

## HOME-ARP Allocation Plan Template with Guidance

**Instructions:** All guidance in this template, including questions and tables, reflect requirements for the HOME-ARP allocation plan, as described in Notice CPD-21-10: *Requirements of the Use of Funds in the HOME-American Rescue Plan Program*, unless noted as optional. As the requirements highlighted in this template are not exhaustive, please refer to the Notice for a full description of the allocation plan requirements as well as instructions for submitting the plan, the SF-424, SF-424B, SF-424D, and the certifications.

References to “the ARP” mean the HOME-ARP statute at section 3205 of the American Rescue Plan Act of 2021 (P.L. 117-2).

### Consultation

In accordance with Section V.A of the Notice (page 13), before developing its HOME-ARP allocation plan, at a minimum, a PJ must consult with:

- CoC(s) serving the jurisdiction’s geographic area,
- homeless service providers,
- domestic violence service providers,
- veterans’ groups,
- public housing agencies (PHAs),
- public agencies that address the needs of the qualifying populations, and
- public or private organizations that address fair housing, civil rights, and the needs of persons with disabilities.

State PJs are not required to consult with every PHA or CoC within the state’s boundaries; however, local PJs must consult with all PHAs (including statewide or regional PHAs) and CoCs serving the jurisdiction.

### Template:

#### ***Describe the consultation process including methods used and dates of consultation:***

The PJ consulted with numerous agencies including the regional CoC using multiple methods. Initially, surveys were created and disseminated to agencies electronically, after receiving limited responses, the PJ scheduled phone interviews with agencies. Each interview took about one hour.

*List the organizations consulted:*

Agency/Org Consulted	Type of Agency/Org	Method of Consultation	Feedback
<b>Restoration Recovery Center</b>	Private, non-profit substance recovery center	survey	<p>Work with individuals and families, mostly individuals, between 20-50 per month, providing recovery related services, including housing search &amp; stabilization, assistance with paperwork for identification, housing application, disability documentation, or social security, referrals for shelter, sober living, and half way house placement.</p> <p>Agency noted they have more options through the CoC if they have a documented disability.</p> <p>Agency noted the following as gaps in service: Literacy competence, lack of phone or email resources, lack of knowledge of resources or rights.</p> <p>The common issues we find in the placement for clients who have funding and the housing market and sky rocket pricing is challenging for the voucher amounts they are allotted.</p> <p>Landlords have also provided an extensive application process that prohibits the clients from paying for an application and unable to view the property. eviction, lack of tenant rights knowledge. Low income.</p>
<b>MOC</b>	Private Non-Profit Community Action Agency, case management provider for family shelter- OFH and DHCD	Survey and interview	<p>MOC provides many services in the community, but specific to homeless and at risk populations, they provide case management services, including housing search, stabilization services, and other supports connected to shelters and 12 units of permanent supportive housing. They've</p>

		<p>serviced 846 individuals and families in the past year. They don't see many veterans as they have access to Veterans services directly. They use the Coordinated Entry System for those units. They are commonly referring clients to CoC, shelter, street outreach, recovery coaches. They report the following gaps in service for homeless populations: more shelter beds, permanent supportive housing, housing eligible for those at risk (right now you must be documented as homeless), a centralized drop in center to access multiple services, post transitional housing financial assistance for perm housing. More rent assistance, employment, training &amp; clothing closets. Homeless/at risk populations need support services/wrap around services- with high levels initially and taper and life skills training in order to successfully obtain and maintain housing. Some of the common issues leading to homelessness are: addiction, poor budgeting, low income, disabilities, mental health issues, trauma, Community events, and domestic violence. Now we're seeing housed clients face eviction as landlords start raising rents, units and buildings are being sold and new landlords are raising or evicting current clients. FMR rates are not keeping up with this sudden trend of increased rents. There exists what we call episodic and chronic homelessness. Chronic homelessness tends to include populations that have been homeless for a much long period</p>
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			of time, often present with mental health and/or substance use problems and for many, are treatment resistant. Episodic homelessness is a direct result of sudden market changes, downturn in the economy, loss of jobs, rising cost of living, sudden traumatic event such as divorce or a death in the family. The biggest needs for these populations are lower cost market rate housing, more low income housing/subsidy. We are currently overwhelmed with referrals and staff cannot keep up.
<b>Our Father's House</b>	Homeless service provider, private, non-profit	survey	This agency operates a evening/overnight shelter for individuals in Fitchburg and a family shelter at Devens assisting 28 individuals and 20 families. About half of their family placements experienced domestic violence. They commonly see referral from hospitals and jails to their individual shelter and often make referrals for mental health services. They report the biggest need is for affordable housing and permanent housing.
<b>Community Legal Aid</b>	Legal/civil rights/fair housing, private, non-profit	interview	CLA provides legal assistance defense against eviction, access to shelter and appealing denials of shelter. They can manage about five cases a week and do have to turn away about half of the weekly applicants due to limited capacity at the org. They take clients through phone/online applications and are present at housing court for the lawyer for a day program. They often refer clients to YMCA for DV clients, food banks, DTA, government benefits, health benefits, employment and other community

			<p>partner services. The report the biggest gaps, and need is more physical housing and housing subsidies. They reported a need for more affordable rents and case management supports and independent living supports for those with behavioral health issues and that the factors they see leading to homelessness include lack of money, lack of mental health services, personal crisis, and CORI issues that can cause denials during housing application screening. They reported shelter should be a last resort, the greatest need is more affordable housing.</p>
<b>North Star Family Shelter</b>	Homeless service provider- family shelter, private, non-profit	interview	<p>Family Shelter, they take 15-20 families per year and have a waiting list of 75-100 at any time. They provide shelter, referrals to supports, assistance with housing applications and waiting lists. Life skill building and supports and financial literacy training. They are often refer clients to Substance abuse programs, agencies in other communities if they are moving, primary care, dentists, MassHealth, the hospital, Social Security, Housing Authority. North Star reports adequate transportation, especially the bus system for 2<sup>nd</sup> and 3<sup>rd</sup> shifts is not adequate, and not enough affordable housing and Section 8 vouchers. In order to move to permanent and stable housing, these populations need Affordable housing, life skill/financial literacy education, managing stress, case management support. Supportive affordable housing. The biggest needs they see are the need for Rapid re-housing, ongoing and</p>

			<p>consistent case management. More assistance for homeless families Individual homelessness bubbles to the top and gets a lot of notice. The families can be more hidden. Families will have kids stay at friends and families to avoid getting invoiced with DCF</p> <p>With emergency shelter systems that are state run, so many families are ineligible because they have an eviction on their record. This is a huge problem. Millions go into rapid rehousing programs, it's great but without wrap around services, if behavior hasn't changed and there isn't enough housing available for apartments they will continue to have housing crises.</p> <p>Coordinated entry doesn't connect with us as much. But do have a connection.</p>
<b>Fitchburg Public Library</b>	Public Library	survey	<p>The FPL provides an anonymous, safe place for families and individuals during daytime hours, including public restrooms. They report they see up to 15 individuals at any given time. They report what they see as gaps in service are: public restrooms, showers, and clothes washing facilities. There is also a gap of places the homeless and others can gather since the library is not open all the hours they are not in a shelter (if they are eligible for one). Speaking strictly from observation, there seems to be a lack of readily available assistance in finding permanent shelter. Mental health issues appear to be a driving force behind the situation for</p>

