

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:

- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.

- Using the CoC Application Detailed Instructions while completing the application in e-snaps.

- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.

- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.

- Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.

- 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 form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 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 form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	Yes
Local Jail(s)	Yes	No	Yes
Hospital(s)	No	No	No
EMT/Crisis Response Team(s)	Yes	Yes	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	No	No
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Not Applicable	No	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	No	No
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

NSCoC solicits input on several fronts: within monthly CoC meetings announced via a 104-person email to stakeholders in 30 communities; within CoC member agencies' own networks including other CoCs; and between CoC agencies outside of monthly meetings. For example, CoC members regularly meet with local law enforcement and emergency professionals to prevent criminalization of homelessness, addressing immediate concerns and keeping lines of communication open. The Street Outreach Team at Action, Inc., a CoC-funded project, works closely with the Gloucester Police Dept. Emmaus, another CoC agency, meets monthly with the Haverhill Community Policing Team.

The CoC has also worked to actively engage area McKinney Liaisons through CoC meetings focused on homeless youth and targeted outreach. These efforts led to the active involvement of school liaisons in developing 2016 youth count strategies and helped build the CoC's Youth Committee which now has the Haverhill Liaison as a member.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
The Haven Project	No	No	No
NSHAG Homeless Youth Committee (Funded by MA EOHS - ICCH)	No	Yes	Yes
Vinfen	No	No	No
School Departments via McKinney Education Liaisons	No	Yes	No
Salvation Army	No	No	No
Centerboard	No	No	No
YWCA Lawrence/Haverhill/North Shore	No	Yes	Yes

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Turning Point, Inc.	Yes	Yes
Haverhill YWCA/Women's Resource Center	Yes	Yes
Jeanne Geiger Crisis Center	No	No
Healing Abuse, Working for Change (HAWC)	No	No
Gloucester Police Dept. - Special DV Officer	No	No

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

The CoC widely publicizes CoC Program competition through its extensive and diverse network of 104 active email addresses and the City of Peabody website. Members of the CoC are encouraged to share the funding opportunity among members of their respective networks located throughout the CoC region. Funding opportunities are discussed in multiple CoC meetings prior to the release of the annual NOFA.

When new entities express interest, they receive one-on-one guidance from our consultant in completing the application in esnaps to further encourage and facilitate proposal submissions. The New Project ranking tool uses eligibility, capacity, project quality, timeliness, and performance standards to determine inclusion in the Priority Listing. Among these standards is housing emphasis (Housing First, low barrier and 100% chronic homeless) target population, applicant experience, willingness to participate in the CE system, and ability to meet or exceed the required match.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Monthly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	1
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The NSCoC works closely with the North Shore HOME Consortium and the City of Peabody which are responsible for the single Consolidated Plan that covers the 30-communities in the NSCoC including four entitlements - Haverhill, Gloucester, Peabody and Salem. Kevin Hurley, Executive Director of the North Shore HOME Consortium and Lisa Greene, HOME Coordinator, are also the primary staff responsible for NSCoC administration.

These communities and NSCoC membership work collaboratively to ensure full participation and input into Con Plan development by regularly attending meetings, providing data and reports unique to their organizations and jurisdictions, sharing information and statistics related to challenges and solutions in addressing homelessness, housing insecurity and ending chronic homelessness. CoC members and communities are all active participants in the annual PIT which also informs the Con Plan and annual update.

1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

In our region, ESG is awarded through the MA Department of Housing and Community Development (DHCD). CoC members have collectively, and independently, accessed this funding for RRH, with emphasis on individuals, a population identified by the CoC as insufficiently funded. DHCD has programming in place for families - HomeBASE, RAFT, MRVP.

Emmaus, Inc. received \$118,833 in FY16 to operate a region-wide RRH program. Emmaus, Action, Inc. and River House, all CoC members, received additional ESG funds and work collaboratively with each other and the CoC, to coordinate use of these funds regionally. The North Shore HOME Consortium also consults regularly with DHCD and the CoC regarding effective ESG use.

