (Measure 1) *100
5. What is the percent of refused or unknown values in HMIS?		Development Officers should indicate the highest % element per the Results of Measures of **Refused** Names->Destination and the Element Name Total Clients Refused Element / Clients Included (Measure 1) *100
6. Project meets data quality benchmarks established in the HMIS Data Quality	Yes ☐ No ☐	Result of DQ Benchmark Measure Any Program with any measure in # 4 or #5 above with 10% or

Plan		higher is automatically NO
PERFORMANCE MEASUREMENTS		**Notes**
7. PSH Program: Participants remained in PH for over 12 months	Above 80% ☐ 79%-50% ☐ 49%-25% Less than 80% ☐	Result of Measure Clients with Enrollments 12 months or longer {Leavers Length of Stay (Datedif of Entry Date-Exit Date) # > 12 months} + {Stayers Length of Stay (Datedif of Entry-End Date of report) #>12 months} # / Client Included (Measure 1) *100
8. **RRH Program:** Participants excited RRH to PH	Above 80% ☐ 79%-50% ☐ 49%-25% Less than 80% ☐	Results of Measure Leavers who exited to PH Leavers who exit to PH Types / ALL Leavers *100 **# Type: PERMANENT** **25 Long-term care facility or nursing home** **26 Moved from one HOPWA funded project to HOPWA PH** **11 Owned by client, no ongoing housing subsidy** **21 Owned by client, with ongoing housing subsidy** **3 Permanent housing for formerly homeless persons** **10 Rental by client, no ongoing housing subsidy** **28 Rental by client, with GPD TIP housing subsidy** **20 Rental by client, with other ongoing housing subsidy** **19 Rental by client, with VASH housing subsidy** **22 Staying or living with family, permanent tenure** **23 Staying or living with friends, permanent tenure** **# Type: OTHER** **24 Deceased**
9. Percentage of program participants that gained/increased earned income after program entry through employment	Above 60% ☐ 54-60% ☐ Less than 54% ☐	Results of Measure % of Clients who increased Earned Income (Adults) {# All Clients with Earned Income at Most Recent Assessment (Exit or Annual) – # All Clients with Earned Income at Entry}/All Clients *100
10. Percentage of program participants that obtained non-cash mainstream benefits	Above 75% ☐ 74-55% ☐ 54-25% ☐ Less than 24% ☐	Results of Measure % of Clients who increased Non-Cash (Adults) {# All Clients with 1+ Sources at Most Recent Assessment (Exit or Annual) – # All Clients with 1+ Sources at Entry}/All Clients

		*100
11. Percentage of program participants that increased overall income	Above 75% ☐ 74-55% ☐ 54-25% ☐ Less than 24% ☐	Results of Measure % of Clients who increased Total Income (Adults) {# All Clients Total Income Amount at Most Recent Assessment (Exit or Annual) – # All Clients Total Income Amount at Entry} = Those with a $ increase / All Clients *100
12. Length of time persons remain homeless (SPM Measure 1)	Was there a reduction in the avg. and median LOT for persons who remain homeless at the program	This was not included on the original guide that Jen received. We will need to add this to Elliot's Queue
APR and PROJECT APPLICATION DATA		**Notes**
13. Project capacity for the operating year?		Results from Bed Coverage Measure Agency Supplied Capacity (Bed Count) from the HMIS Inventory section of the Project Descriptor Data Elements
14. How many households were served over the course of the year?		Results from Clients Included All clients with an open enrollment in the report time period. Currently only calculating persons, need to add "family" function
15. What percentage of capacity is the project at for the operating year?	Above 85% ☐ 84-75% ☐ Less than 75% ☐	Still needs refining but will be "Percentage of beds in use, Average"
16. HUD funded contract amount for the projects operating year (not all BLI apply to all projects):	Services: Operations: Rental Assistance: Leasing: Admin:	
17. HUD funded actual invoice/billing (not all BLI apply to all projects):	Services: Operations: Rental Assistance: Leasing: Admin:	

18. Percentage of HUD funds remaining at the end of the operation year?		
19. Required match based on project budget:		
20. Match reported at end of project operating year:		
21. Was HUD match requirement met (25% of total HUD funds minus leasing dollars)		
22. Program has low-threshold eligibility criteria and ensures it is not screening out for CORI issues (only screens for CORI for CM informational purposes)	(have project complete attachment A regarding project entry denials)	
23. Services emphasis engagement and problem solving over punitive actions that lead to terminations	(have projects complete attachment B regarding terminations)	

Attachment A- Supplement to question #22

Use this chart to collect the last 5 program entry denials.