			<p>many. Adequate support to oversee medications and other therapies could help the situation. One thing that seems to be a hindrance to housing stability is paranoia which may be the result of a mental illness. Alcohol, judging by the fumes coming from some, appears to be a problem. There are certainly some who just need monetary assistance to get themselves into housing whereas others need medical/mental intervention. It seems as though there are some who wouldn't take advantage of a situation offered because of the paranoia and lack of trust in the "establishment" overseeing the housing. There is a need for assisted living facilities that don't cost an arm and a leg.</p>
<b>Fitchburg Public Schools- McKinney Vento Services</b>	Public School	interview	<p>The Fitchburg Public Schools have homelessness services. They report they have approximately 200 homeless youth(and their families) at any given time. They provide the following: Referrals for services, access to after school care, summer programming, free lunch (everyone gets), transportation if they are in leominster. When displaced by fire, essentials and gift cards for essentials, vouchers, and referrals to housing supports and services. They are often identified when students enroll and cannot provide proof of residency, school liaison may identify them and there are, posters in schools with QR codes, for students to seek help online. The families are often referred to NewVue Communities, Centro Las Americas MOC family resource center, and provided with the Community Resource Guide.</p>

			<p>Some of the gaps in service the Public Schools see is affordable housing, supported housing and rent support, utility assistance and affordable day care. Also child care for before/afterschool and vacation weeks so parents can work. The School reports The process and hoop jumping that folks have to go through to access services is a real barrier. They need someone guiding them through every step. They are already stressed out and overwhelmed. Need a worker through every step. They need budgeting and check in. Some of the biggest needs for their students are mental health supports both in the school and the community that can be accessed during the day, after and before school daycare and parent guidance- life coach or case manager. We forget that trauma kids experience as a result of this and they may seem fine, but are not. It affects their whole life. It's hard for teachers to recognize that since it's not their focus.</p>
<b>Fitchburg Homeless Outreach</b>	Public-through the Board of Health	interview	<p>The Fitchburg homeless outreach team sees primarily, but not exclusively individuals. They occasionally see women with a child on the streets too. At any given time, they see about 60-70 people on the streets. The Outreach team provides primarily outreach- providing narcan, helping people into detox, transport to detox, obtaining birth certificates, IDs through the sheriff's program. Connect to DTA, cash, SNAP, masshealth, medical and dental services,(sheriff's office) housing,</p>

		<p>employment- also temp agencies, education. (sheriff's services are available if any altercation in the past at all). Referrals to SMOC shelter. Provision of sleeping bags, blankets, food, drink, harm reduction. Although they don't have a number, they see a lot coming from past DV situations. We see some sex trade workers, but a lot of this is online and not on the streets. The point of contract is usually through outreach where homeless populations are living, but they try to get individuals a phone so they can call the street outreach hotline for help. They often refer individuals to Restoration recovery, salvation Army, CHC action drop in center- near market basket. Its open 8-12 can get breakfast and shower. City of Fitchburg, Sheriffs dept services, GAMMA, Police Dept. Our Fathers House, SMOC housing, Westwind clubhouse, catholic charities. Most of the local detoxes. Spectrum, washburn house adcare, CHL ( Detox) The biggest gaps they see in service are shelter and housing availability. Most of our folks need support- case management with the housing. They report in order for individuals to get housed and stay stable, they often need to go into detox and into a halfway house before permanent housing. For non- addicts, just waiting to get a place. We need shelter with wrap around services including engagement during the day. Right environment and collaboration between agencies. They reported the</p>
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			<p>factors leading to homelessness that they see are addiction - it takes everything away. Past trauma, relationships ending, a spouse passing away and they were the one who paid the bills. COVID has added to the problem. The biggest needs they see are a high capacity bed shelter that is 24 hours. Housing being added- (affordable like SMOC) DV support. We need a syringe service program. It gives them a safe place, testing and a touchpoint.</p>
<b>Fitchburg Police Dept. Domestic Violence Advocate</b>	Public Police Department	interview	<p>The Domestic Violence Advocate, will outreach after there is an incident, follow up with calls and weekly checks with detectives. Court advocacy, providing info and referrals. A lot of work is referrals Rights and options information. Both Fitchburg and Leominster have an advocate. In Fitchburg, 154 victims of Domestic Violence in the last year, more with children than individuals. It is rare that the advocate encounters a veteran. Often clients are referred to YWCA and Spanish American Center. Community Health Link, MOC, safe plan advocate- from YWCA at the Fitchburg court and Ginny's clothing &amp; food pantry. The biggest gaps in services and biggest needs they see are more shelter options for DV families, housing, options other than Section 8 housing and RAFT, they have long wait times, programs that help with start up costs, maybe transitional housing. Affordable housing and temporary emergency housing.</p>

<b>SMOC</b>	Homeless shelter provider, permanent/supportive housing provider, private, non-profit	interview	SMOC provides a temporary homeless shelter at the Days Inn and permanent housing including SRO's and supportive scattered site housing with case management. They can service 48 individuals at any time and have 127 units of permanent housing, (111 + 16 in Gardner). One of their clients is a Veteran, and no disclosures have been made indicating victims of domestic violence. They have a waiting list for the women's unit of shelter and a waiting list at each of their permanent housing properties. They often refer shelter clients to Restoration recovery for substance use, benefits, SNAP, Social Security, EAEDC, youth services, LUK housing apps, Housing Authority, Section 8, Mental health services from MOC. Housing clients get referred to apply for Section 8, Anwelt, (housing), detox, DTA, food stamps and benefits. They report the biggest gaps in service they see are Lack of affordable housing in the area. Affordable is truly affordable, not just 40B housing. Making intentional efforts by organizations not duplicating services and working closely together, and having strong partnerships to identify gaps and covering them. No one needs to compete for clients. The biggest needs are permanent affordable housing and support services.
<b>Community Health Link</b>	Private, non-profit service provider	interview	Community Health link provides mental health services, case management and supportive housing through Community Support program for chronically

homeless or at risk. The HOPE program comes with rental subsidy. They provide outreach at Leominster ER and behavioral health provider at emergency room. They serve 22,000-23,000 in the North Worcester County area, but were not able to break out just Fitchburg and Leominster numbers. They do not typically see veterans as they go through the Veteran's system. They see a small amount of Domestic violence, human trafficking victims through community support case management, estimated to be 10%. They work with the Continuum of Care and refer to affordable housing landlords for their clients. They report they have seen a lot of gaps in service since COVID. Including clients with section 8 vouchers and no one will accept it. This is happening more. Landlords are changing their rent to be just above what most subsidies come in at. Deeper subsidy to match the inflation. Landlords are being choosier. Even SRO's are becoming more expensive. Not enough volume of housing. Affordable and safe housing is the biggest need in Fitchburg and Leominster. They report the factors they see leading homelessness are individuals getting injured and can't work. Not able to get full time or got hours cut. Financial benefits received from state and feds didn't increase to match current needs and rents are higher than the income they receive as disabled. People try to be creative and with shared living which has

			created stressors between roommates. They have found the best path to permanent housing and stability is Either negotiating with landlords who are evicting to get tenants to stay or putting in the CHAMP ( statewide housing app that goes to whatever communities they are looking for ) application ASAP.
LUK	Homelessness provider youth under 25, private, non-profit	Interview	<p>LUK provides youth focused service linkage, street outreach, basic needs supplies, case management, life skills training, housing- host homes, supervised apartments, rental assistance, subsidized employment, transportation. They assist approximately 100 youth. They do not see veterans through their program but about 25% of their clients have experiences some sort of domestic violence or human trafficking. They have a waiting list of supervised apartments with 8 waiting. LUK's common referrals for clients include Day Care, DTA, Mass Health, SMOC, MOC, OFH, RAFT, ESG, CHC Counseling services, FSU and MWCC for education. Help getting identification.</p> <p>Youth and young adults shouldn't be in adult shelter. The world needs to see them as a different homeless population. They need a separate space. Often don't meet criteria for high priority because they are so young. LUK reports gaps in service for these clients include affordable housing, services in shelter, and not making them leave during the day. Not requiring people to be in shelter at certain time or lose their bed,- if they work, second or 3rd shift.</p>