To further inform the need for this funding, agencies submit monthly reports to DHCD, and share that information with the CoC as well. This data is used to evaluate outcomes of the CoC-funded programs, and to ensure implementation of the "no wrong door" principal, a CoC priority.

1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and

**security of participants and how client choice is upheld.
 (limit 1000 characters)**

DV providers are active, voting members of the NSCoC and CE Committee although none are CoC-funded. Their input ensures the highest levels of security, confidentiality and quick placement into housing and connection to resources. Special CE protocols enable DV victims to participate anonymously.

CoC family and individual shelters either have staff trained to assist DV victims or partner with others such as YWCA or Jeanne Geiger, and use the Address Confidentiality program. Fleeing clients are directed to shelters designed to address their unique needs, while ensuring anonymity and security in locations without published addresses. Client preference is always a first consideration as established support networks are important to maintain. CoC's ESG RRH program specifically targets funds to DV victims relocating from shelter to PH. Two local DTA offices provide ongoing education and support to family shelters and other providers of homeless services.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Beverly Housing Authority	7.00%	Yes-Both
Gloucester Housing Authority	100.00%	Yes-Public Housing
Haverhill Housing Authority	0.00%	No
Peabody Housing Authority	100.00%	Yes-Both
Salem Housing Authority	30.00%	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-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.
 (limit 1000 characters)**

MA DHCD provides a variety of housing programs to assist homeless and at-risk families including: RAFT (Residential Assistance for Families in Transition) which provides low-income families at risk of homelessness with one-time assistance, HomeBASE (HB), cash assistance up to \$8,000 to divert families

from ES or quickly move them back into their communities; and targeted MRVP subsidies (MA Rental Voucher Program) to rehouse homeless families from hotels/shelters. The VASH (Veteran Affairs Supportive Housing) program also assists homeless veterans, combining Housing Choice Voucher rental assistance with case management and clinical services provided by the VA,. In FY16, RAFT (168), HB (790) and VASH (267) and MRVP(87) combined, assisted a total of 1,312 NSCoC households. Families diverted from ES by NSCoC HB providers (629) represented 50% of the families diverted statewide HomeBASE, RAFT, MRVP and VASH rehousing contractors sit on the NSCoC governing board.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized 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"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? 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-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. 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-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

Not Applicable

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services. (limit 1000 characters)

The 100+ providers in the CoC is able to refer those experiencing homelessness to the CE program to facilitate quick entry into housing and services. Intake is completed by trained CE staff in regional entry points and 4 ES in Haverhill, Gloucester, Beverly and Salem. CE staff and consenting consumers complete a standardized CE Assessment to match them to housing and services, identify barriers to housing and establish the person's priority for CoC housing resources as defined in CPD-16-11, adopted by the NSCoC. The CE tool prioritizes consumers in order of highest vulnerability scores, PSH first, then TH, and for lower scores, short term, RRH provided through ESG, FEMA and state/private funded RRH. The NSCoC CE monitors waitlists for PSH and may offer a consumer with a high CE score a less intensive housing resource to address waitlist concerns. The CoC has compiled a Resource Directory outlining regional resources, program eligibility and instructions on how to access services.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list,

enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith-based Communities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community-based Organizations including CAP agencies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	10
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	2
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	8
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>

Need for specialized population services:

Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

The CoC utilized three project ranking tools, (new PH projects, renewals and CE/HMIS), with criteria designed to evaluate and rank the projects based upon the severity of needs and vulnerabilities addressed by applicant programs, alliance with Housing First, specialized population services, CH bed dedication/prioritization, participation in CE and APR outcomes. Careful consideration was given to the policy priorities outlined in the FY16 NOFA, success in meeting system performance measures as well as the CoC's own goals to end chronic homelessness in compliance with Opening Doors. In addition, the Coordinated Entry model used by the NSCoC uses a Vulnerability Index and Prioritization criteria consistent with CPD-16-11 which was adopted by the CoC on 08.11.16. All applicants willing to participate in CE and thereby give housing priority to the most vulnerable received points for doing so.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached. (limit 750 characters)

