

## Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

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

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

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

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

## 1A. Continuum of Care (CoC) Identification

### Instructions:

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

**1A-1. CoC Name and Number:** MA-510 - Gloucester, Haverhill, Salem/Essex County CoC

**1A-2. Collaborative Applicant Name:** City of Peabody

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** City of Peabody

## 1B. Continuum of Care (CoC) Engagement

**Instructions:**

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

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

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

State Agencies	Yes	No
Veterans	Yes	Yes
Career Centers	Yes	Yes

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

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

NSCoC strives to harness multiple perspectives and available expertise to resolve homelessness. CoC membership extends beyond homeless service providers to include state and city agencies, reps from other CoCs, and community stakeholders. Through networking and collaboration, the NSCoC actively solicits input from a diverse cross-section of organizations and individuals across its 30 communities. Examples include: Community Action agencies' community needs assessments; public hearings on housing through the City of Peabody; annual youth homelessness assessment conducted by the Gloucester Task Force; McKinney school liaisons; CoC-sponsored Youth Homelessness Forum; monthly speakers at CoC meetings, e.g. law enforcement, MA Elder Affairs, HUD and Veterans; CoC representation on ICCH and ICCH Veterans committees; homeless clients accessing the CE system; other CoC networks; social networking using CoC members' websites and social media sites; and legal expertise.

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

At every meeting the NSCoC encourages new members. NSCoC bi-annual general membership meetings, as well as monthly meetings are broadly advertised through a 104-person email list, at previous CoC meetings, through member networks and via social media on Facebook. In addition, the CoC has invited representatives from special interests including the elder community, law enforcement and those serving youth to be guest speakers and to become regularly attending members. One of the strengths of this broad region is extensive networking with other agencies where new members are also encouraged. Each CoC committee maintains contact with attendees to ensure ongoing participation and has used platforms such as Constant Contact to continue follow up and outreach. These actions have resulted in new members from law enforcement, the elder community and youth as well as the local career center/workforce investment board. Personal outreach worked to engage homeless youth in CoC activities.

**1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must**

**include the date(s) the CoC made publicly knowing they were open to proposals.  
(limit 1000 characters)**

As youth are a subpopulation identified by the CoC in need of housing, an invitation to solicit new proposals was made at each monthly Youth Subcommittee meeting. In addition, proposals from new agencies were encouraged at each monthly CoC meeting, and a request for concept papers was issued on June 26, 2017. The CoC made it clear that the consultant who assists with the collaborative application and project application would be available to guide a new applicant in case they had not previously used esnaps. This information was also included in the meeting minutes for the July 19, 2017 CoC monthly meeting which was distributed to the full email list. One new agency spoke extensively with the Collaborative Applicant and a current member to determine if her project might be viable, and while she chose not to submit, as her project is out of the geographic area served by the NSCoC, we have been encouraged to see her continue to attend CoC meetings.

## 1C. Continuum of Care (CoC) Coordination

**Instructions:**

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

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

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
<b>Other:(limit 50 characters)</b>	
Faith-based organizations	Yes
CHDOs and CDCs	Yes

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

ESG funding in MA is distributed directly to CoCs through DHCD when there is no entitlement community within the CoCs geographic region as in the NSCoC. DHCD consults with CoCs to consider priorities and changes needed. Each

CoC identifies priorities in its region and votes on them every three years. Previously, this included only individuals, but due to a gap in housing, families are now included. This decision included a review of other resources available including HomeBASE, RAFT and MRVP. Three CoC members receive ESG and work with other members to use this funding.

The North Shore HOME Consortium and the City of Peabody (also the CA) are responsible for the single Consolidated Plan that covers the NSCoC. Members work collaboratively with these entities to provide Con Plan input, attending bi-annual meetings to offer input on priorities, provide data reports including the annual HIC and PIT, and share information related to challenges and solutions in addressing homelessness.