			Housing specifically for young adults. Greatest gaps in service are at the front and back ends of the housing system- young adult shelter entry needed, at the back end- more and varied types of housing for young adults. When considering the best path to permanent housing and ongoing stability, they report there are the “generalized” developmental and situational needs as well as the fact that everyone is starting from a different place. Being able to assess current functioning and matching them with housing and services to meet them where they currently are is important for long term positive outcomes. The entire range of housing options should be available so as to best set individuals and young families up for success. Some of the factors they identified in their clients that lead to homelessness were lack of experience in the work world as such have limited earning potential. This coupled with a lack of support and underdeveloped life skills (money and household management) make them more vulnerable to situations where they get in over their heads and lose their housing. They report biggest needs in addition to affordable housing are a coordinated system of care including support providers and municipal partners. Also, young adult services in the form of case management are imperative to ensure successful housing experiences.
<b>Fitchburg Housing Authority</b>	Public Housing Agency	Survey	The Fitchburg Housing Authority providers permanent affordable housing funded through DHCD,

			<p>Section 8 rental assistance vouchers and some MRVP rental assistance vouchers. They report they have 618 units of affordable housing and 650 mobile vouchers. 33 of their clients are Veterans and 13 are victims of domestic violence or human trafficking. They have state-wide waiting lists and report over 10,000 waiting for public housing and 200,000 for mobile vouchers. They commonly refer clients to MOC, the Spanish American Center, RCAP Solutions, and assorted local agencies and nonprofits. The FHA reports the biggest gaps in service and greatest needs they see are around mental health and substance abuse services. They report the factors they see leading to homelessness are poor education, lack of job skills and self harm resulting from mental health and substance use. Addressing the mental health and substance abuse issues of the homeless and at risk populations is critical followed by the need for work education programs.</p>
<b>YWCA- Worcester</b>	Domestic Violence Service Provider, private, non-profit	interview	<p>The YWCA can service 21 families with shelter, 6 units of which are in the fitchburg/Leominster areas. There are 43 survivors looking for shelter at the time of the interview. The agency provides Shelter, advocacy and support, finding stable safe housing, budgeting, increasing financial independence. Supportive counseling, not trauma counseling, education, safety planning. Restraining order advocates who assist with filing. Advocate from north</p>

			<p>central office who runs two groups a week for financial literacy- then get stipend of \$100 to open a bank account. They often refer their clients to RCAP for housing, local housing authorities. Community legal aid- for housing issues like discrimination. Encourage participants to call a number on insurance for behavioral health and psychology today online to find therapy providers. The report gaps in service to include housing, rents are unaffordable and wait lists years long. If you have an animal- what to do with the pets. Transportation, especially outside of Fitchburg/Leominster. Permanent affordable safe housing, financial support and repairing credit, counseling, help with jobs, and assistance for paying past debts like utilities. Risk factors for homelessness they see are the need to flee violence, the abuser is almost always financially abusive also, so they need to start over and create their own income source. A lot of other challenges such as having been a stay at home mom, when needing to flee. YWCA also noted Some families/ people sleeping in cars. We connect with local areas to get meals, YWCA to get showers, local church etc.</p>
<b>GAAMA</b>	Private non-profit service provider, recovery services	interview	<p>GAAMA provides recovery support, a navigator to connect to services- especially for ID, benefits, getting phone, email, physical address, supportive housing programs. They have 24 units of housing, 12 are permanent supportive housing. They often</p>

		<p>refer their clients to Our Fathers House, SMOC shelter, Hastings Hall, local housing authorities. Community legal aid, open sky, individual opioid use disorders. State benefits, RCAP. CHC services, medical, whatever might supplement the recovery. Inspire Counseling-outpatient mental health providers. Use a lot of telehealth-pursue care, psychiatry, counseling, take mass health Better centers of NH. GAAMA reports the gaps in service they see are the need for more access to technology, don't have a physical address to use. Records of previous jobs, good rental history. Clients don't have a safe way to store records. Having a place to charge cell phones, keeping it active. Long term providers to help, Jonathan can only help for 3-6 months. Quick timelines- logically this is a challenge. Holding these folks to the same expectations for application follow up as a person who is housed and stable is unrealistic. They report the biggest needs are more housing, resources for rental assistance, resources for utilities, places that don't look strictly at credit scores, criminal history. Places that are open for a while not just 8-3. These folks are competing with ideal tenants for the limited supply of housing. GAAMA reports the supports that can help clients best get houses and stay stable are support to help with technology, scheduling, time management, etc. having a case manager/supports, someone who</p>
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			<p>is persistent. Helping someone follow through- especially when they are on waiting lists for 3 years+ If they have substance use disorder, they need the supports-consistent people in their life to support them. The risk factors they identified as leading to homelessness were Substance use disorder, mental health, lack of earnings, lack of transportation, incarceration.</p>
<b>Department of Developmental Services</b>	Public Organization, addressing needs of persons with disabilities	interview	<p>DDS is a state public agency providing services including, respite for caregivers, home supports for families and individuals. Referrals to adult day care, employment services, day care to allow caregivers to work, case management, rep-payee and SMOC low income housing. They serve 2000 in their region at any given time, and about 20 of those might be in a housing crisis. They do not often see Veterans as clients. They do have some clients who are victims of domestic violence or human trafficking, they report clients are prone to be victimized and it's a concern for our borderline intellectual clients. Common referrals to services include DTA, Housing Agencies, SMOC, Our Father's House used to at least. MOC for families with youth. Section 8. Individual Supports referrals- Open Sky, LUK, who can provide caseworkers to help prevent homelessness or rehouse. Family support center navigators help to make sure they are accessing other supports that might be able to help like SNAP.</p>

			<p>The biggest need and Gap in services is housing itself. Clients don't fit in traditional services, such as autism might not be a good option for shared living. Affordability of housing. This is huge. Our clients are not allowed to build up savings so they don't have a cushion for emergencies. The Autism folks need daily support and there isn't a good system in place. Folks who are in transitional living situation- was very difficult to share a room, and interact with others. Need more places like cluster housing with staff living close by or in buildings. Accessibility can be a concern, even a small step can be a challenge for some. We talk a lot about location when finding housing to be sure there is transportation, or maybe they can't use public transportation. Mental Health Support is also a major need as well as a need to obtain housing and remain stable permanent housing. These clients also at times need medication support, skill acquisition and housing options that are non-congregate.</p>
<b>Fitchburg Veteran's agent</b>	Public Organization serving veterans nees	interview	<p>The Fitchburg Veterans Agent provides a range of services, and specific to homelessness and housing instability, can provide Chapter 115 funds. This is a cash benefit and can be used for first, last, security, and back rent. It can reimburse for medical expenses if a veteran is over income for cash benefits for housing. Veterans may also receive SSVF veterans specific funding including VASH</p>

			vouchers through the Fitchburg Housing Authority. The FVA works with both individuals and families, if they are a honorably discharged veteran. They have only worked with one victim of DV in the past 11 years. They report the biggest gap in services and needs are more affordable housing and veteran's housing, especially family housing and housing for elders. More VA caseworkers, the caseworkers will follow up with clients and generally outcomes are better when VA caseworkers are involved. The factors they see leading to homelessness in their clients are the high cost of housing, the hot housing market, with lots of rental units being sold and increasing rents. Substance use in about 20% of clients.
Agency Name.	Type of Agency/Org.	Method of Consultation.	Feedback.

