

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	No	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Yes	No	No
5.	CoC-Funded Youth Homeless Organizations	No	No	No
6.	Disability Advocates	Yes	Yes	Yes
7.	Disability Service Organizations	Yes	Yes	Yes
8.	Domestic Violence Advocates	Yes	No	Yes
9.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	Yes	Yes	Yes
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
13.	Law Enforcement	Yes	No	No
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
15.	LGBT Service Organizations	Yes	Yes	Yes
16.	Local Government Staff/Officials	Yes	No	No
17.	Local Jail(s)	No	No	No
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	Yes	Yes	No
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBT persons	Yes	Yes	Yes
24.	Organizations led by and serving people with disabilities	Nonexistent	No	No
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
Other:(limit 50 characters)				
33.	Elder Housing and Services	Yes	Yes	Yes
34.	Emergency Food Providers, Veterans Services	Yes	Yes	Yes

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

Describe in the field below how your CoC:	
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

(limit 2,000 characters)

1. The Lynn CoC issues a public invitation for new members annually in the "Daily Item," Lynn's local newspaper. It is also posted to the City of Lynn's website and the Lynn Housing Authority's (LHAND). LHAND is also the CoC's Collaborative Applicant and CoC invitations and meeting notices are posted on LHAND's website. Throughout the year, invitations are also made through member agencies via social media, agency websites, and working group communications.
2. Non-Elderly Disabled (NED) I and II Vouchers are managed by LHAND. NED I vouchers are for disabled individuals discharged from nursing homes and hospitals. NED II vouchers are non-elderly disabled on the HCVP wait list who are currently homeless. These clients all have access to LHAND facilities, web notices, etc. where invitational notices are posted. LHAND and the CoC collaborate with agencies that serve disabled populations, including Independent Living Centers, Massachusetts Office on Disability, health care providers, hospitals and health centers. These organizations also receive notice of public invitations to join our CoC.
3. Throughout the year, continued outreach is conducted and invitation is made

to all persons. Through our member agencies via tabled events, community canvassing, social media, agency websites, and working group communications, the CoC is able to connect with current and formerly homeless individuals. We also take the opportunity to have these discussions during the planning and execution of the Annual Point-in-Time Count and Massachusetts Homeless Youth Count.

4. Through the creation of the Lynn’s Diversity, Equity and Inclusion Officer position, culturally specific communities experiencing homelessness will play a lead role in developing strategies and initiatives to ensure greater diversity, equity, and inclusion throughout the CoC. In the Spring of 2021, the Lynn CoC completed our Racial Equity Analysis and insights from this work will inform our efforts to assure inclusion.

1B-3.	CoC’s Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,000 characters)

1. The CoC solicits formal input through our Annual Public Hearing. It is advertised in the newspaper and on member websites. Other efforts include monthly membership meetings. These meetings consist of representatives from local agencies including community action agencies; domestic violence providers; shelters; substance abuse and mental health providers; youth services organizations; hospitals; schools; Veterans services agencies; and local government entities as well as those with lived experience. Other efforts include community forums, monthly CoC committee meetings, Coordinated Entry/HMIS user groups, a state Homeless Providers Consortium, and Regional Providers Network Group meetings. City of Lynn has ESG entitlement funds and hold annual Consolidated Plan public hearings. The agenda, discussion and public input from these sessions also inform the CoC planning process.
2. This year our Public Hearing was held virtually where the Board, Collaborative Applicant and stakeholders identified gaps and progress made toward ending homelessness. Feedback was solicited from all attendees. Through the work of sub-committees, Strategic Plan goals and objectives were clearly identified and developed. Throughout the year information is sent out using various listservs, email groups, member agency websites and blogs. Also, fliers are posted and robocalls are conducted to identify resources and events throughout the CoC. The City of Lynn, with contiguous boundaries with our CoC, has ESG entitlement funds and hold annual Consolidated Plan public hearings. The agenda, discussion and public input from these sessions also inform the CoC planning process.
3. As a result of the public meetings and forums to identify needs within the CoC, action plans are developed, and tasks are assigned to the members through the work of our CoC’s sub-committees. CoC and Consolidated Planning

processes also inform new and best practices going forward.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

Describe in the field below how your CoC notified the public:	
1.	that your CoC’s local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,000 characters)

1 & 2. A FY21 CoC Program NOFO Summary was developed and posted on the City of Lynn and LHAND (CoC collaborative Applicant) websites and in the newspaper. The public was notified that our CoC’s local competition was open and accepting project applications.

3. The FY21 CoC Program NOFO Summary included a timeline that included deadlines, scoring criteria and required attachments. It highlighted new requirements and advised prospective project applicants to review detailed application instructions, but also all other materials on the HUD Exchange and HUD.gov websites.

4. The 2021 Ranking and Review Policy was disseminated and posted it to the City of Lynn and LHAND websites. It detailed how applications must meet minimum threshold requirements to be considered. New projects that have not yet begun or completed their grant term will be held harmless and ranked in Tier 1 unless they fall below the 94% cutoff. The Collaborative Applicant (CA) will send formal notification of a preliminary determination made by the LCoC Ranking Committee to each project applicant along with: individual project ranking summary, individual project ranking number, and any potential budget reduction or increase. The CA will provide all appeals to the LCoC Project Ranking Committee to make a final determination that will be sent to the LCoC for a review, vote (minus any and all voting members with a bias or conflict of interest) and posting to the CA and partner websites.

5. Our CoC effectively communicated with individuals with disabilities and made information accessible in electronic formats by posting on the City of Lynn and the LHAND websites a FY21 CoC Program NOFO Summary, outlining the online application process.