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

DV providers are active participants in CE Committee and in development of policies and procedures, ensuring the highest level of security and confidentiality for these clients. CoC family and individual shelters have staff trained to assist DV clients, or partner with others such as the YWCA or Jeanne Geiger, and use the Address Confidentiality Program. CoC members have adopted victim-centered practices and clients are directed to shelters with capacity and staff able to meet their unique needs such as income, physical and mental health issues related to DV and child care, while ensuring anonymity and security. Client preference is always a first consideration as established support networks are critical. CoC's ESG specifically targets funds to DV clients relocating from shelter to PH.

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

The region's shelters partner with local DV providers (Jeanne Geiger, YWCA, DHCD DV Specialists) to provide regular (annual) in-service trainings for staff on key topics (recognizing Red Flags, trauma informed care, safety planning and restraining order protocols). DV providers assisted with the development of CE policies and procedures to ensure that appropriate sensitivity, confidentiality and security practices are in place. The CE has incorporated a specialized intake system specifically for DV victims so people can be enrolled without identifying information. Annual trainings are conducted with all shelters and regional intake centers in the CE which include DV protocols and other learnings informed by our local DV specialists. These practices are reiterated at every training undertaken re: CE within the CoC and in CE Committee meetings.

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

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Beverly Housing Authority	69.34%	Yes-Both
Gloucester Housing Authority	13.30%	Yes-Public Housing
Haverhill Housing Authority	100.00%	Yes-Public Housing
Peabody Housing Authority	100.00%	Yes-Both
Salem Housing Authority	96.02%	Yes-Both

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

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

N/A

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

NSCoC has built strong relationships with schools such as New Liberty in Salem, youth organizations like YouForward in Haverhill which serve the LGBTQ+ population. They regularly participate in NSCoC Youth Committee meetings and activities, have advised us on housing needs and challenges to this population. In partnership with NSHAG, a regional organization that assists in cross-CoC activities, the NSCoC has access to nAGLY, a regional LGBTQ+ organization for youth, North Shore PRIDE and their annual festival which



provide opportunities to reach out to this population, as well as other organizations who serve this subpopulation. The CoC has adopted an anti-discrimination policy in its Governance Charter and is planning to host a guest speaker at an upcoming CoC meeting to address Equal Access after which the CoC will conduct annual Equal Access trainings.

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

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

**When "No Strategies have been implemented" is selected no other checkbox may be selected.**

## 1D. Continuum of Care (CoC) Discharge Planning

### Instructions:

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

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

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

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

N/A

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

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

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

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

## Instructions

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

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

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

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

## 1E-2. Severity of Needs and Vulnerabilities

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

Use of the Housing First model and low barrier requirements were key factors in reviewing applications, recognizing that this can effectively address CH. Applicants which were able to mark the most factors in 3B of the application, and had positive reports from the most recent CoC monitoring related to use of Housing First and low barrier screening and termination factors were rated highest. Monitor reports were used during the R&R meeting as a complement to application narratives. Among these - DV, criminal histories, chronic homelessness, low or no income and current or past substance abuse.

## 1E-3. Using the following checklist, select: (1) how the CoC made publicly

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

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

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

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

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

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

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

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

**Reallocation: Option 2**

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

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

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

**1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps.** 09/12/2017

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

## **2A. Homeless Management Information System (HMIS) Implementation**

**Intructions:**

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

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

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

**2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA.** 9-11; 23-26

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

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

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

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

**in that project type.**

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	654	21	636	100.47%
Safe Haven (SH) beds	6	0	6	100.00%
Transitional Housing (TH) beds	54	10	25	56.82%
Rapid Re-Housing (RRH) beds	141	0	0	0.00%
Permanent Supportive Housing (PSH) beds	338	0	230	68.05%
Other Permanent Housing (OPH) beds	232	0	174	75.00%

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

PSH and OPH in the HIC includes VASH beds, and the VA does not participate in HMIS, although the NSCoC project Veterans Outreach Center, Inc. does enter SSVF clients into HMIS which includes some, but not all VASH beds. VNOC is meeting with VA and HUD representatives in early October to determine a way to resolve this so that the beds are reflected in our HMIS. HMIS data is collected on 100% of RRH beds, but they are reported in the State's HMIS and it is not technically possible to integrate that data into our HMIS. We will continue to raise this concern in the MA CoC Data Warehouse meetings.