***Summarize feedback received and results of upfront consultation with these entities:***

The PJ consulted with over 17 agencies and attempted to consult with many more. The most difficult agencies to reach, were often the state agencies, including DTA and DMH. Agencies provided thoughtful input and many themes emerged.

- All agencies reported more affordable housing needs. This seemed to be the greatest need. Within this category, there were a number of qualifiers.
  - Several agencies reported the need for more safe affordable housing, as well as a variety of housing options, such as shared living, SRO's, family housing, studios, tiny homes, etc.
  - Almost half of agencies noted the very high cost of housing and rapidly rising rents as a major factor in homelessness, including several who noted this is happening due to property sales and new owners raising rents and/or evicting tenants so they can raise rents.
- Most agencies reported the need for more rental subsidies
  - At least two agencies noted the Fair Market Rents, subsidizing agencies are able to pay are not keeping pace with the rising rents and landlords are declining vouchers.

- Additional Shelter units was identified as need for families. However this was qualified with comments that this should be a last resort, a better path would be to prevent the loss of current housing.
- Increased Individual Shelter units was not a high priority, but it should be noted, the current individual non-congregate shelter at the Days Inn is a temporary shelter financially supported by DHCD and is not expected to remain in place long term.
  - Three agencies noted that shelters should not require guests to leave during the day, or be in by a certain time of evening to keep their bed, especially for those guests working second and third shift.
- Multiple agencies reported the need for more assistance with back rent, first, last and security costs.
- Multiple agencies reported a need for more utility assistance.
- Most of the agencies reported a need for more support services/ case management/ wrap around services.
  - At least two noted a high level of services should be provided during crisis and to achieve housing stabilization, but those services should continue at some level to help maintain stability in the housing.
- At least three agencies reported public transportation was inadequate.
  - Although the MART bus runs in Fitchburg and Leominster, it is not feasible to use for second and third shift employment.
- Multiple agencies that serve individuals or families reported a need for more life skills assistance for their clients specifically highlighting financial management and stress management.
- Many agencies that serve shelter and homeless populations reported the need for centralized centers for multiple services, including case management, mental health, and facilities for showers and laundry.
- Almost all agencies serving primarily homeless individuals noted the need to assist with obtaining Identification, a cell phone, and email address, and a physical address.
  - Two noted lacking these can be barriers for applying for affordable housing.
  - It was also noted that a physical address is required for Section 8 applications, and at waiting list “update time”, they only have 10-12 days to respond to maintain their place on the list. This is a real challenge for some.
- Almost all agencies reported need for additional mental health services to re-house and maintain housing stability.
- Most agencies reported clients have high rates of trauma
- All agencies reported substance use and mental health/behavioral health issues were a factor in housing instability.
- Several Family agencies noted the need for day care for parents to work.
- Several noted literacy as a factor in assisting with re-housing
- At least two noted criminal records were a barrier to finding housing.
- One noted the need for a syringe service program as a safe place and a touchpoint for services.

- At least two agencies noted that families in crisis need high levels of assistance and are overwhelmed by the time they reach out for help.
- One noted the need to better collaborate between entities.
- One entity noted the need for more accessibility in housing.
- The Youth agency noted that young adults need to be seen as a different population, with different support needs, including the high need for independent living skills and shouldn't be sheltered in non-congregate adult shelters.

## Public Participation

In accordance with Section V.B of the Notice (page 13), PJs must provide for and encourage citizen participation in the development of the HOME-ARP allocation plan. Before submission of the plan, PJs must provide residents with reasonable notice and an opportunity to comment on the proposed HOME-ARP allocation plan of **no less than 15 calendar days**. The PJ must follow its adopted requirements for “reasonable notice and an opportunity to comment” for plan amendments in its current citizen participation plan. In addition, PJs must hold **at least one public hearing** during the development of the HOME-ARP allocation plan and prior to submission.

PJs are required to make the following information available to the public:

- The amount of HOME-ARP the PJ will receive, and
- The range of activities the PJ may undertake.

Throughout the HOME-ARP allocation plan public participation process, the PJ must follow its applicable fair housing and civil rights requirements and procedures for effective communication, accessibility, and reasonable accommodation for persons with disabilities and providing meaningful access to participation by limited English proficient (LEP) residents that are in its current citizen participation plan as required by 24 CFR 91.105 and 91.115.

### Template:

*Describe the public participation process, including information about and the dates of the public comment period and public hearing(s) held during the development of the plan:*

- **Date(s) of public notice:** Click or tap to enter a date.
- **Public comment period:** *start date* - Click or tap to enter a date. *end date* - Click or tap to enter a date.
- **Date(s) of public hearing:** Click or tap to enter a date.

***Describe the public participation process:***

Enter narrative response here.

***Describe efforts to broaden public participation:***

Enter narrative response here.

***Summarize the comments and recommendations received through the public participation process either in writing, or orally at a public hearing:***

Enter narrative response here.

***Summarize any comments or recommendations not accepted and state the reasons why:***

Enter narrative response here.

## **Needs Assessment and Gaps Analysis**

In accordance with Section V.C.1 of the Notice (page 14), a PJ must evaluate the size and demographic composition of **all four** of the qualifying populations within its boundaries and assess the unmet needs of each of those populations. If the PJ does not evaluate the needs of one of the qualifying populations, then the PJ has not completed their Needs Assessment and Gaps Analysis. In addition, a PJ must identify any gaps within its current shelter and housing inventory as well as the service delivery system. A PJ should use current data, including point in time count, housing inventory count, or other data available through CoCs, and consultations with service providers to quantify the individuals and families in the qualifying populations and their need for additional housing, shelter, or services.

