

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: MA-502 - Lynn CoC

1A-2. Collaborative Applicant Name: Lynn Housing Authority & Neighborhood Development

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Lynn Housing Authority & Neighborhood Development

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	No
Local Jail(s)	Yes	No
Hospital(s)	No	No
EMT/Crisis Response Team(s)	Yes	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	No	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	No	No
Non-CoC Funded Victim Service Providers	Yes	No
Domestic Violence Advocates	No	No
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	No
LGBT Service Organizations	No	No
Agencies that serve survivors of human trafficking	No	No
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Veteran's organizations	Yes	Yes
My Brother's Table - meals	Yes	Yes

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 1000 characters)

The Lynn CoC has a network of organizations and access to homelessness expertise within the City and across the region which inform ongoing activities and identify and address new needs. Monthly CoC meetings and individual committee meetings are announced via a 100+ stakeholder list; individual members regularly invite new organizations. The CoC has guest speakers and trainings to review best practices and solutions to identified community needs. Among these: effective documentation, PIT strategies, unaccompanied youth, engaging landlords and Housing First. The CoC will continue to invite new organizations and guest speakers to ensure a full range of opinions and input regarding homelessness, and to offer workshops on topics of interest. The CoC developed the Elder Committee in response to input via community outreach, and is meeting monthly to define CoC priorities and strategies, and has invited Greater Lynn Sr Services to make a presentation at an upcoming CoC meeting.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach. (limit 1000 characters)

Acquiring new members is a frequent topic at monthly CoC meetings and in Committee meetings which are well-publicized through a 100+ email list, member networks and partner social media. The annual meeting honors someone from the community who has positively impacted homelessness, and awards scholarships to homeless or formerly homeless young people who are overcoming that challenge. In addition, the CoC invites representatives from special interests including the elder community, law enforcement and those serving youth to be guest speakers and to become regularly attending members. These actions have resulted in new members from law enforcement, the elder community and youth.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals. (limit 1000 characters)

New proposals are encouraged throughout the year in monthly and committee

meetings. During the July 20, 2017 meeting, the CA and consultant provided an overview of the NOFA including the amounts available for new and bonus projects, presented a calendar of actions related to the NOFA response and discussed mandatory meetings for new and renewal applicants. On July 24, an RFP for new and renewal projects was issued and on the 27th, the CoC held a meeting specifically for new applicants to discuss requirements and offer technical assistance to new applicants. We did have one which was not chosen for ranking, but a funded CoC member will be mentoring this partner in the coming year to help them be better prepared for a submission in the next NOFA.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Faith-based organizations	Yes

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient’s in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)

LHAND and the LCoC actively collaborate in the planning and allocation of ESG funds, in development of the Consolidated Plan and in implementation of LCoC priorities. They work with Don Walker, Lynn Office of Economic an Community

Development which manages ESG funding for the City, a direct ESG recipient. Mr. Walker is a regular CoC meeting attendee and member of the Ranking and Review Committee. The CoC and LHAND work in collaboration with Mr. Walker's office to provide information related to Con Plan development, ESG funding allocation needs and protocols and to offer input on ESG program outcomes. The CoC provides PIT, HIC, AHAR and other HMIS data as needed, and will share the HDX Report attached to this submission. Utilizing all data available, Mr. Walker and his staff meet with LHAND and funded CoC members annually to ensure performance standards are clear and focused on ending chronic homelessness.

**1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.
(limit 1000 characters)**

CoC organizations agree to follow the Governance Charter which requires adoption of policies to protect the confidentiality of clients fleeing DV and identifying appropriate resources. CoC members include questions regarding client safety in the intake process Entry Intake. Protection of client privacy is a first priority in the CE process which identifies client vulnerability in compliance with CPD-16-11, and in the Address Confidentiality program utilized by victim service providers.

DV is also a priority for HomeBASE which is used for diversion. LCoC has a relationship with HAWC, the largest service provider for DV in this region. Placement of DV victims, particularly those still fearful of continued violence ensures their safety and client preference is a primary consideration as established support networks are important to maintain.

The LHAND Integrity Officer is on the Community Engagement Committee with the Lynn PD which connects the CoC to families facing DV.