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

- | | |
|----|--|
| 1. | select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or |
| 2. | select Nonexistent if the organization does not exist within your CoC’s geographic area. |

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Nonexistent
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Nonexistent
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.	Community Connections Coalition, faith-based service providers	Yes
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

Describe in the field below how your CoC:

1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,000 characters)

1. The Lynn CoC members attended (virtual or in person) the annual ESG meeting during which ESG program recipients and requirements for new applications were reviewed and discussed. The public has the opportunity to ask questions of the ESG officer, as well as participating ESG and CoC programs. Most recently, this included follow-up with the CoC membership regarding questions that had to be answered after the annual meeting. The questions were resolved, and a formal, written response was shared at the following CoC meeting.

2, 3 and 4. The Lynn Housing Authority and Neighborhood Development agency (LHAND) and the Lynn CoC actively collaborated in the planning and allocation of ESG and ESG-CV funds, in development of the Consolidated Plan, and in the implementation of Lynn CoC priorities. To that end, the CoC works closely with the City of Lynn Office of Economic and Community Development, which manages ESG funding. The CoC and LHAND provide information related to Consolidated Plan development, ESG funding allocation needs and protocols, and to offer input on ESG program outcomes. The CoC provides PIT, HIC, AHAR/LSA, and other HMIS data as needed, and will share the HDX Report attached to this submission. Utilizing all data available, the City meets with LHAND and funded CoC members annually to ensure performance standards are clear and focused on ending chronic homelessness.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes

4. Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5. Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6. Other. (limit 150 characters)	
Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within our CoC's geographic area that might be out of compliance. NOTE: no non-compliant facilities were identified	Yes

1C-4. CoC Collaboration Related to Children and Youth—SEAs, LEAs, Local Liaisons & State Coordinators.	
NOFO Section VII.B.1.d.	

Describe in the field below:

1. how your CoC collaborates with youth education providers;
2. your CoC's formal partnerships with youth education providers;
3. how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4. your CoC's formal partnerships with SEAs and LEAs;
5. how your CoC collaborates with school districts; and
6. your CoC's formal partnerships with school districts.

(limit 2,000 characters)

The CoC has an MOU with the McKinney-Vento liaison at Lynn Public Schools (LPS). After taking on a new position, the former LPS liaison remained in her role as the Chair of the CoC's Youth Sub-Committee. The Lynn Public Schools McKinney-Vento representative is an active member of the CoC Youth Committee. Some CoC members also coordinate early childhood education for those of limited income.

The Collaborative Applicant's (the PHA) in-house legal counsel developed a presentation for the CoC on fair housing. CoC member Bridgewell developed and facilitated a middle school presentation regarding substance abuse avoidance. In Lynn we are fortunate to have the Siemer Institute in Lynn Schools to prepare students at risk for college, helping them build the confidence and academic capacity to succeed. Through a funded partnership with the Massachusetts Executive Office of Health and Human Services (EOHHS), we have developed the College Pilot, where homeless youth are attending college at Salem State University and North Shore Community College.

1C-4a. CoC Collaboration Related to Children and Youth—Educational Services—Informing Individuals and Families Experiencing Homelessness about Eligibility.	
NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,000 characters)

The Lynn CoC has adopted a comprehensive Education Policy which is defined on pages 25-26 of the CoC Governance Charter. The CoC invites local State Educational Liaisons to monthly meetings and CoC members regularly attend meetings to maintain open lines of communication and to take advantage of

mutually beneficial funding opportunities. Each CoC-funded project serving households with children has a staff member dedicated to education and is in regular contact with local and State educational providers as required by the CoC's Education Policy. As indicated, the CoC has strong relationships with McKinney-Vento Liaisons and use those regularly to ensure that children are attending school during times of housing crisis.

Educational needs are consistently explored across the CoC at intake and in the development of Client Plans. The agencies in the CoC also regularly refer clients to our area CAP agency LEO, as well as the Family Success Center which each have specific programs related to increasing and attaining education and employment.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

	MOU/MOA	Other Formal Agreement
1. Birth to 3 years	No	No
2. Child Care and Development Fund	No	No
3. Early Childhood Providers	Yes	No
4. Early Head Start	Yes	No
5. Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6. Head Start	Yes	No
7. Healthy Start	No	No
8. Public Pre-K	Yes	No
9. Tribal Home Visiting Program	No	No
Other (limit 150 characters)		
10. Tribes are nonexistent	No	No

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:

1.	Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,000 characters)

The Lynn CoC provides several required trainings annually, including Trauma Informed Care, victim centered Motivational Interviewing and Harm Reduction.

Regular training to address best practices for serving the needs of survivors of domestic violence including safety protocols is mandatory for all those who interact with survivors of domestic violence, including project staff and coordinated entry staff, and optional for any other interested CoC partner agencies. At weekly meetings, providers discuss CoC produced data to continually assess community needs related to domestic violence and homelessness, making adjustments as needed.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

(limit 2,000 characters)

Victim service providers (VSPs) are asked to track client-level data throughout the year in a database that is comparable to HMIS. The data must be segregated from HMIS so that it is not inadvertently disclosed to unauthorized personnel, but the underlying tracking system should be as similar as possible to HMIS. VSP’s will be asked to generate an Annual Performance Report (APR) or an APR-like report using the client-level data in their comparable database. If the VSP’s software is not able to automatically create such a report, then the VSP will be assisted to tabulate its records so as to manually create a report on project-level outcomes.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC’s coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

All Lynn CoC providers incorporate a safety risk assessment as part of initial CE triage and intake procedures, evaluating, to the greatest extent possible, the physical safety and well-being of participants and prospective participants. All CoC-defined access point agencies conduct an initial screening of risk or potential harm perpetrated on participants as a result of domestic violence, sexual assault, stalking, or dating violence. In the event defined risk is deemed to be present, the participant is referred or linked to available specialized services and housing assistance, using a trauma-informed approach designed to address the particular service needs of survivors of abuse, neglect, and violence.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2. Did your CoC conduct annual 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 (Equal Access Final Rule)?	Yes
	3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual’s Gender Identity (Gender Identity Final Rule)?	Yes

1C-7.	Public Housing Agencies within Your CoC’s Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC’s geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Lynn Housing & Neighborhood Development		No	No

You must enter information for at least 1 row in question 1C-7.