**Template:**

**OPTIONAL Homeless Needs Inventory and Gap Analysis Table**

	Homeless												
	Current Inventory					Homeless Population				Gap Analysis			
	Family		Adults Only		Vets	Family HH (at least 1 child)	Adult HH (w/o child)	Vets	Victims of DV	Family		Adults Only	
	# of Beds	# of Units	# of Beds	# of Units	# of Beds					# of Beds	# of Units	# of Beds	# of Units
Emergency Shelter	20	5	76	76	0								
Transitional Housing	5	2	22	22	12								
Permanent Supportive Housing	7	3	20	20	0								
Other Permanent Housing	10	4	9	9	0								
Sheltered Homeless						20	113	9	1				
Unsheltered Homeless						2	42	2	2				
<b>Current Gap</b>										3	1	-57	-57

**Suggested Data Sources:** 1. Point in Time Count (PIT); 2. Continuum of Care Housing Inventory Count (HIC); 3. Consultation

**OPTIONAL Housing Needs Inventory and Gap Analysis Table**

Non-Homeless			
		Current Inventory	Level of Need
		# of Units	# of Households
Total Rental Units		13,998	
Rental Units Affordable to HH at 30% AMI (At-Risk of Homelessness)		518	
Rental Units Affordable to HH at 50% AMI (Other Populations)		#	
0%-30% AMI Renter HH w/ 1 or more severe housing problems (At-Risk of Homelessness)			#
30%-50% AMI Renter HH w/ 1 or more severe housing problems (Other Populations)			#
<b>Current Gaps</b>			#

**Suggested Data Sources:** 1. American Community Survey (ACS); 2. Comprehensive Housing Affordability Strategy (CHAS)

Total Rental Units: ACS5y2020 financial characteristics

Rental Units Affordable to HH at 30% & 50% from subsidized housing inventory and affordability restrictions recorded at North Worcester County Registry of Deeds

***Describe the size and demographic composition of qualifying populations within the PJ's boundaries:***

***Homeless as defined in 24 CFR 91.5***

According to the 2022 Point In Time count for Fitchburg and Leominster, a total of 177 individuals in 160 households were homeless, with 120 households/130 individuals in shelter and 40 households/44 individuals unsheltered at the time of the count.

Ten of these households were families, with an additional 4 who are parenting youth, comprising 30 persons. Of those families and parenting youth 15 were children, 8 were young adults and 7 were adults; 15 were female and 10 were male, none identified as transgender or gender non-conforming. One family was identified as unsheltered, and the remainder were counted in shelter. Gender information on the four children of the parenting youth was not provided. Sixteen of the families identified as non-Hispanic and 8 were Hispanic, ten identify as white, 5 as black/African American, and six as multi-race. No families were identified as chronically homeless

During the PIT count, 155 individuals were counted as homeless, with 20 between 18-24 and 135 over 24 years old, with 42 persons identifying as unsheltered, and the remainder counted as sheltered. Of those individuals, 60 were female and 95 were male. No person identified as transgender or gender non-conforming. Looking at race and ethnicity data, 119 were Non-Hispanic and 25 were Hispanic, 119 were white, 21 black/African American, 4 asian and 2 identified as multiple races. Of the total 155 individuals 40 were identified as chronically homeless.

At the Point in Time count, 11 individual veterans were identified as homeless, but no veteran families, two of the veterans counted were unsheltered. One veteran was female and 10 were male; 11 identified as Non-Hispanic, no veterans identified as Hispanic, Seven were white, three were Black/African American and one was Asian. One veteran was identified as chronically homeless.

Unaccompanied Youth were also identified through the Point in Time count. Twenty youth were homeless at the time of the count, all between the ages of 18-24, all counted were in shelter. Seven were female and 13 were male, ten identified as Non-Hispanic and 4 identified as Hispanic, nine were white, six were Black/African American and one multi-race.

Year over year, we have seen a steady increase individuals experiencing homelessness with a 36% increase from 2021 to 2022. We also know that the unsheltered count is understated as many households do not engage with outreach workers who provide the information for the PIT.

There is also a significant rise in the number of families experiencing homelessness. As a right to shelter state, DHCD has shelter capacity across the state. Currently, DHCD is looking to expand shelter to accommodate the increase in demand. Because the family shelters are not located in this area, they are not included in the PIT. However, many of the families who live in the area become homeless and are placed outside of the community.

With the limited new housing being built, rising rents and utilities, and inflation, we expect to continue to see increases in households experiencing homelessness.

***At Risk of Homelessness as defined in 24 CFR 91.5***

In the current environment, the number of households at risk of homelessness is growing rapidly. The rising rents, rising utilities and other inflationary costs are exacerbating those at-risk of homelessness. From May of 2021 to April of 2022, Worcester County received 9,482 application for rental assistance. We estimate that 3887 or 41% of these are from Fitchburg/Leominster. This estimation is calculated based on Fitchburg & Leominster's total population as a percentage of Worcester's total population. In addition, many households are currently doubled up. We know that many families live with other families and youth often "couch surf" placing both of these populations at risk of homelessness. While this number is difficult to quantify, we know that more and more households are losing their housing with buildings being purchased for renovations and tenants leaving units to avoid an eviction on their record. Those seeking rental assistance are a small portion of those at risk of homelessness.

A recent report from the Worcester Regional Research Bureau shows that those earning less than \$75,000 are rent burdened in Worcester. If we apply this to Fitchburg, with similar rents, there are 7,789 residents who may be considered rent burdened and at risk of homelessness. Extrapolating from the American Community Survey, we estimate at least 4,000 households to be at or below 30% of median income. Of note is the gap in median income for renters (\$36,058) and homeowners (\$82,438). This is an indication that renters tend to be below 30% of median income. Given the rents in the area, those at 30% of median income without a subsidy are rent burdened.

***Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking, as defined by HUD in the Notice***

In the PIT count, 3 persons were identified as fleeing domestic violence. At the time of the consultation, the YWCA reported 43 household seeking shelter and the Fitchburg Police Department's DV Advocate reported working with 154 households over the year. With this information, we know that the PIT is an extreme undercount. In addition, people are reporting having to stay in an unsafe settings because the housing availability is so low. While the PIT does not account for those fleeing trafficking, our experience with a shelter opening in the County for 15 women fleeing trafficking being immediately full demonstrates the unmet need that exists.

***Other populations requiring services or housing assistance to prevent homelessness and other populations at greatest risk of housing instability, as defined by HUD in the Notice***

The pandemic has significantly impacted youth and seniors. Youth are often not included in the PIT because they don't meet the definition of being in shelter or living in places not meant for human habitation. Youth often couch surf and live short period of times with friends and will not access shelter that houses primarily adults. This is often the beginning of the cycle of homelessness for this population. The CoC received a Youth Homeless Demonstration Program grant that will assist in an assessment of the needs of youth in the County. We know this population continues to experience and be at risk of homelessness.

We also are seeing a rise in seniors who are at high risk and experiencing homelessness. With the increasing rents, seniors on a fixed income are unable to absorb these increased rents and utilities. With the waitlists for public and privately subsidized housing, seniors experiencing homelessness will continue to grow.

***Identify and consider the current resources available to assist qualifying populations, including congregate and non-congregate shelter units, supportive services, TBRA, and affordable and permanent supportive rental housing (Optional):***

Currently, the area has 76 non-congregate shelter beds for individuals and 5 units for families. There are no population-specific (trafficking, veteran, youth, etc.) beds for individuals. The area has capacity for 6 homeless households fleeing domestic violence. Given the identified need and the expectation that it is under represented, the area is significantly under resourced.

While there are services available, as indicated in the consultation with community partners, the demand for services far outweighs the availability of services. Many households go without needed services and have difficulty accessing existing services as the requirements vary and documentation is difficult to obtain. Households often get frustrated and don't access services for which they are eligible. We know that more services, including outreach for unsheltered individuals and beds for families not meeting state criteria are needed to address the growing homeless crisis.

Waitlists for TBRA are over 5 years. Over the last two years, households with TBRA are finding it more difficult to find housing where they can use their TBRA once they receive the benefit resulting in losing this valuable resource.

This region is lacking the affordable housing with many households being cost burdened. The delay in building housing due to supply issues of materials and labor, and the barriers in accessing affordable housing funds is slowing the building of all housing, but in particular affordable housing. This places many households at-risk of homelessness.