**1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.
(limit 1,000 characters)**

LCoC members partner with local DV providers such as HAWC to ensure CE policies and process are appropriate for this population, and to provide in-service training for agency staff that includes both CE and sensitive intake, as well as recognizing red flags, trauma informed care, safety planning and and restraining order protocols. The CE has incorporated a specialized intake system specifically for DV victims so people can be enrolled without identifying information, and all agencies use this with their CE. These practices are reiterated at every training undertaken re: CE within the CoC and in CE

Committee meetings. Local and state statistics re: DV were instructive in the Gaps Analysis and in prioritizing housing within the CoC, and member agencies used these to pursue additional funding.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Lynn Housing Authority & Neighborhood Development	65.00%	Yes-Public Housing

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)

LCoC has adopted an anti-discrimination policy as part of its Governance Charter, which requires annual training in equal access and fair housing. As a partner in the regional NSHAG which promotes cross-CoC collaboration, has built strong relationships with schools such as New Liberty in Salem which has a large number of LGBTQ+ youth, youth organizations like YouForward in Haverhill and nAGLY in Salem which serve the LGBTQ+ population. Individuals from these organizations have advised us on housing needs and challenges to

this population. LCoC members partnered with the North Shore PRIDE and their annual festival which provides opportunities to reach out to this population, share information on the CoC, its members and activities, and gain information on agencies supporting this population who may be interested in joining the CoC.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>

Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1E. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	No

1E-2. Severity of Needs and Vulnerabilities

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
 (limit 1000 characters)**

Use of the Housing First model and low barrier requirements were key factors in reviewing applications, recognizing that this can effectively address CH. Applicants which were able to mark the most factors in 3B of the application, and had positive reports from the most recent CoC monitoring related to use of Housing First and low barrier screening and termination factors were rated highest. Number of chronic homeless as reported in APRs was lower than expected and the LCoC is creating a CH Working Group to evaluate best practices and models for ensuring that unsheltered and CH persons are housed. Their recommendations will be presented to the CoC and will be implemented system-wide to increase the number of CH housed. CH will again be a factor in Ranking next year.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 2

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority

Listing.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 08/31/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 09/11/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Yes

Attachment Required: If "Yes" is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA. page 13 Governance Charter

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was "Yes", attach a copy of the HMIS Policies and Procedures Manual. Yes

2A-3. What is the name of the HMIS software vendor? Social Solutions

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area. Single CoC

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	438	0	438	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	101	0	61	60.40%
Rapid Re-Housing (RRH) beds	280	0	0	0.00%
Permanent Supportive Housing (PSH) beds	270	0	255	94.44%
Other Permanent Housing (OPH) beds	64	0	64	100.00%

**2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.
(limit 1000 characters)**

The LCoC chose to reallocate the TH program and is requesting new PSH funding to expand an existing PH project with this funding. HMIS data is collected on 100% of RRH beds, but they are reported in the State's HMIS and it is not technically possible to integrate that data into our HMIS, even though they are in our geographic area. We will continue to raise this concern with HMIS providers.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 3

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 05/05/2017

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception. 01/25/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 05/05/2017

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)

The CoC held a training specifically for those assisting with the PIT count which covered both the sheltered and unsheltered aspects, along with the new emphasis on unaccompanied youth. Volunteers in the PIT were professionals who work for agencies within the CoC. There were no lay members of the community except in the youth-targeted surveys. There were no other changes.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? No

2C-2a. If “Yes” was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count? No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017? Yes

CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

2C-4a. Describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC's unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

As with the sheltered count, the only change was a more intensive training. The CoC held a training specifically for those assisting with the PIT count which covered both the sheltered and unsheltered aspects, along with the new emphasis on unaccompanied youth. Volunteers in the PIT were professionals who work for agencies within the CoC. There were no lay members of the community except for youth-targeted surveys. There were no other changes.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count? Yes

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)

The CoC has an established process for acquiring data on homeless youth and is now a respected resource for those seeking to implement effective youth counts. It was one of the first CoCs in the state to do an annual PIT specifically for youth, and has done it now for four years. This includes volunteer youth who have provided significant input into approaching youth, appropriate verbiage/language, social outreach to advertise and where these young people are staying. We also engaged those agencies in the CoC who serve high numbers of youth to provide input and volunteers. We used the HUD survey forms specifically for youth and held a training on these forms in conjunction with the regular PIT training.

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)

The LCoC worked with emergency shelters to differentiate families with unaccompanied youth head of household from those with older heads of household, used the strength of its networks to reach out to all service providers and encourage them to attend the PIT training, along with instruction on best approaches with those they might encounter who are homeless, especially if they were not sheltered, or were unable to maintain housing stability after use of HomeBASE and RAFT funding. One CoC member is a legal advocate who provided input into this population in particular to help us identify them. We are fortunate to have attained functional zero for our Veterans, so no additional actions were needed.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.
(limit 1000 characters)**

This was decreased by 151 persons. Agency intake, HMIS input and CE entrance are all used to track at-risk individuals and families to prevent an escalation of challenges that can lead to homelessness. CoC members use every resource available to prevent homelessness including RAFT, HomeBASE, SSVF, HOPWA and EOHHS through the regional NSHAG, and utilize multi-resource intake forms to identify every possible mainstream resource available. CoC members regularly refer to each other and to the Family Success Center which is a one-stop shop for families and individuals in need of housing, employment, education, budgeting, parenting tools or other community referrals. The Board of Directors and LHAND are the responsible entities.