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

Describe in the field below:

	1. steps your CoC has taken, with the two largest PHAs within your CoC’s geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference–if your CoC only has one PHA within its geographic area, you may respond for the one; or
	2. state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,000 characters)

The Lynn CoC is a one-city CoC with one PHA - LHAND, our CoC’s Collaborative Applicant. There have been discussions about adopting a homeless admission preference, and these discussions are ongoing. It should be noted that the CoC has dedicated resources that are already being utilized to bridge individuals and families to permanent housing, including state funded homelessness prevention and transitional housing assistance through the CoC’s Family Success Center, and the North Shore Housing Action Group’s

(NSHAG) housing assistance funds for youth. In addition, the VA has achieved Functional Zero homeless veterans in Lynn.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC’s jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Including PHA-Funded Units in Your CoC’s Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC’s coordinated entry process?	No
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1C-7c.1.	Method for Including PHA-Funded Units in Your CoC’s Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC’s practices are formalized in written agreements with the PHA, e.g., MOUs.

(limit 2,000 characters)

- All projects funded through the LCoC Program or the ESG Program are required to participate in the local CE.
- The Lynn CoC is a one-city CoC with one PHA - LHAND, our CoC’s Collaborative Applicant

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes
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1C-7d.1.	CoC and PHA Joint Application—Experience—Benefits.	
	NOFO Section VII.B.1.g.	
	If you selected yes to question 1C-7d, describe in the field below:	
1.	the type of joint project applied for;	
2.	whether the application was approved; and	
3.	how your CoC and families experiencing homelessness benefited from the coordination.	

(limit 2,000 characters)

- 1 and 2. The LCoC coordinated with our PHA for the administration of:
- Family Reunification Program vouchers
 - Non-elderly Disabled Vouchers (NED)
 - Massachusetts state grants for homeless/housing unstable Youth
3. Our CoC and the families experiencing homelessness benefited from this coordination by:
- Placement of individuals and families into permanent housing with support
 - Referrals to community resources to address other needs/barriers
 - Connection to a network of ongoing supports

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	No
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1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program—List of PHAs with MOUs.	
	Not Scored—For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.	
PHA	
Lynn Housing & Ne...	

1C-7e.1. List of PHAs with MOUs

Name of PHA: Lynn Housing & Neighborhood Development

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	11
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	11
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

The Lynn CoC monitors at least annually each project that receives funding through the Continuum of Care. Reviewers selected by the CoC’s Monitoring Committee use a set of standard questions developed by the Committee. These questions are relevant to the project’s approved use of CoC funding, and

include questions to assure that a Housing First approach is followed. These questions also include questions about service participation requirements and preconditions required of program participants. The monitoring tool also about measures used to assure that projects are prioritizing rapid placement and stabilization in permanent housing.

The Monitoring Committee may choose to monitor a project more frequently if challenges are noted in the annual review or if sufficient follow-up measures are not taken to resolve issues. In this case, the Monitoring Committee will notify the Executive Committee of this decision resulting from the monitoring report. The Monitoring Committee will submit a final monitoring report to the Executive Committee upon completion of the monitoring. The Executive Committee, or at its discretion, a member of the Monitoring Committee, will present this report to the CoC at the next meeting.

1C-9b.	Housing First–Veterans.	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

Describe in the field below:	
1.	your CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,000 characters)

1. The Lynn Shelter Association employs a multi-member street outreach team that connects people in homeless encampments and on the streets to shelter, services and permanent housing. Team members identify people experiencing homelessness, spend time with them and work to engage them. The team’s aim is to develop rapport with people on the street and in encampments, refer them to shelter and other services such as physical health, mental health and substance abuse treatment as needed, and move them into permanent housing as rapidly as possible without imposing preconditions such as sobriety, income requirements, or participation in services. A medical outreach team staffs a clinic at My Brother’s Table soup kitchen, engaging and enrolling people in the CoC’s Coordinated Entry system.
2. The street outreach team covers 100% of the CoC’s geographic area through the proactive work described above and through responses to requests for assistance from public safety personnel.
3. The activities described above are conducted on an almost daily basis.
4. To maximize effectiveness of its work with people who are least likely to request assistance, the street outreach team includes people with lived

experience and employs a person-centered model, focused on the strengths and resources of each person who is experiencing homelessness who they encounter. The team operates using harm reduction principles, often working with people who are actively using illegal substances, building relationships, and providing services with consistency, compassion, empathy and understanding. The medical outreach team, operating at the soup kitchen, often interacts with and engages people who only desire food and medical assistance and are not likely to engage with other service providers or outreach workers.

1C-11.	Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	No
5.	Other:(limit 500 characters)	

1C-12.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.I.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of “Current.”	0	10

1C-13.	Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	No	No
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

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1C-13a.	Mainstream Benefits and Other Assistance—Information and Training.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

1.	systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC’s geographic area;
2.	communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;
3.	working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and
4.	providing assistance with the effective use of Medicaid and other benefits.

(limit 2,000 characters)

1 and 2. The Lynn CoC provides up-to-date info on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs, etc.) within our CoC’s geographic area through our listserv, the PHA (a/k/a “LHAND” also the Collaborative Applicant), member agency websites, the City of Lynn’s website, LHAND’s Family Success Center Facebook page, and the Lynn Community Connections Coalition (LCCC).
3 and 4. The Lynn CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance and understanding the effective use of Medicaid and other benefits through providers such as Lynn Community Health Center (LCHC). This agency extensively serves the entire CoC. It is an active CoC member agency who’s Medical Director is on the CoC Board and leads a division of the CoC’s Street Outreach Team.