The area also has limited permanent supportive housing programs. To address the growing number of homeless households, the region needs additional permanent supportive housing and needs to add more PSH units year to year to meet the demand. Those who enter PSH tend to have long stays in the programs resulting in a need for additional PSH to be built over time.

***Describe the unmet housing and service needs of qualifying populations:***

***Homeless as defined in 24 CFR 91.5***

As indicated in the gap analysis table, the area has a gap of a minimum of 57 beds for individuals. This also carries over to affordable housing options and permanent supportive housing. The service needs for this population includes medical care, psychiatric and substance use disorder treatment, care coordination, vocational/employment services and financial assistance among other specific needs. The area has limited services to provide the comprehensive care needed for individuals experiencing homelessness.

While the state is a right to shelter state, the area has a gap for families who do not meet state eligibility criteria. In addition, the area does not have a state funded shelter which results in families staying with other families or relative, often in substandard housing. Families experiencing homelessness are in need of care coordination, childcare, afterschool care, employment/vocational training, medical and behavioral healthcare among other individualized services.

***At Risk of Homelessness as defined in 24 CFR 91.5***

With the growing number of households at risk of homelessness, there is a significant lack of available housing for households who are rent burdened. While we do not have a specific number, we know there are several thousand families who are rent burdened. These households need assistance in accessing existing housing resources to navigate the available resources. In addition, they need supported referral to benefits they are eligible for and needed services such as childcare, afterschool care, training programs, etc. that help increase their income. In addition, more resources for back rent and utilities would keep households stabilized.

***Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking, as defined by HUD in the Notice***

Based on consultation with providers working directly with these populations, there is a gap of at least 40 beds specifically serving this population. This population needs assistance in accessing benefits, employment/vocational assistance, behavioral health, trauma treatment, healthcare and care coordination.

***Other populations requiring services or housing assistance to prevent homelessness and other populations at greatest risk of housing instability as defined by HUD in the Notice***

Other populations include chronically homeless, youth, seniors, LGBTQIA+ and those fleeing domestic violence and trafficking. In addition, families not able to access the state

shelter system need shelter, housing and support. These populations have unique needs that require specialized services.

***Identify any gaps within the current shelter and housing inventory as well as the service delivery system:***

The PJ gaps include non-congregate shelter beds for individuals along with affordable housing including permanent supportive housing. The PJ also lacks population specific programs than can often provide the specialized care need for specific populations – youth, seniors, LGBTQIA+, survivors of domestic violence and trafficking, veterans. Service gaps include navigation services to connect households to available resources, behavioral healthcare, childcare and employment/vocational services. In addition, access to rental assistance and utility assistance before it is a crisis could prevent homelessness for households. Households require a single point agency to connect them with housing resources.

***Under Section IV.4.2.ii.G of the HOME-ARP Notice, a PJ may provide additional characteristics associated with instability and increased risk of homelessness in their HOME-ARP allocation plan. These characteristics will further refine the definition of “other populations” that are “At Greatest Risk of Housing Instability,” as established in the HOME-ARP Notice. If including these characteristics, identify them here:***

Characteristics that are associated with instability and increased risk of homelessness include psychiatric disorders, substance use disorders, serious emotional disorders in children, physical disabilities and lack of job training.

***Identify priority needs for qualifying populations:***

Priority needs include non-congregate shelter beds including those for specialized population, TBRA, permanent supportive housing and supportive services to assist with accessing housing. ADA compliant units is also a significant need.

***Explain how the PJ determined the level of need and gaps in the PJ’s shelter and housing inventory and service delivery systems based on the data presented in the plan:***

Need and gaps were determined using CoC data including PIT and HIC, interviews and surveys with local organizations providing direct service and assessment of the overall housing costs in the region. Data sources include Zillow, American Community Survey, HMIS, the State Subsidized Housing Inventory and North Worcester County Registry of Deeds . The PJ considered all these sources in determining the need.

## **HOME-ARP Activities**

**Template:**

***Describe the method(s)that will be used for soliciting applications for funding and/or selecting developers, service providers, subrecipients and/or contractors:***

- The City of Fitchburg, on behalf of the Fitchburg/Leominster will HOME Consortium will notify qualified applicants in writing and electronically of the availability of HOME-ARP funding and the ability to submit applications for these funds to the Worcester County Continuum of Care, the Fitchburg Interagency Team Collaborative Hub, public notices to local agencies that participated in the HOME-ARP surveys and our local service provider list. In addition, the City will post this availability on the City's website. The application period will be open for at least 30 days, and if funds remain, thereafter on a rolling basis. The PJ has already received multiple inquiries for HOME-ARP funding through written requests.

***Describe whether the PJ will administer eligible activities directly:***

The PJ does not intend to administer activities directly.

***If any portion of the PJ's HOME-ARP administrative funds are provided to a subrecipient or contractor prior to HUD's acceptance of the HOME-ARP allocation plan because the subrecipient or contractor is responsible for the administration of the PJ's entire HOME-ARP grant, identify the subrecipient or contractor and describe its role and responsibilities in administering all of the PJ's HOME-ARP program:***

The PJ has not contracted with another agency to perform HOME administrative functions. However some administrative funding may be provided to a subrecipient for the administration of Tenant Based Rental Assistance.

In accordance with Section V.C.2. of the Notice (page 4), PJs must indicate the amount of HOME-ARP funding that is planned for each eligible HOME-ARP activity type and demonstrate that any planned funding for nonprofit organization operating assistance, nonprofit capacity building, and administrative costs is within HOME-ARP limits.

**Template:**

**Use of HOME-ARP Funding**

	<b>Funding Amount</b>	<b>Percent of the Grant</b>	<b>Statutory Limit</b>
Supportive Services	\$ 250000		
Acquisition and Development of Non-Congregate Shelters	\$ 500000		
Tenant Based Rental Assistance (TBRA)	\$ 138722		
Development of Affordable Rental Housing	\$ 500000		
Non-Profit Operating	\$ 85000	# %	5%
Non-Profit Capacity Building	\$ 85000	# %	5%
Administration and Planning	\$ 180000	# %	15%
<b>Total HOME ARP Allocation</b>	<b>\$ 1738722</b>		

***Describe how the PJ will distribute HOME-ARP funds in accordance with its priority needs identified in its needs assessment and gap analysis:***

The PJ intends to allocate \$1,000,000 in HOME-ARP funds evenly divided between Acquisition and Development of Non-Congregate Shelter and Development of Affordable Housing, \$250,000 Supportive Services, \$85,000 in Non-Profit Operating and \$85,000 in Non-Profit Capacity Building, both of these with the intent of supporting further development of agencies that provide support services and service coordination for homeless populations. The PJ will allocate \$138,722 in funding for Tenant Based Rental Assistance. The PJ will retain \$180,000 for administration of these projects. It is assumed a portion of the administrative funds will be allocated to the agency administering TBRA on behalf of the PJ.