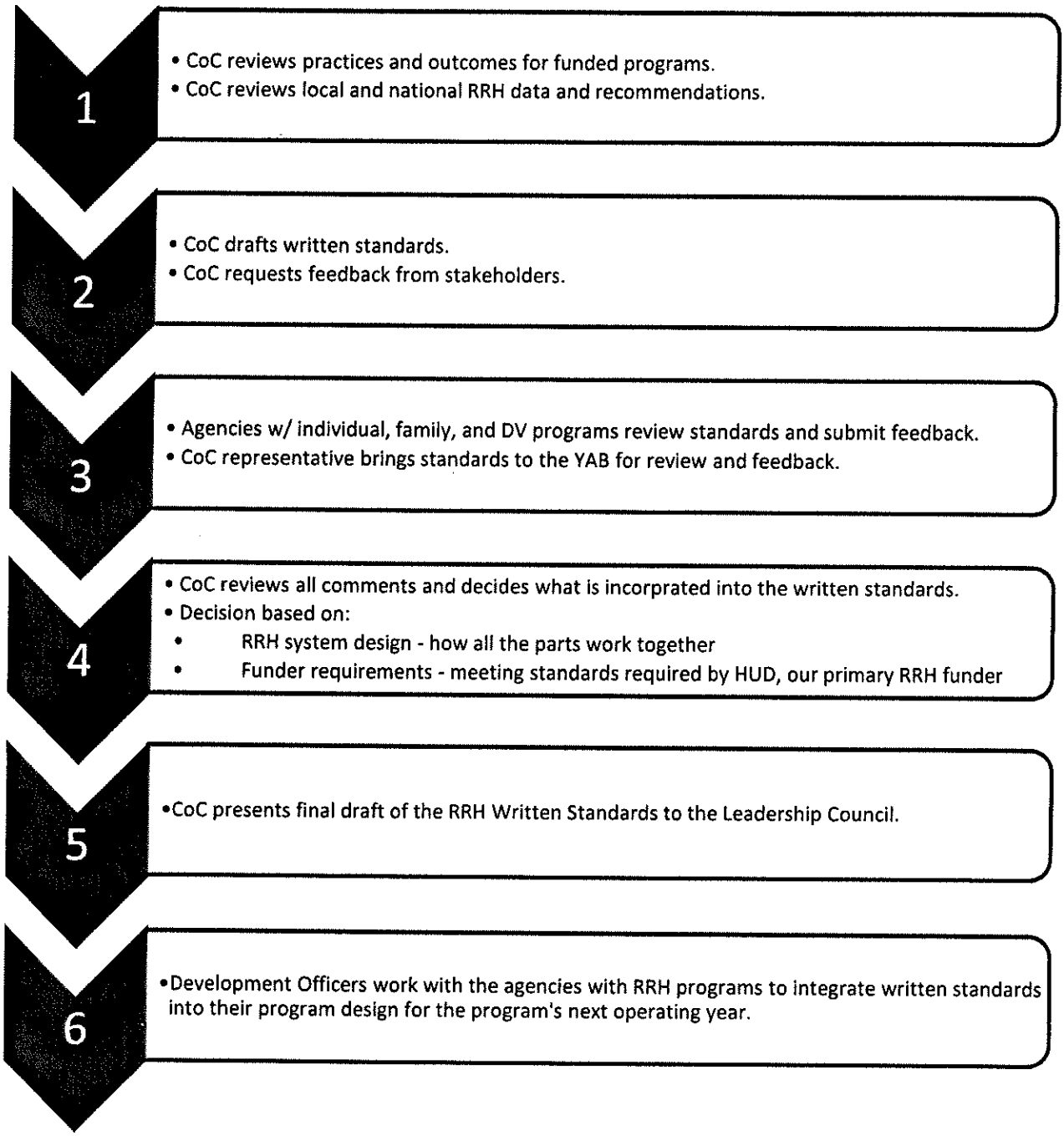
Applicant number (#1-5 do not use actual client names)	Reason for program denial, if not eligible please list eligibility criteria not met	Was there an appeal by the client, did staff work to mitigate the reason for denial to project

Attachment B- Supplement to question #23

Use this chart to collect the last 5 program terminations.

Applicant number (#1-5 do not use actual client names)	Reason for program termination	Was there an appeal by the client, if so what steps were taken?