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

**2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)** 05/04/2017



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

### Instructions:

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

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

**2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy)** 05/04/2017

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

**Instructions:**

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

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

There was no change.

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

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

Beds Added:	0
Beds Removed:	0
Total:	0

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

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

Beds Added:	0
Beds Removed:	0
Total:	0

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

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

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

NSCoC utilized the youth providers and homeless youth engaged through the region-wide CoC Youth Forum to plan outreach efforts for the 2017 PIT. You Forward, a new youth outreach program funded by SAMHSA, collected surveys from homeless youth at their drop-in centers. This enabled the CoC to capture homeless information from this difficult-to-reach population which included unaccompanied homeless youth.

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

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

NSCoC has been working to build its Youth Committee and network of youth service providers over the last year and reached out to them to assist in the the PIT this year, ensuring that youth-specific questions were included in the surveys and outreach to respondents. These partners, including youth under 25 who were homeless or previously homeless, provided input into locations and approach to ensure youth response in Youth Committee meetings. One of our newest CoC members, You Forward, was particularly helpful in the PIT and annual MA Homeless Youth Count undertaken in May.

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

NSCoC worked with emergency shelters to differentiate families with unaccompanied youth head of household from those with older heads of household, used the strength of its networks to reach out to all service providers in the 30-community region who might encounter those who are homeless, especially if they were not sheltered, or were unable to maintain housing stability after use of HomeBASE and RAFT funding. One CoC member is a

legal advocate who provided input into this population in particular to help us identify them. We are fortunate to have attained functional zero for our Veterans, so no additional actions were needed. The CoC also took part in a best practices in PIT training and local communities established PIT working groups to plan outreach and focus on unsheltered homeless populations who have a higher incidence of CH.

## **3A. Continuum of Care (CoC) System Performance**

### **Instructions**

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

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

First time homeless increased 7%. CoC uses needs assessments, HMIS intake and CE to address immediate needs, track homeless history and identify common risk factors. Strategies include early identification (mediation at hsg court by legal and vets advocates, CE outreach/no wrong door, partnering with prison release programs, educating community about where to refer people in need); quick connection to all available resources through CE triage protocols, on-site hsing court programs and CAP agencies to address immediate needs including access to public benefits through one stop application; legal svcs eviction prevention; landlord tenant mediation; emergency diversion/prevention resources (HomeBASE, RAFT, regional funds through EOHHS/NSHAG, HOPWA, & SSFVF); help secure new apts and using CoC member network to address any need as it arises; CA use of planning money year round to improve system. CoC Board is responsible entity.

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

The number of persons in ES, SH and TH decreased; avg LOT decreased by 1 for ES and SH, and by 3 for ES, SH and TH; median LOT increased by 30 for ESH and 19 for SH. Decrease in avg LOT partly due to strong CE which prioritizes for CH, risk factors that can lead to homelessness and current homelessness, particularly for those with longest LOT homeless. Many

agencies use the MHSA triage tool. One of the new proposals is targeted specifically to CH families for whom existing RRH resources are not succeeding. CoC uses Housing First/Low Barrier models, benefits maximization, connects with State to maximize all resources. At agency level ongoing case management and coordination with partner agencies is an effective strategy for reducing homelessness. All CoC agencies now have SOAR-trained staff. CoC Board is responsible for oversight.