***Describe how the characteristics of the shelter and housing inventory, service delivery system, and the needs identified in the gap analysis provided a rationale for the plan to fund eligible activities:***

The need in Fitchburg and Leominster for additional shelter, housing, and supportive service delivery is great. Significant gaps have been identified in all of the 4 eligible categories of activities. The PJ could allocate the entire full allocation of \$1,738,722 to either Acquisition or Development of Non-Congregate Shelter and Development of Affordable Housing, considering the high cost of property acquisition and construction costs, but recognizes the critical need for support services to both stabilize homeless/at risk individuals/families and for ongoing support for those who continue to be at risk. \$250,000 will be allocated to Supportive Services as noted above. In addition to the funds directly allocated to Supportive Services, the PJ is allocating \$170,000, divided evenly between Non-Profit Operating Support and Non-Profit Capacity Building. The PJ is recognizing the need for additional local Support Services Capacity and the need to further integrate the Worcester County Continuum of Care located in the City of Worcester, with the North County Region, specifically Fitchburg and Leominster. The PJ is allocating \$138,722 in TBRA funding, acknowledging that the development of affordable housing is a process that takes multiple years, but the need for housing support is immediate. Finally, the

PJ will allocate \$180,000, (10%), not the full 15% it can allocate to program administration. The PJ is assuming a portion of this administration funding will be utilized by a subrecipient to administer TBRA funding.

## **HOME-ARP Production Housing Goals**

### **Template**

***Estimate the number of affordable rental housing units for qualifying populations that the PJ will produce or support with its HOME-ARP allocation:***

The PJ anticipates funding five units or more of affordable housing for qualifying populations in the Leominster/Fitchburg jurisdiction.

***Describe the specific affordable rental housing production goal that the PJ hopes to achieve and describe how the production goal will address the PJ's priority needs:***

The PJ intends to work with developers to fund the production of at least five units of affordable housing available to either individuals or families who are qualifying populations, either homeless, or at risk. We anticipate providing \$100,000 per unit in funding, leveraging State and Federal LIHTC, historic tax credits, Housing Trust Funds and other available funding the Developer has access to. The PJ is assuming a total per unit development cost of between 250,000 per unit and \$450,000 per unit, understanding that unit sizes and whether the units are created through rehabilitation or new construction are factors still to be determined. The need for housing production is a priority for both populations, with thousands of households estimated to be in the "at risk" qualifying population.

## Preferences

A preference provides a priority for the selection of applicants who fall into a specific QP or category (e.g., elderly or persons with disabilities) within a QP (i.e., subpopulation) to receive assistance. A *preference* permits an eligible applicant that qualifies for a PJ-adopted preference to be selected for HOME-ARP assistance before another eligible applicant that does not qualify for a preference. A *method of prioritization* is the process by which a PJ determines how two or more eligible applicants qualifying for the same or different preferences are selected for HOME-ARP assistance. For example, in a project with a preference for chronically homeless, all eligible QP applicants are selected in chronological order for a HOME-ARP rental project except that eligible QP applicants that qualify for the preference of chronically homeless are selected for occupancy based on length of time they have been homeless before eligible QP applicants who do not qualify for the preference of chronically homeless.

Please note that HUD has also described a method of prioritization in other HUD guidance. Section I.C.4 of Notice CPD-17-01 describes Prioritization in CoC CE as follows:

“Prioritization. In the context of the coordinated entry process, HUD uses the term “Prioritization” to refer to the coordinated entry-specific process by which all persons in need of assistance who use coordinated entry are ranked in order of priority. The coordinated entry prioritization policies are established by the CoC with input from all community stakeholders and must ensure that ESG projects are able to serve clients in accordance with written standards that are established under 24 CFR 576.400(e). In addition, the coordinated entry process must, to the maximum extent feasible, ensure that people with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability. Regardless of how prioritization decisions are implemented, the prioritization process must follow the requirements in Section II.B.3. and Section I.D. of this Notice.”

If a PJ is using a CE that has a method of prioritization described in CPD-17-01, then a PJ has preferences and a method of prioritizing those preferences. These must be described in the HOME-ARP allocation plan in order to comply with the requirements of Section IV.C.2 (page 10) of the HOME-ARP Notice.

In accordance with Section V.C.4 of the Notice (page 15), the HOME-ARP allocation plan must identify whether the PJ intends to give a preference to one or more qualifying populations or a subpopulation within one or more qualifying populations for any eligible activity or project.

- Preferences cannot violate any applicable fair housing, civil rights, and nondiscrimination requirements, including but not limited to those requirements listed in 24 CFR 5.105(a).
- The PJ must comply with all applicable nondiscrimination and equal opportunity laws and requirements listed in 24 CFR 5.105(a) and any other applicable fair housing and civil rights laws and requirements when establishing preferences or methods of prioritization.

While PJs are not required to describe specific projects in its HOME-ARP allocation plan to which the preferences will apply, the PJ must describe the planned use of any preferences in its HOME-ARP allocation plan. This requirement also applies if the PJ intends to commit HOME-ARP funds to projects that will utilize preferences or limitations to comply with restrictive eligibility requirements of another project funding source. **If a PJ fails to describe preferences or limitations in its plan, it cannot commit HOME-ARP funds to a project that will implement a preference or limitation until the PJ amends its HOME-ARP allocation plan.**

For HOME-ARP rental housing projects, Section VI.B.20.a.iii of the HOME-ARP Notice (page 36) states that owners may only limit eligibility or give a preference to a particular qualifying population or segment of the qualifying population if the limitation or preference is described in the PJ's HOME-ARP allocation plan. Adding a preference or limitation not previously described in the plan requires a substantial amendment and a public comment period in accordance with Section V.C.6 of the Notice (page 16).

### **Template:**

***Identify whether the PJ intends to give preference to one or more qualifying populations or a subpopulation within one or more qualifying populations for any eligible activity or project:***

The PJ may utilize the Continuum of Care's Coordinated Entry system for the permanent housing activities and Tenant Based Rental Assistance. Below are the preference/priority criteria of the Coordinate Entry System identified in the CoC's MA-506 Worcester City and County CoC Coordinated Entry System Policy and Procedures document. The PJ does not intent to require preferences for Supportive Services.

***If a preference was identified, explain how the use of a preference or method of prioritization will address the unmet need or gap in benefits and services received by individuals and families in the qualifying population or subpopulation of qualifying population, consistent with the PJ's needs assessment and gap analysis:***

The Continuum of Care's Coordinated Entry system and priorities have been The CoC has established the orders of priority identified by HUD Notice CPD-16-11, as follows:

I. Prioritizing Chronically Homeless Persons Program-funded Permanent Housing. Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

a) First Priority—Chronically Homeless Individuals and Families experiencing Chronic Homelessness that is based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter AND the severity of the individual's or family's service needs.

b) Second Priority—Where there are no Chronically Homeless individuals and families within the CoC's geographic area, follow the order of priority in II., as described below.

- c) Third Priority—Follow the order of priority in I.a) and Ib) as described above while considering the goals and any identified target populations served by the project.
- d) Fourth Priority—Through due diligence, ensure Chronically Homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. Recognizing that some persons might require significant engagement of contacts prior to entering housing, Program-funded Permanent Supportive Housing projects are not required to allow units to remain vacant indefinitely while waiting for an identified Chronically Homeless individual or family to accept an offer of housing.

## II. Prioritizing Chronically Homeless Persons in Program-funded Permanent Housing Beds Not Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

- a) First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs.
- b) Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.
- c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter without Severe Service needs.
- d) Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing

The CoC's Coordinated Entry System implements processes that prioritize individuals and families with the greatest needs for housing and service assistance available throughout the CoC's geography, and attempts to minimize barriers to entry because of lack of employment or income, drug or alcohol use, or having a criminal record. The CoC encourages a Housing First orientation, but recognizes that some housing and services are required by funding agencies or providers to give preference to certain groups, including population sub-groups determined by age, disability, gender, or community priority.