1C-14.	Centralized or Coordinated Entry System—Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC’s coordinated entry system:

1.	covers 100 percent of your CoC’s geographic area;
2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

(limit 2,000 characters)

1. The Lynn CoC Coordinated Entry (CE) system utilizes a “No Wrong Door” approach to cover 100% of the CoC’s geographic area, utilizing four advertised Access Points.
2. Functioning as virtual CE Access Points, outreach teams contact and engage people who are least likely to apply for homeless assistance. CoC “Street Outreach Strike Team” members armed with tablets work in encampments to enroll people in CE, administer assessments, and rapidly connect people to housing. The CoC’s Medical Outreach program engages many who are homeless but do not seek other services. Medical Outreach workers conduct

Coordinated Entry intakes and assessments at My Brother's Table, which provides meals to many who otherwise would not engage with CE.

3. For permanent supportive housing, the CoC's CE policy prioritizes people most in need of assistance by determining chronic homelessness, length of homelessness, and by utilizing a vulnerability assessment covering a number of factors including health risks, vulnerability to victimization, and utilization of emergency services. Additionally, transitional housing and rapid rehousing prioritization considers factors including households fleeing or attempting to flee domestic violence, unaccompanied youth, and recurrent episodes of homelessness.

4. Through the above listed prioritization, the CE system connects people most in need of assistance with available housing options. The CE system does not impose any prerequisites or barriers for households seeking emergency services such as shelter to ensure that people are able to access needed services in a timely manner. In the past year the CoC's CE Sub-Committee implemented a case conferencing model in order to better identify high priority cases and connect participants with appropriate services as quickly as possible. This includes enrolling participants in CoC-funded housing, such as Permanent Supportive Housing, and connecting them with mainstream prevention, diversion, and rehousing programs.

1C-15.	Promoting Racial Equity in Homelessness–Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	No
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	Yes
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	No
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	Yes

1C-15b.	Strategies to Address Racial Disparities.	
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NOFO Section VII.B.1.o.

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	No
	Other:(limit 500 characters)	
12.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

Strategies to ensure racial and ethnic equity across all populations assisted in the Lynn CoC, is a priority for Lynn residents and the CoC. The Racial Equity Working Group convened, surveyed and explored racial equity questions, comparing Lynn CoC data to that of other sources. This information and specific issues were then discussed with the Lynn CoC. The group identified reliable and relevant sources of data and reporting that can be used as baselines for analysis, the implementation of mitigation measures and the analysis of outcomes. The group identified strategies to reduce disparities in order to reduce the likelihood of becoming homeless, such as providing resources to address arrears in rent and utilities, legal assistance, etc. And to ensure that these measures are broadly available and publicized with outreach to affected populations. The Racial Equity Working Group also developed resources and strategies to combat housing discrimination and plan to provide opportunities for partnerships, ongoing education, training, and conversation in the CoC to foster

equity awareness.

1C-16.	Persons with Lived Experience–Active CoC Participation.	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	3	1
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	2	0
3.	Participate on CoC committees, subcommittees, or workgroups.	2	0
4.	Included in the decisionmaking processes related to addressing homelessness.	1	0
5.	Included in the development or revision of your CoC's local competition rating factors.	0	0

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	

1D. Addressing COVID-19 in the CoC’s Geographic Area

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
	NOFO Section VII.B.1.q.	
	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:	
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

(limit 2,000 characters)

For all unsheltered, shelter and transitional settings, full COVID safety protocols were immediately implemented. Within common areas and service locations, outside visitors were restricted, PPE was distributed and masks were required. Training was provided on the potential for transmission through coughing, sneezing, personal contact, etc., as well as through eye, nose and mouth touching. Hand sanitizing and hand washing techniques were posted. Hand sanitizer stations were set-up. COVID testing (rapid and PCR) and health services were extensively provided. All on site staff were monitored daily for COVID symptoms, including temperature checks. Once available vaccines were extensively available.

1- Unsheltered situations – Outreach teams distributed PPE. A local hotel was engaged to depopulate encampments to reduce personal contacts. Client intake areas were upgraded with appropriate spacing and enhanced air filtration. Services were shifted to telework to make as much space as possible within facilities available to clients and essential staff.

2 - Congregate emergency shelters -- The emergency shelter moved to a larger space at the YMCA to meet social distancing. Symptomatic clients and those testing positive for COVID were referred to an isolation site. Once available, a negative rapid test result was required for shelter entry. Once available, PCR tests were administered to clients and staff on a bi-weekly basis.

3 - Transitional housing -- For common areas, congregate activities were suspended, masks and social distancing were required, and hand sanitizer

stations were set-up. Providers immediately transitioned to primarily working with clients (case management, COVID testing, health services, etc.) and residents remotely, and when not possible, outdoors or in settings where a 6 foot distance can be maintained.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

The Lynn CoC has learned many lessons from the COVID 19 pandemic, to date. There were minimal interruptions in shelter and associated services due to actions that can be documented and quickly duplicated should a future emergency arise.

Much was learned by CoC providers. Our primary emergency shelter was relocated to a larger facility offered by the YMCA. This reduced space between occupants. Facility cleanliness, disinfection and air quality were addressed. COVID 19 + and symptomatic COVID patients were referred to recovery and isolation sites.

Measures to assure that staff and clients were not exposed to, or contributing to the spread of, the disease were put into place. This included education on hand washing, masking, etc. , as well as telecommute options for staff, the provision of remote case management and other services, and the limiting of occupancy during transportation of clients. Resources for personal protective equipment were quickly identified and necessary items were procured.

Funds or resources for emergency food, rent and utility assistance were raised by the United Way, local foundations, faith organizations, etc. Clients were connected with resources for emergency rent and utility assistance.

And lastly, the CoC partnered with the City of Lynn in its coordinated response to the pandemic by participating in emergency response strategies, weekly status meetings, etc.