RRH Written Standards Process



Who gave feedback on the proposed standards?

- FamilyAid Boston
- RRH Working Group
- Casa Myrna Vasquez
- MHSA
- Youth Advisory Board
- Homestart
- Project Hope
- Bridge Over Troubled Waters
- Victory Programs

Boston Continuum of Care Written Standards

Continuum of Care (CoC) and City-funded Rapid Re-Housing

Vision Statement: Boston CoC's Rapid Re-Housing

The Boston CoC's Rapid Re-Housing programs are poised to end homelessness by increasing placements to permanent housing and narrowing the pathway to chronic homelessness. The success of our Rapid Re-Housing efforts will be measured by the system goals of:

- A decrease in length of stay in Boston shelters (or outside), and
- A reduction in the annual Point In Time (PIT) Count of literally homeless households in Boston.

Policies and Procedures for Evaluating Individuals' and families' eligibility for assistance

Eligible Participants: Boston residents who fit the following categories of the HUD HEARTH Homeless Definition:

- HUD Category 1, Literally Homeless definition, as follows:

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a 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 and local government programs); or (iii) Is exiting an institution where (s)he has 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. Rapid Re-Housing programs *funded by the CoC program* **cannot** serve those in transitional housing due to restrictions set forth by HUD in the NOFA. City-funded RRH may serve those in transitional housing.

- HUD Category 4, Fleeing or Attempting to Flee Domestic Violence, as follows:

Any individual or family who: is 1.) fleeing, or is attempting to flee, domestic violence; 2.) has no other residence, **and** 3.) Lacks the resources or support networks to obtain other permanent housing.

Rapid Re-Housing programs must also adhere to any eligibility criteria that was defined in the Notice of Funding Availability (NOFA) or Request for Proposals (RFP) the program was funded under.

The Boston CoC's governing body retains the right to vote in additional eligibility criteria on an as-needed basis.

Determining & prioritizing which eligible households will receive rapid re-housing assistance

Uniform Assessment Tool: The Boston CoC is currently exploring possible uniform assessment tools for Rapid Re-Housing programs to use to assess eligibility and prioritization for the resource. Use of a uniform assessment tool will be reflected in future drafts of these written standards.

Prioritization of Households for RRH Assistance: The following populations must be prioritized for Rapid Re-Housing assistance:

- Literally homeless households with a current episode of literal homelessness in Boston AND
    - Have had 30-179 Boston bed-nights (or outside nights) in the last year OR
    - Have had 180-365 Boston bed-nights (or outside nights) in the last three years

Households fleeing or attempting to flee Domestic Violence with proof of a Boston address

Additional Recommendations for Prioritization: The Boston CoC's vision is to target Rapid Re-Housing to those who are least likely to resolve their own homelessness and to prevent the pathway to chronic homelessness. To accomplish that, these written standards encourage providers to remove screening criteria related to perceived barriers such as:

- Minimum income requirements
- Sobriety requirements
- Criminal history.

Additionally, providers are encouraged to prioritize admissions for those who have a disability, per the HUD definition, in an effort to prevent chronic homelessness.

Evaluating Eligibility

To evaluate eligibility, programs must obtain proof of eligibility (Category 1 or 4 of the homeless definition), **and** proof of prioritized status (# of Boston bed nights) for those in category 1 (literal homelessness). Please note that households who meet the category 4 definition of homelessness (fleeing domestic violence) must document that they meet category 4 eligibility and have proof of a Boston address, but do not need to document the number of bed nights in HMIS. . Below are the instructions for evaluating eligibility and prioritized status for both Category 1 and Category 4 participants.

- Category 1, Literally Homeless: Participants must have documentation of either-
    - 30-179 bed nights sleeping outside in Boston or in a Boston shelter within the last year, OR
    - 180-365 bed nights sleeping outside in Boston or in a Boston shelter within the last three years
    - DND's preferred Order of Documentation is:
        1. HMIS record of the # of Boston bed/outside nights specified above
        2. Third-party written documentation
        3. Oral verification to the intake worker (written by the intake worker)
        4. Intake worker written observation of one's homelessness
        5. Self certification from the participant- there is a 25% cap per project per program year for self-certifications
    - If you are using documentation methods #2-5 above, programs must ensure documentation contains:
        1. The dates of the Boston bed/outside nights being verified
        2. Explanations for why staff had to use a lesser preferred method of documentation