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

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

Successful exits of persons in ES, SH, TH and PH-RRH (2600) increased 1%; successful exits/retention in all PH projects except PH-RRH (388) increased 2%. Through CE the CoC does outreach at the community level to inform people of availability of housing and services; each entry point as well as VNOC have staff dedicated to CE and use of all available resources. CoC members will continue to collaborate and refer clients as needed, provide intensive voluntary case management services, increase collaboration with health insurance and CSPECH and with case managers at the State levels, utilizing health insurance case managers to identify resources, rental income to increase slots, working with landlords to educate them, and use of master leasing encourages landlords to participate. VNOC uses a leasing mechanism through which the landlord leases with VNOC until the individual stabilizes and then enters into a lease with the landlord. The CoC Board of Directors is the responsible entity.

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

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

Only 148 people (12%) returned to homelessness during the 2-year period. Many of the strategies being used to reduce first time homelessness and improve retention of PH placements are being used to reduce returns to homelessness - referrals to CAP agencies as well as legal service that assist people before they become homeless; use of networking between CoC members to address any need that presents; emergency assistance to prevent evictions; using one application (many use virtual gateway); and use of CE. The proposed DedicatedPLUS bonus project addresses the needs of families who need more assistance than existing resources can provide. CoC Board of Directors is the responsible entity.

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

**Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits.  
(limit 1000 characters)**

All CoC-funded agencies are SOAR trained. Each uses benefits screening. They have increased job training and education on an individual basis and the CoC has developed a strong relationship with the Career Center whose representative now attends all CoC monthly meetings and contributes information and input into increasing employment. Agencies have combined programs with ESOL and job training/GED/HiSet as well as apprenticeship programs. CoC will continue to participate in local WIB and YouthBuild. VNOC has a disabilities coordinator, employment coordinator and provide assistance to the spouse and children needing income as well as veterans to increase overall household income. The CoC Board of Directors is the responsible entity.

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

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

**3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016.  
(mm/dd/yyyy)** 06/15/2017

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

### Instructions

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

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	110	175	65

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

Total number of beds dedicated as Dedicated Plus	12
Total number of beds dedicated to individuals and families experiencing chronic homelessness	187
<b>Total</b>	<b>199</b>

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

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

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



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

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

Members provide diversion including DHCDs HomeBASE (HB) up to \$8000 and RAFT for higher incomes families. Each can be used in housing court to retain housing when a landlord is open to that. On Cape Ann access to \$4000 per family from a private funder is also available or families over-income for HB. Families facing extreme housing barriers e.g. large families, chronic health issues, can access additional HB to avoid shelter or to access RRH out of shelter. Over 200 families last year were assisted using HB and RAFT funds to remain in or secure new housing. 32% were placed/stabilized within 30 days, 62% within 60 days, despite low vacancy rates and high rental cost in MA which makes 30 days difficult. NSCoC will continue to advocate for affordable housing and create it when possible such as the bonus project proposed. NSCoC CE will include families by January 2018.

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	38	141	103

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

NSCoC members have a long history of accepting clients regardless of age, sex, gender, LGBT status, marital status, or disability. All CoC-funded agencies have non-discrimination policies and the CoC is implementing a new Anti-discrimination Policy to ensure that family members are served together and in accordance with each family’s self-reported gender. Adherence to this policy will be included in the annual monitoring of CoC-funded agencies. State policies

also prohibit state-funded shelters from denying access for any of these factors, and ensures that all members of an eligible family are housed together. The CoC will also invite a special speaker to a monthly meeting in the coming year to address implementation of anti-discrimination policies.

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

Human trafficking and other forms of exploitation?	Yes
LGBT youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes

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

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

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

The Youth Committee continues to build relationships with agencies serving unaccompanied youth who have experienced housing insecurity and these individual youth. CoC members have utilized regional NSHAG funding, as well as NSHAG-funded workshops. Through the Youth Committee, shelters and other mainstream providers have been educated about the unique needs of unstably housed youth and making programs user-friendly for them. NSCoC nurtures prospective applicants for funding including one which the CA and a CoC member spent a considerable amount of time with to evaluate the possibility of applying for funding through the CoC. The agency chose not to seek funding, but continues to attend CoC meetings, participates on the Youth

Committee and will consider applying in the future. Continuing outreach and meeting with individual agencies is effective as it ensures regional engagement while addressing unique agency concerns. This is measured by the increased number of participants in the Youth Committee, numbers reflected in the PIT and MA Annual Youth Count and interest in funding opportunities.