Documentation of all of these efforts are certain to improve responses to public health emergencies that may occur in the future.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;

4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

Safety Measures - Through funding from the local ESG CV recipient (the City of Lynn), LCoC member agencies evaluated their living spaces - especially communal areas - and implemented Social Distancing protocols based on guidance from the CDC & the City's Public Health Director. The Lynn Emergency Shelter depopulated by moving some of its most vulnerable guests to the YMCA & others to a nearby hotel, to limit their risk of exposure. Some providers hired security personnel after staff observed clients failing to observe social distancing and other safety protocols and some programs experienced vandalism, likely in response to their attempts to limit traffic in their buildings.

Housing Assistance and Eviction Prevention - LHAND's Family Success Center was the hub for delivering ESG/ESG-CV funded homelessness prevention and rapid rehousing, providing housing assistance and stabilization services and rental assistance to keep people from needing to move into emergency shelter. Payments were made for rental application fees, security deposits, utility payments and moving costs; and assistance was given with housing search and placement, landlord mediation. Referrals were made for legal services to avoid eviction once the moratorium was lifted.

Healthcare Supplies and Sanitary Supplies - The LCoC worked with the City's public health unit, CoC member agencies and others to provide healthcare supplies and sanitary supplies to people experiencing housing instability or homelessness. City, CoC and CoC member agency staff distributed thousands of PPE kits containing masks, hand sanitizer, disinfecting wipes and multi-language informational packets about COVID and local resources. Case Managers from all programs triaged new cases, coordinated wellness checks and PPE distributions, hosted food pantries & made deliveries as needed. Some provided transportation to medical appointments & purchased cell phones to keep people connected to their supports.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

Decrease Disease Spread -- CoC partners work closely with Lynn Community Health Center (LCHC) to ensure all clients receive comprehensive health care services.

The LCHC has been offering rapid and biweekly PCR testing throughout CoC partner housing and service sites, and once available, vaccines through local clinics and a mobile clinic. The LCHC also provided training on COVID protocols through a locally produced video, and provided signage utilized within all facilities utilized by CoC partners.

A CoC bi-lingual Health Equity Coordinator organizes community organizations such as Partners HealthCare (Lynn’s largest hospital), the North Shore Community Health Center and the Salem Pantry to provide equitable access to safety information in six languages and vaccines.

Safety Measures -- The LCHC keeps staff and clients up to date on signage, training and current best practice for the prevention of COVID spread within facilities and housing sites, as well as in client and staff interactions within public settings throughout the broader community. Social distancing, hand washing and masks are required in all congregate settings by all providers. Training and signage are provided by LCHC to ensure that current best practices are implemented.

CoC partners invited artists to create “public safety art” which resulted in bi-lingual posters and information that attracted attention of residents to help dispel misinformation and mistrust. A CoC partner manages a text line for residents to distribute important information.

A CoC housing provider’s staff conduct ‘community walks’ to connect with community residents and small business owners. In Mid-2020, this partner launched a Community Ambassador program with 5 residents who further supported street-level outreach. Housing partners now share virtual zooms, emails, social media ways for residents to get tested for COVID as well as how/where to get vaccinated for COVID.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:

1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

Safety Measures -- CoC partners have ensured that all providers, advocates, and individuals seeking housing and services were informed of continuously evolving COVID testing and safety requirements. All new clients are screened for symptoms and rapid tested on site. Vaccinations are offered and encouraged for all clients, especially the medically compromised.

The Lynn Community Health Center (LCHC), a CoC partner, leads on signage, training and current best practice for the prevention of COVID spread within their congregate facilities and housing sites, as well as in client and staff interactions within public settings throughout the broader community. Social distancing, hand washing and masks are required in all congregate settings by all providers. Training and signage are provided by LCHC to ensure that current best practices are implemented.

Changing Local Restrictions -- The CoC partnered with the City of Lynn and the

LCHC in its coordinated response to the pandemic. In addition to receiving regular memos, updated guidance, etc. from local and state officials, partners also participated in weekly status meetings.

Vaccine implementation -- CoC partners were made aware of vaccine implementation strategies in the same manner, as documented in the preceding paragraph.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

Once available, the Lynn Community Health Center administered vaccines onsite and at local clinics. A mobile vaccination clinic was developed to serve housing and community sites. CoC providers worked closely with the Health Center to implement vaccine clinics at CoC sites. The Health Center also kept CoC partners up to date on current vaccine information.

All individuals were encouraged to learn about and, when eligible, receive the COVID vaccine. The CoC and the Health Center ensured Individuals with chronic medical issues, physical disabilities, and meeting age requirements were prioritized for vaccination. At the outset, as eligibility was expanded, CoC partners Identified eligible individuals through wellness calls, case management and direct outreach. Transportation was arranged, as necessary.

Efforts to increase bilingual assistance were initiated. This included bi-lingual assistance to vaccine clinics, including the implementation of a mobile vaccine van. Informational materials in the six most commonly spoken languages in Lynn were developed and distributed to CoC organizations, as well as directly to the community.

Once vaccinations were underway, CoC organizations surveyed the community on vaccine hesitancy and provided information on where to be vaccinated and updated education about vaccines. High need neighborhoods with the lowest vaccination rates were targeted for more intensive canvassing with this information.

Housing provider staff began to conduct 'community walks' to connect with residents and business owners with vaccine sites/availability. From this evolved an Ambassador program with resident train to support street-level outreach. CoC partners now share virtual zooms, emails, social media , etc. in an effort to get clients tested for COVID as well as how/where to get vaccinated.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

The CoC's domestic violence partners are Amirah (CoC funded) and HAWC (Healing Abuse Working for Change). Both are regional and both have locations in Lynn.

HAWC quickly recognized that COVID-19 had caused major economic devastation, disconnected many from community resources and support systems, and created widespread uncertainty and panic, and that such conditions may stimulate violence in families where it didn't exist before and worsen situations in homes where mistreatment and violence has been a problem.