**3A-2. Performance Measure: Length-of-Time Homeless. CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.
(limit 1000 characters)**

Average LOT for ES and SH increased 137 persons, and increased 130 for ES, SH and TH. Median LOT for ES and SH increased 109 persons, and increased 108 for ES, SH and TH. As indicated above, the CoC has implemented strong measures to reduce first time homelessness. CE prioritizes CH and other risk factors that can lead to homelessness. Extensive use of mainstream resources, referrals to partner agencies, use of the Family Success Center and community partners such as banks which offer budgeting workshops are used to reduce

LOT. All agencies have SOAR-trained staff. The CoC convenes special Committees when needed such as the Veterans Committee which was instrumental in achieving functional zero. LHAND and CoC Board are responsible entities.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing. (limit 1000 characters)

There was an increase of 6% in successful exits to PH for persons in ES, SH, TH and PH-RRH, and successful exits/retention for those in PH an PH-RRH rose 1%. It is important to note that 97% of those in PH for the current FY had successful exits/retention. CoC members utilize Housing First and low barrier strategies, collaborate and refer clients as needed, provide intensive voluntary case management services, increase collaboration with health insurance and CSPECH and with case managers at the State levels including DCF for families, utilizing health insurance case managers to identify resources, rental income to increase slots, working with landlords to educate them, and use of master leasing encourages landlords to participate. LHAND and the CoC Board of Directors are the responsible entities.

3A-4. Performance Measure: Returns to Homelessness.

Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness. (limit 1000 characters)

Number of returns in 2 years increased 5%, 13-24 months and less than 6 months were each 2%, and 6-12 months increased 1%. Many of the strategies being used to reduce first time homelessness and improve retention of PH placements are being used to reduce returns to homelessness as well as referrals to legal service that assist people before they become homeless use of networking between CoC members to address any need that presents emergency assistance to prevent evictions, using one application, voluntary case management follow up and use of CE. The proposed DedicatedPLUS and bonus projects are Housing First projects with extensive case management funded from other sources to further encourage retention of PH. LHAND and the CoC Board of Directors are the responsible entities.

3A-5. Performance Measures: Job and Income Growth

Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies;

**(3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits.
(limit 1000 characters)**

All CoC-funded agencies are SOAR trained and use CSPECH. Each uses benefits screening and single applications for multiple resources. They have increased job training and education referrals and the CoC has developed a strong relationship with the Career Center located in the Family Success Center which has programs with ESOL and job training/GED/HiSet as well as apprenticeship programs, the United Way and local businesses. CoC will continue to participate in local WIB and YouthBuild. The CoC Board of Directors is the responsible entity. In partnership with NSHAG, clients of CoC agencies have attended a number of workshops including stress management and budgeting. LHAND and the CoC Board are the responsible entities.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests). No

**3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count?
(limit 1000 characters)**

**3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016.
(mm/dd/yyyy)** 06/05/2017

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	53	67	14

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	14
Total number of beds dedicated to individuals and families experiencing chronic homelessness	81
Total	95

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>

Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless. (limit 1000 characters)

Collaboration between CoC members along with their use funding from DHCD's Strategic Diversion Initiative (HomeBASE, RAFT), as well as ESG, are effective strategies to rapidly rehouse families with children. These programs provide \$4-12,000 per family for initial move-in costs, rent arrearages, rental stipends and can be used in housing court to retain housing when a landlord is open to that. Combined with case management, they prevent and minimize secondary homelessness. LCoC is also part of NSHAG Homeless Consortium, a regional approach to homelessness through which families can access flexible funding to meet a broad range of needs to sustain or acquire housing. These funds are particularly helpful for families that don't need significant case management.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	0	116	116

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing. (limit 1000 characters)

This year, the LCoC adopted an anti-discrimination policy to be included in its Governance Charter and requires all members to participate annually in equal access and fair housing training. This initiative is supported by our emergency shelters and PSH providers. The CoC has also built relationships with two organizations whose work is specifically targeted to the LGBTQ+ community, nAGLY (youth) and North Shore Pride (everyone). Through these relationships, the CoC will continue to educate its members on appropriate engagement of this community including sensitivity to language and preferences.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

Human trafficking and other forms of exploitation?	No
LGBT youth homelessness?	No
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad Credit or Rental History	<input checked="" type="checkbox"/>