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

NSCoC has McKinney Vento Educational Liaisons on the Youth Committee. During local PIT counts, they facilitated use of the schools social media and email to inform school staff and parents about it and how to participate. They are vital to acquiring data regarding the number of homeless, demographics, parental status and housing and service needs, and actively refer homeless families to the CE intake sites. State and local Educational Liaisons are invited to monthly meetings and CoC members regularly attend their meetings to encourage networking and information sharing, thus opening doors for referrals, funding and service collaboration. Each CoC-funded project that serves 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.

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

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

**3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem**

**(GPD).  
(limit 1000 characters)**

All NSCoC member agencies refer clients to VNOC if they have served in the military for verification of veteran status and eligibility for services, as this is the CoC's lead SSVF agency (VNOC). VNOC assists eligible participants with direct or indirect services. VAMC's staff conduct GPD and HUD/VASH intakes and participant counselling at VNOC's SSVF Service Center. VNOC SSVF intakes are conducted at the participant's place of choice. Eligible participants are offered available EB/TH/PH/PSH housing and are typically sheltered that day. VNOC works closely with area VAMC's, and has contracts with SSVF, Transitional Beds, Emergency Beds, GPD Beds, and GPD Service Center. VNOC manages 56 PSH Beds at the VAMC and owns/manages nearly 200 affordable veterans housing units. Highly recognized for the success of its homeless veterans programs VNOC received this year's VA Secretary's National Award for Best Managed Homeless Veterans Programs.

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

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

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

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

**Instructions:**

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

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

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

**4A-1a. Mainstream Benefits**

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

CoC members use single forms at assessment to identify needs and benefit eligibility, help clients access these, and follow up through case management. The CA regularly invites State and local benefit programs to monthly meetings. Recently, this provided information to the CoC about resources for elders when State Elder Affairs rep and local organizations made a presentation. Program staff are regularly encouraged to attend benefits meetings and review benefit program websites and social media to ensure they are aware of changes and opportunities for clients. As information becomes available to the CA, emails are distributed to all CoC members and they share information through the extensive CoC network. The NSCoC Board is responsible for oversight.

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

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	9.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	9.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

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

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	9.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	8.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	88.89%

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

CoC street outreach covers 100% of the geographic area daily in some agencies, weekly in others and is undertaken in coordination with stakeholders, e.g. Gloucester Homeless Task Force. Agencies use their strengths to reach populations least likely to access services e.g. staff members who speak other languages, experience with addictions and/or mental health, as well as LGBTQ and unaccompanied youth. These areas of expertise respond to the need in the community where the agency is located, as well as those identified regionally. In Gloucester, substance abuse has been a significant problem, so Action, Inc. has developed a level of knowledge and expertise and works with the Police Department and its Outreach Team, and shares successful methods with others. Emmaus hosts monthly meetings with local policing team, drop-in centers, emerg room staff and others who come into contact with unsheltered homeless to review successful approaches.

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

**affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)**

CoC Gov Charter encourages compliance with the Fair Housing Act in its Antidiscrimination Policy. Outreach through CE educates agencies serving specific, difficult-to-reach populations (indep living ctrs, mental health and substance abuse programs) about CE and housing opportunities available through enrollment. CE lead enlists culturally competent partner agencies to assist in completing CE Assessments which are then forwarded to entry points. CE Regional Entry Points have bilingual and culturally competent staff to assure effective communication and outreach. Housing resources are posted on MassAccess Housing Database to further ensure implementation of fair housing.

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

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	38	141	103

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

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