At the outset of the pandemic, HAWC publicized that its shelter would remain operational, and its was prepared to provide housing to those individuals who were fleeing domestic violence situations as a result of the pandemic. HAWC also publicized its contact information, and that it was available to provide help via phone during regular business hours, and in addition, at any time through it's 24/7 hotline.

CoC efforts were augmented by support from the state which immediately expanded services for crisis interventions, not only as a result of domestic violence, but also sexual assault through triaged calls to the 24/7 hotline. The State also publicized that these services were available in English and Spanish, and through translators in 130 languages.

Between March and June 2020 the National Human Trafficking Hotline saw and increase in sex trafficking reports by 40%. At that same time, the CoC's women's sanctuary (Amirah) was seeing an increase in red flags indicating sex trafficking and abuse. In response, it created the Community Resource Center (CRC). It provides clinical services peer support, working with women to develop resiliency tools, safety plans, and, in appropriate cases, exit strategies. The CRC offers a unique combination of resources specifically designed for women experiencing sex trafficking alongside domestic violence and is the only resource of its kind for this population in the area.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

At the onset of the COVID-19 pandemic, the Lynn CoC reviewed its existing coordinated entry assessment and prioritization to ensure that the system adequately accounted for risk factors associated with COVID-19. At that time, it

was determined that the existing process took into account the known risk factors. Since that time, the system has been adapted to continue to provide access and information regarding coordinated entry services in spite of limited in-person services being available at times.

Lynn's Coordinated Entry Team, led by Lynn Empowering Opportunities (LEO) has worked throughout the pandemic to ensure a continuity of service while maintaining safety. Early in the pandemic, LEO shifted many coordinated entry services to a virtual format. LEO upgraded client intake areas with appropriate spacing and air filtration to ensure safety for in-person services.

Lynn CoC's coordinated entry system engages with Eliot's Intensive Case Management Street Outreach Strike Team to connect people living in area encampments to Coordinated Entry. When onsite conducting assessments, evolving COVID safety protocols were followed.

The Lynn Community Health Center's Medical Outreach program also provided a connection to coordinated entry in their work with unsheltered populations. This required more in-depth efforts throughout the pandemic to not just connect unsheltered populations to housing and services, but also to provide PPE, pertinent information and COVID services.

Most recently, as the Lynn CoC examines the development of a locally designed vulnerability index, the CoC Coordinated Entry Sub-Committee has examined further incorporating updated risk factors associated with COVID-19 to ensure that the most vulnerable households are prioritized for assistance through the system.

1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	09/15/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	09/15/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	No

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

- | | |
|----|--|
| 1. | the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and |
| 2. | considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area. |

(limit 2,000 characters)

The LCoC Ranking Committee uses local System Performance Measures data in evaluating new and renewal projects to identify those with the strongest performance and demonstrated ability to prevent homelessness, shorten the length of time program participants are homeless, and demonstrate an ability to tailor services and housing to the participants' need. We prioritize CoC Program funds to serve populations based upon severity of needs and vulnerability. This includes, but is not limited to:

- a. Individuals and families experiencing chronic homelessness;
- b. Persons with one or more disabling conditions of long duration;
- c. Persons fleeing and/or with a history of domestic violence, dating violence, sexual assault, human trafficking and/or stalking;
- d. Households with children under 18 years of age;
- e. Unaccompanied youth and young adults under 25;
- f. Households with low or no income;
- g. Current or past substance use; or
- h. Criminal histories.

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
	NOFO Section VII.B.2.e.	

Describe in the field below how your CoC:

- | | |
|----|--|
| 1. | obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications; |
| 2. | included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; |
| 3. | rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented). |

(limit 2,000 characters)

1 and 2 – As part of our Racial Equity Analysis this past year, the Lynn CoC assessed our data on equity in service provision and outcomes (whether people of different races or ethnicities are more or less likely to receive assistance or achieve positive outcomes), and to see if racial disparities are present so that steps could be taken to address those disparities. This was done to initiate work with our partner agencies and homeless system to tackle these issues more comprehensively, and set a longer-term vision for training provider agency staff on understanding equity, and applying equity-based lenses to our shared work to end homelessness in the City of Lynn.

Using the info obtained in the Race Equity Analysis and local data, the CoC focused on subpopulations identified to determine rating factors used to review project applications. Subpopulations included, but were not limited to, (a)

families of diverse races, ethnicities and cultural identities, (b) individuals and families who are chronically homeless, (c) unaccompanied youth and young adults under 25, (d) Veterans, and (e) individuals or family groups who are currently fleeing or are survivors of domestic violence, human trafficking and/or exploitation

3 – The Ranking and Review Committee includes non-funded CoC members of different races and life experiences, who in their daily work, serve directly members of the various subpopulations of our city’s most vulnerable citizens. They are appointed annually to make strategic decisions for the CoC throughout the year. The Committee is responsible for providing input into and finalizing the Ranking and Review Policy and Tool to be used in reviewing projects. They complete the review and ranking of all project applications and make recommendations to the Board regarding individual project applications to be submitted in the Lynn CoC response to the HUD NOFO as well as the Project Priority Listing.

1E-4.	Reallocation–Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Describe in the field below:	
1.	your CoC’s reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year;
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and
5.	how your CoC communicated the reallocation process to project applicants.

(limit 2,000 characters)

1. The CoC evaluates projects for reallocation each year, but thus far, has not mandated any reallocation, as very valuable projects may be lost. The CoC is striving to develop a reallocation process to ensure that projects best align with CoC priorities aimed at ending chronic homelessness, and contribute to a competitive application that collaboratively secures critical CoC funding. Renewal project applicants may voluntarily reallocate by notifying the CoC in writing of their intent by the due date of the GIW. The GIW serves as the CoC’s tool to identify an applicants’ intent to reapply. The CoC will consider involuntary reallocation as appropriate and as necessary based upon these criteria: (a) Projects that have significant findings through annual monitoring. Those with findings will submit a corrective action plan within 30 days. If the project is not able to adhere to the plan, it will be considered for involuntary reallocation. (b) Projects with unspent funds in the most recently completed funding cycle may be considered for reallocation. This will depend upon the percentage of funds that were unspent, the reasons for recapture, and history of unspent funds. Involuntary Reallocation decisions will be presented to the CoC membership in a regular meeting and requires a formal vote. Reallocation will occur in a transparent, universal, and performance-based manner, as detailed in our 2021 Lynn CoC Governance Charter pgs 19-22.