The Worcester City and County CoC uses a “No Wrong Door” model for access to CoC housing and services. Homeless individuals and families can present at any homeless housing and service provider in the CoC's geography using a standardized process from initial engagement to successful housing placement. Households can access the Coordinated Entry System at more than 40 organizations. Central Massachusetts Housing Alliance (CMHA), the Coordinated Entry Lead Agency outreaches to the 40-plus agencies throughout Worcester County who currently, or may at some future time, interact with homeless or at-risk of homelessness households before each bi-monthly Coordinated Entry Working Group meeting and all are encouraged to participate and represent individuals or families who have presented at their agency.

## Referral Methods

PJs are not required to describe referral methods in the plan. However, if a PJ intends to use a coordinated entry (CE) process for referrals to a HOME-ARP project or activity, the PJ must ensure compliance with Section IV.C.2 of the Notice (page10).

A PJ may use only the CE for direct referrals to HOME-ARP projects and activities (as opposed to CE and other referral agencies or a waitlist) if the CE expands to accept all HOME-ARP qualifying populations and implements the preferences and prioritization established by the PJ in its HOME-ARP allocation plan. A direct referral is where the CE provides the eligible applicant directly to the PJ, subrecipient, or owner to receive HOME-ARP TBRA, supportive services, admittance to a HOME-ARP rental unit, or occupancy of a NCS unit. In comparison, an indirect referral is where a CE (or other referral source) refers an eligible applicant for placement to a project or activity waitlist. Eligible applicants are then selected for a HOME-ARP project or activity from the waitlist.

The PJ must require a project or activity to use CE along with other referral methods (as provided in Section IV.C.2.ii) or to use only a project/activity waiting list (as provided in Section IV.C.2.iii) if:

1. the CE does not have a sufficient number of qualifying individuals and families to refer to the PJ for the project or activity;
2. the CE does not include all HOME-ARP qualifying populations; or,
3. the CE fails to provide access and implement uniform referral processes in situations where a project's geographic area(s) is broader than the geographic area(s) covered by the CE

If a PJ uses a CE that prioritizes one or more qualifying populations or segments of qualifying populations (e.g., prioritizing assistance or units for chronically homeless individuals first, then prioritizing homeless youth second, followed by any other individuals qualifying as homeless, etc.) then this constitutes the use of preferences and a method of prioritization. To implement a CE with these preferences and priorities, the PJ **must** include the preferences and method of prioritization that the CE will use in the preferences section of their HOME-ARP allocation plan. Use of a CE with embedded preferences or methods of prioritization that are not contained in the PJ's HOME-ARP allocation does not comply with Section IV.C.2 of the Notice (page10).

**Template:**

***Identify the referral methods that the PJ intends to use for its HOME-ARP projects and activities. PJ's may use multiple referral methods in its HOME-ARP program. (Optional):***

The PJ will not restrict referrals in order to align with the Continuum of Care's "no wrong door model". Any agency may refer a household for a HOME-ARP Program. When eligible Households inquire directly with the PJ, they will be referred to a subrecipient or partner agency for intake/ appropriate services,

***If the PJ intends to use the coordinated entry (CE) process established by the CoC, describe whether all qualifying populations eligible for a project or activity will be included in the CE process, or the method by which all qualifying populations eligible for the project or activity will be covered. (Optional):***

Enter narrative response here.

***If the PJ intends to use the CE process established by the CoC, describe the method of prioritization to be used by the CE. (Optional):***

Enter narrative response here.

***If the PJ intends to use both a CE process established by the CoC and another referral method for a project or activity, describe any method of prioritization between the two referral methods, if any. (Optional):***

Enter narrative response here.

### **Limitations in a HOME-ARP rental housing or NCS project**

Limiting eligibility for a HOME-ARP rental housing or NCS project is only permitted under certain circumstances.

- PJs must follow all applicable fair housing, civil rights, and nondiscrimination requirements, including but not limited to those requirements listed in 24 CFR 5.105(a). This includes, but is not limited to, the Fair Housing Act, Title VI of the Civil Rights Act, section 504 of Rehabilitation Act, HUD's Equal Access Rule, and the Americans with Disabilities Act, as applicable.
- A PJ may not exclude otherwise eligible qualifying populations from its overall HOME-ARP program.
- Within the qualifying populations, participation in a project or activity may be limited to persons with a specific disability only, if necessary, to provide effective housing, aid, benefit, or services that would be as effective as those provided to others in accordance with 24 CFR 8.4(b)(1)(iv). A PJ must describe why such a limitation for a project or activity is necessary in its HOME-ARP allocation plan (based on the needs and gap identified by the PJ in its plan) to meet some greater need and to provide a specific benefit that cannot be provided through the provision of a preference.
- For HOME-ARP rental housing, section VI.B.20.a.iii of the Notice (page 36) states that owners may only limit eligibility to a particular qualifying population or segment of the qualifying population if the limitation is described in the PJ's HOME-ARP allocation plan.
- PJs may limit admission to HOME-ARP rental housing or NCS to households who need the specialized supportive services that are provided in such housing or NCS. However, no otherwise eligible individuals with disabilities or families including an individual with a disability who may benefit from the services provided may be excluded on the grounds that they do not have a particular disability.

### **Template**

***Describe whether the PJ intends to limit eligibility for a HOME-ARP rental housing or NCS project to a particular qualifying population or specific subpopulation of a qualifying population identified in section IV.A of the Notice:***

The PJ does not intend to limit eligibility.

***If a PJ intends to implement a limitation, explain why the use of a limitation is necessary to address the unmet need or gap in benefits and services received by individuals and families in the qualifying population or subpopulation of qualifying population, consistent with the PJ's needs assessment and gap analysis:***

Enter narrative response here.

***If a limitation was identified, describe how the PJ will address the unmet needs or gaps in benefits and services of the other qualifying populations that are not included in the limitation through the use of HOME-ARP funds (i.e., through another of the PJ's HOME-ARP projects or activities):***

Enter narrative response here.

## HOME-ARP Refinancing Guidelines

If the PJ intends to use HOME-ARP funds to refinance existing debt secured by multifamily rental housing that is being rehabilitated with HOME-ARP funds, the PJ must state its HOME-ARP refinancing guidelines in accordance with [24 CFR 92.206\(b\)](#). The guidelines must describe the conditions under with the PJ will refinance existing debt for a HOME-ARP rental project, including:

- *Establish a minimum level of rehabilitation per unit or a required ratio between rehabilitation and refinancing to demonstrate that rehabilitation of HOME-ARP rental housing is the primary eligible activity*  
Enter narrative response here.
- *Require a review of management practices to demonstrate that disinvestment in the property has not occurred; that the long-term needs of the project can be met; and that the feasibility of serving qualified populations for the minimum compliance period can be demonstrated.*  
Enter narrative response here.
- *State whether the new investment is being made to maintain current affordable units, create additional affordable units, or both.*  
Enter narrative response here.
- *Specify the required compliance period, whether it is the minimum 15 years or longer.*  
Enter narrative response here.
- *State that HOME-ARP funds cannot be used to refinance multifamily loans made or insured by any federal program, including CDBG.*  
Enter narrative response here.
- *Other requirements in the PJ's guidelines, if applicable:*  
Enter narrative response here.