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

The Youth Committee continues to build relationships with agencies serving unaccompanied youth who have experienced housing insecurity, as well as the youth themselves. CoC members have utilized regional NSHAG funding, as well as NSHAG-funded workshops. Through the Youth Committee, shelters and other mainstream providers have been educated about the unique needs of unstably housed youth and making programs user-friendly for them. LCoC nurtures prospective applicants for funding including one which the CA spent a good deal of time with to review CoC strategies and priorities as well as HUD eligibility criteria. The agency submitted an application, but the Review Committee felt they were not quite ready and did not fund the submission. Another agency has agreed to mentor the one that did not get funded to help them strengthen their capacity and potentially submit a request for funding next year. Ongoing outreach with agencies and youth, working with prospective applicants, engaging stakeholders in the annual Youth Count including

educational institutions is effective as it increases awareness of challenges for youth, provides an opportunity for greater understanding of the unique needs of youth and offers a platform for planning and development of solutions. We are confident it is working as youth are responding positively, more agencies are becoming sensitive to this population and agencies are developing innovative approaches to housing these young people.

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)

The LCoC has an Education and Youth Committee specifically engaged in the work of identifying the needs of those under 24 and consistently includes the McKinney Vento Education Liaison as a member. She and CoC members work collaboratively to help children stay in the schools where they have built social networks and are familiar with their teachers and advisors. This Committee regularly reports to the full CoC making members aware of educational initiatives, opportunities and reports with data that can assist in serving families.

The CoC invites local State Educational Liaisons to monthly meetings, and CoC members regularly attend their meetings to maintain open lines of communication and to take advantage of mutually beneficial funding opportunities. The LCoC has also adopted a comprehensive Education Policy which is defined on pages 22-24 of the Governance Charter.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	No
Head Start	Yes	Yes
Early Head Start	Yes	Yes
Child Care and Development Fund	Yes	Yes
Federal Home Visiting Program	No	No
Healthy Start	Yes	No
Public Pre-K	Yes	Yes
Birth to 3	Yes	Yes
Tribal Home Visiting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and

**housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 1000 characters)**

LCoC has an active Veteran Committee through which members identify, assess and refer homeless Veterans to various housing and community services. It works in partnership with the VAMC (VA Medical Center), local CBOC (Community Based Outpatient Clinic), local VSO (Veteran Service Officer) and community partners to identify homeless Veterans. It has an Active Veteran Registry of homeless and at-risk Veterans each with a stabilization plan (Lynn VSO, VAMC, VASH, SSVF, GPD are all represented on that committee). Committee members ensure that each Veteran listed on the Registry has a stabilization plan for when they choose to engage in supportive services and housing. There are coordinated outreach between local Street Outreach Liaisons who also coordinate with local VAMC's and housing authority to access VASH. - Lynn does not have GPD, however, we do coordinate with local GPD providers to utilize GPD in the region as needed.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach? Yes

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)

CoC members have made a concerted effort to become knowledgeable in the variety of mainstream benefits available for their clients including CSPECH, Food Stamps, SSI, TANF, Medicaid and Medicare. CoC members use single forms at assessment to identify needs and benefit eligibility, help clients access these, and follow up through case management.

The CA shares opportunities that it becomes aware of throughout the CoC network via email and in monthly meetings. All agency staff are regularly encouraged to attend benefits meetings and review benefit program websites and social media to ensure they are aware of changes and opportunities for clients. In addition, the CoC has built strong relationships with state agencies and resource providers which adds another layer of access for CoC members. LHAND and the LCoC Board are responsible for oversight.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	10.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	10.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	10.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	8.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	80.00%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)

The Lynn Shelter Association (LSA) undertakes street outreach daily throughout the CoC's geographic area, and has built relationships with those who are reluctant or uninterested in seeking assistance, continually making them aware of the resources available to them. Other agencies consult with LSA as needed to address those who are CH and unsheltered.

To most effectively meet the needs of the CH and unsheltered population, the CoC is convening a working group to study and evaluate best practices in reaching this segment of the homeless population, and moving them into housing and services. They will present a plan to the FM of the CoC and work to implement that plan.

4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.
Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2)

what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

The LCoC Governance Charter which is renewed and approved annually, includes policies specific to fair housing and equal opportunity and compliance with local and federal laws. Among the requirements of the Antidiscrimination Policy is that LCoC members annually attend training on equal access and implementation of the Fair Housing Act. Outreach through CE educates agencies serving specific, difficult-to-reach populations about CE and housing opportunities available through enrollment. The CA and member agencies adopt culturally competent policies and approaches, using partner agencies as needed if there is a gap such as a language barrier, or other challenge to accessing services or information.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	0	280	280

4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3). No