- Category 4, Fleeing or Attempting to Flee Domestic Violence- Participants must have documentation of-
    - An oral statement by the participant that states they are fleeing DV; they have no subsequent residence; and they lack resources to obtain other housing- this statement must be documented through an intake worker or self-certification
    - Non-Victim Service Providers must additionally verify that the participant is fleeing DV if the participant's safety would not be jeopardized using HUD's preferred order of documentation:
        1. Third-party written documentation
        2. Oral verification to the intake worker (written by the intake worker)
        3. Intake worker written observation of one's homelessness
        4. Self certification from the participant (the 25% cap on self-certifications does not apply to Category 4 participants)
    - Category 4 participants must also have documentation in the file of proof of a Boston address

RRH Co-Enrollments: The Boston CoC is currently considering guidelines around co-enrolling participants in multiple Rapid Re-Housing programs. These guidelines may be reflected in future drafts of these written standards.

Standards for determining what percentage or amount of rent each RRH program participant must pay

The Boston CoC endorses the use of a progressive engagement approach as programs determine the percentage/amount of rent each RRH program participant must pay while enrolled. Participants are required to pay a ***minimum*** of 30% of their monthly gross income towards rent, when receiving ongoing rental assistance through a rapid re-housing program. Please note that ongoing rental assistance does not include upfront moving costs such as first month's rent, last month's rent, security deposit and moving assistance. Using a progressive engagement approach, programs are expected to provide the least amount of assistance possible during any given month to stabilize the housing situation; this may mean participants are paying a percentage higher than 30% of their income towards rent from the beginning of their program enrollment. Some of the key principles of progressive engagement are that:

- As much as possible, the participant will cover most or all of the full rent from the start of the tenancy.
- Participants are assessed each month to increase or decrease assistance, based on housing stability.
- The least amount of assistance possible is used to stabilize a housing situation.

The Boston CoC recognizes there may be rare instances where a participant's housing stability is jeopardized by paying 30% of monthly gross income towards rent. In these instances, a program may allow a participant to pay less than 30% of monthly gross income towards rent for the first 6 months of program enrollment. Programs are required to provide an explanation and/or documentation of why the participant's rent is calculated at less than 30% of gross income.

Standards re: length of time of rental assistance and services

Maximum # of Months- RRH Services and Financial Assistance: Rapid Re-housing programs have flexibility on how long participants may receive services and/or financial assistance from Rapid Re-Housing programs to promote housing stability. CoC-funded programs have a cap on financial assistance of a maximum of 24 months and a cap on services of 6 months after rental assistance stops; for example, if someone received the full 24 months of rental assistance, s/he could receive 6 additional months of supportive services only, resulting in 30 months of services. The City-funded programs do not have a cap.

Maximum # of times Participants May Re-Enroll into RRH: There is no defined cap on how many times a participant may re-enroll into rapid re-housing programs. However, if a participant does lose housing that was obtained through a rapid re-housing program and becomes literally homeless again, programs are required to conduct an assessment and put forth an effort to connect the participant with other appropriate housing interventions. Appropriate housing interventions may include providing rapid re-housing for a longer length of time paired with higher intensity supports, bridging to a permanent housing placement, or pursuing mainstream housing resources.

Re-Evaluation of Services and Rental Assistance

All Rapid Re-Housing programs are required to re-evaluate participants' need for Rapid Re-Housing assistance on an annual basis. The assessment must include the following:

- An evaluation that the participant lacks sufficient resources and support networks necessary to retain housing without Rapid Re-Housing; in other words, the participant would be homeless, "but for" Rapid Re-Housing assistance.
- An evaluation of the participant's service needs, with a plan to adjust any services accordingly.

Documentation of the annual evaluation must be present in participant files.

Standards for Providing RRH Supportive Services/Case Management

The following are the minimum expectations for providing supportive services to Rapid Re-Housing participants:

- *Meeting Frequency*: A minimum of one meeting per month is required for as long as a participant is receiving financial assistance or rapid re-housing supportive services. Please note that services may be provided for a maximum of 6 months after financial assistance ends to transition participants off the program.
- *Meeting Type/Format*: For those Rapid Re-Housing participants who have been receiving services or financial assistance for 6 months or more, programs are required to conduct a quarterly home visit beginning at month #6 to evaluate housing stability and provide support to participants.

Additionally, programs are encouraged to use the progressive engagement approach of decreasing or increasing the intensity of services, based on participants' housing stability.