- 2. The Bridgewell Dedicated Plus project will lose non-CoC resources. Recognizing that they could not meet CoC obligations going forward, they voluntarily agreed to reallocate a portion of their funding. Performance was not the issue.
- 3. No
- 4. None of our projects were of concern.
- 5. The CoC communicated the reallocation process to project applicants at our monthly CoC meetings, Board Meetings, HMIS/CE Subcommittee meetings, and via emails.

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
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1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	10/12/2021

1E-5a.	Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/17/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/08/2021
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2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	Migration currently underway from Social Solutions/ETO to Bitfocus/Clarity
--	--

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

- | | |
|----|---|
| 1. | have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and |
| 2. | submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead. |

(limit 2,000 characters)

1. The CoC evaluates projects for reallocation each year, but thus far, has not mandated any reallocation, as very valuable projects may be lost. The CoC is striving to develop a reallocation process to ensure that projects best align with CoC priorities aimed at ending chronic homelessness, and contribute to a competitive application that collaboratively secures critical CoC funding. Renewal project applicants may voluntarily reallocate by notifying the CoC in writing of their intent by the due date of the GIW. The GIW serves as the CoC's tool to identify an applicants' intent to reapply. The CoC will consider involuntary reallocation as appropriate and as necessary based upon these criteria: (a) Projects that have significant findings through annual monitoring. Those with findings will submit a corrective action plan within 30 days. If the project is not able to adhere to the plan, it will be considered for involuntary reallocation. (b) Projects with unspent funds in the most recently completed funding cycle may be considered for reallocation. This will depend upon the percentage of funds that were unspent, the reasons for recapture, and history of unspent funds. Involuntary Reallocation decisions will be presented to the CoC membership in a regular meeting and requires a formal vote. Reallocation will occur in a transparent, universal, and performance-based manner, as detailed in our 2021 Lynn CoC Governance Charter pgs 19-22.
2. The Bridgewell Dedicated Plus project will lose non-CoC resources. Recognizing that they could not meet CoC obligations going forward, they voluntarily agreed to reallocate a portion of their funding. Performance was not the issue.
3. No
4. None of our projects were of concern.
5. The CoC communicated the reallocation process to project applicants at our monthly CoC meetings, Board Meetings, HMIS/CE Subcommittee meetings, and via emails.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,007	0	1,007	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	0	0	0	
4. Rapid Re-Housing (RRH) beds	0	0	0	
5. Permanent Supportive Housing	247	0	247	100.00%
6. Other Permanent Housing (OPH)	0	0	0	

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

N/A

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

N/A

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2C-1.	Reduction in the Number of First Time Homeless—Risk Factors.	
	NOFO Section VII.B.5.b.	

Describe in the field below:	
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

(limit 2,000 characters)

1. The Lynn CoC appointed a working committee to to determine the risk factors used to identify people at risk of experiencing homelessness for the first time. This group surveyed people with lived experience, and analyzed data from HMIS and annual homeless point in time counts. The CoC found dramatic recent increases in homelessness among the elder population (up 52% year over year).

2. In part based on information gathered through the process above, the CoC made changes to better integrate case management into ESG and other funded homelessness prevention activities.

The CoC’s Family Success Center (FSC), a collaborative between the PHA (LHAND), the Community Connections Coalition, and others) is a one stop location for people who need homelessness prevention assistance. Case managers incorporate work readiness assessment, and consult with workforce investment boards and other agencies to identify opportunities for employment or secondary employment. At the same time, they work to address rent and utility arrears, link clients to budgeting and financial coaching, tenancy skill building, tenant rights and responsibilities, etc. The FSC also acts as a liaison between tenant and landlord to mitigate issues and to strengthen those relationships.

The Family Success Center further works to identify and utilize as many mainstream resources as possible in this effort. Notably, the Lynn VA Clinic provides at-risk elderly Veterans with information on aging in place and other benefits.

3. The Lynn CoC is responsible for comprehensive strategies and to implement solutions to prevent homelessness. CoC partners play a major supporting role – the PHA, DV agency, Veterans centers, Community Connections, and others. CoC sub-committees (Veteran, Youth, Elder) and appointed ad-hoc committees assist in overseeing strategy and other efforts.

2C-2.	Length of Time Homeless–Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

Describe in the field below:

1.	your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the length of time individuals and families remain homeless.

(limit 2,000 characters)

1. The goal of Lynn CoC’s Coordinated Entry system, in part, is design for quick assessment in order to reduce the length of time individuals and persons in families remain homeless. Emphasis is first placed on identification of housing resources. To this end, the CoC conducts ongoing outreach to landlords, providing incentives to those who rent to people who are experiencing homelessness and are referred through the Coordinated Entry system. Our strategy to reduce average duration of homelessness also includes partnership with job placement agencies, which helps people currently residing in emergency shelter to secure employment or additional employment while they are searching for housing.

2. The CoC places highest priority for permanent supportive housing on people who meet HUD’s definition of chronically homeless and have the longest history of homelessness. People who meet this definition and have the highest service needs and are first in line for PSH. Others who meet this definition but have less acute service needs are the next priority.

3. The CoC, through its Board of Directors along with the Governance & Planning Committee, lead in strategies to reduce the length of homelessness. CoC managers work with the appropriate sub-committees (Veteran, Youth, Elder) to oversee strategies.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:

1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1. The Lynn CoC works to improve the rate that individuals and families entering ESG or CoC funded interim (shelter, transitional housing, etc.) or permanent housing settings will first be to closely monitor place of exit. The City of Lynn, the ESG provider and Consolidated Planning lead, works as a primary partner with the CoC in this effort. HMIS will be intensively utilized for this purpose. Exits will be closely monitored and goals will be established for improvement. HMIS data will be the primary tool the CoC will use to determine the effectiveness of homelessness prevention and rapid rehousing efforts.

2. Exits from CoC permanent housing are monitored and goals for improvement are established in the same fashion. The CoC will provide specific training to providers on best practices for supportive housing that include tolerance for resistance to services, use of substances, and mitigation of mental health exacerbations that threaten housing stability.

The CoC has an extensive calendar of trainings scheduled for CoC members and partners on best practices related to permanent housing placement and retention. Efforts will be reviewed from time to time at CoC meetings and at quarterly provider meetings where agency staff will share resources and successful practices.

2C-4.	Returns to Homelessness–CoC’s Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	

Describe in the field below:	
1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC’s strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,000 characters)

1. The CoC will primarily utilize HMIS to identify individuals and families who return to homelessness. Over time, Coordinated Entry staff will be able to make these determinations, and armed with this information, staff will be able to make more appropriate referrals to CoC member agencies. These efforts will be augmented by informal discussions between key CoC providers to identify needs, appropriate resources, and augment outreach efforts.

2. The strategy to reduce returns to homelessness is, in part, linked to through assessment at the time of entry. Returning clients will be closely interviewed to identify issues with earlier housing and service interventions. Additional client needs will be identified (increased income, transportation, child care, etc.), as well as barriers to housing that may not have been identified or may not have been utilized by clients in earlier placements (criminal history, evictions, etc.).

The CoC’s strategy will also involve intensifying efforts to engage households at risk of homelessness. Best practices will be monitored and utilized in training with CoC members and partners. Utilizing these best practices, the CoC will seek to evolve strategies to reduce formerly homeless clients (more intensive assessments and interventions, etc.) in an effort to prevent returns to homelessness. These efforts will be reviewed from time to time at CoC meetings and at quarterly provider meetings where agency staff will share

resources and successful practices.

3. The CoC, through its Board of Directors along with the Governance & Planning Committee, lead in strategies to reduce returns to homelessness. CoC managers work with the appropriate sub-committees (Veteran, Youth, Elder) to oversee strategies.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

Describe in the field below:

1.	your CoC's strategy to increase employment income;
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

(limit 2,000 characters)

1. & 2. LCoC's strategy to increase employment income is to:

- engage people experiencing homelessness to see what kinds of work they may be interested in
- Work with workforce investment boards and other employment-oriented organizations to identify opportunities
- Reach out to case managers across CoC agencies to develop a plan for the maximization of benefits

3. The LCoC's Board of Directors along with the Governance & Planning Committee work with the appropriate sub-committee as needed (Veteran, Youth, Elder) to oversee the Lynn CoC's strategy to reduce rate individuals and persons in families return to homelessness.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

Describe in the field below how your CoC:

1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

(limit 2,000 characters)

1 & 2. Lynn CoC promoted partnerships and access to employment opportunities with private employers and private employment organizations through its Family Success Center and member agencies by holding job fairs, outreach to employers, and partnering with staffing agencies. Information is also collected through several CoC member agencies who belong to the Lynn area Chamber of Commerce. The CoC works with public and private organizations such as GE, Mass General Brigham Health, and Eastern Bank to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

Describe in the field below:	
1.	your CoC's strategy to increase non-employment cash income;
2.	your CoC's strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,000 characters)

1. & 2. Lynn CoC's strategy to increase non-employment cash income is to support case managers across CoC agencies to develop a plan for the maximization of benefits. Encouraging persons with lived experience to join advocacy groups to share valuable insight with policy makers and stakeholders. Volunteering with potential employers is encouraged, as it could reduce stigma and lead to employment.

3. The CoC's Board of Directors along with the Governance & Planning Committee work with the appropriate sub-committee as needed (Veteran, Youth, Elder) to oversee the Lynn CoC's strategy to increase non-employment cash income. Having people with lived experience on our Board & on our sub-committees provides real-life understanding & therefore real-life solutions.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3A-1.	New PH-PSH/PH-RRH Project—Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
--	----

3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	No
2.	State or local government	No
3.	Public Housing Agencies, including use of a set aside or limited preference	No
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	No

3A-2.	New PSH/RRH Project—Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
---	----

3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	No
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	No

3A-3.	Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3B-1.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

- | | |
|----|---|
| 1. | Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and |
| 2. | HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons. |

(limit 2,000 characters)

N/A

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.C.	

If you answered yes to question 3C-1, describe in the field below:

- | | |
|----|---|
| 1. | how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and |
| 2. | how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act. |

(limit 2,000 characters)

N/A

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	No
Applicant Name	
This list contains no items	

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.

We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes		
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes		
1E-2. Project Review and Selection Process	Yes		
1E-5. Public Posting—Projects Rejected-Reduced	Yes		
1E-5a. Public Posting—Projects Accepted	Yes		
1E-6. Web Posting—CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

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Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	09/23/2021
1B. Inclusive Structure	11/08/2021
1C. Coordination	11/08/2021
1C. Coordination continued	11/08/2021
1D. Addressing COVID-19	11/08/2021
1E. Project Review/Ranking	11/08/2021
2A. HMIS Implementation	11/08/2021
2B. Point-in-Time (PIT) Count	11/06/2021
2C. System Performance	11/08/2021
3A. Housing/Healthcare Bonus Points	11/08/2021
3B. Rehabilitation/New Construction Costs	11/08/2021

FY2021 CoC Application	Page 51	11/08/2021
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3C. Serving Homeless Under Other Federal Statutes	11/08/2021
4A. DV Bonus Application	11/08/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required