The CoC posted the Request For Proposals (RFP) on the City of Peabody's website, 07.21.16 and distributed the RFP at the monthly NSCoC meeting held 07.20.16, as well as to an extensive mailing list of 104 addressees, which covered all 30 communities in the NSCoC geography. In addition, the Ranking and Review tool, Highlights of the current NOFA including changes and priorities, as well as definitions of terms referenced in the NOFA, was disseminated to the full NSCoC mailing list, posted on the City of Peabody website, and reviewed with attendees at this same NSCoC meeting. The NSCoC created and distributed a

timeline for development of the responses to the NOFA which included NSCoC deadlines compliant with the NOFA.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached). 09/09/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 08/11/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

The NSCoC has developed a Monitoring and Evaluation Committee to define monitoring targets, develop a monitoring tool to evaluate the success in meeting those targets as well as targets defined by HUD, and conduct an annual on-site monitoring of all CoC-funded projects. To ensure transparency and avoid any conflict of interest, only non-funded CoC members will conduct the monitoring, although the tool was developed with input from all members.

Program recipients are monitored on the type of project (PH, TH, SSO), the level at which they use the Housing First model or operate with low barriers, how many households served and the utilization rates, whether they serve a specific subpopulation, performance outcomes related to length of stay, income and placement or retention of PH, use of HMIS and CE, frequency of drawdowns and funding not used.

In the FY16 Monitoring, there were no significant findings for any program.

1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA. 8

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)? Yes

2A-4. What is the name of the HMIS software Commonwealth of MA ASIST HMIS System

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Social Solutions

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Select the HMIS implementation Single CoC coverage area:

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$14,000
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$14,000

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding
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City	\$0
County	\$0
State	\$0
State and Local - Total Amount	\$0

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-2.6 Total Budget for Operating Year	\$14,000
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 05/02/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 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 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	1,078	19	1,023	96.60%
Safe Haven (SH) beds	6	0	6	100.00%
Transitional Housing (TH) beds	99	31	66	97.06%
Rapid Re-Housing (RRH) beds	0	0	0	
Permanent Supportive Housing (PSH) beds	537	0	358	66.67%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

PSH in HIC includes VASH beds, and the VA does not participate in HMIS, although the NSCoC project Veterans Northeast Outreach Center, Inc. do enter SSVF clients into HMIS. VNOC has contacted the VA to determine if HOME (their HMIS) could integrate data into ours, and we are hopeful that will occur in the coming year.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	<input type="checkbox"/>
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VASH:	<input checked="" type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Monthly

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	1%	0%
3.3 Date of birth	0%	0%
3.4 Race	1%	4%
3.5 Ethnicity	0%	3%
3.6 Gender	0%	0%
3.7 Veteran status	0%	23%
3.8 Disabling condition	1%	19%
3.9 Residence prior to project entry	0%	24%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	0%	6%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	0%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

None	<input type="checkbox"/>
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2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?

6

2D-4. How frequently does the CoC review data quality in the HMIS?

Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both.

Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date. (limit 750 characters)

None are.

2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy) 01/27/2016

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy) 05/02/2016

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

The NSCofC conducts a complete census count of all sheltered persons in all homeless shelter and transitional housing programs on a single night in January each year within its geographic region. It uses the complete census count

methodology to capture the most accurate PIT profile as experience shows this provides the most accurate picture in our region.

Two weeks in advance of the scheduled date, staff disseminate survey tools and an instruction manual to both individual and family shelter programs. Shelter staff either conduct interviews or pull HMIS data for each client on the designated night of the count to respond to all categories of the PIT tool. All responses are forwarded to NSCoC staff and are evaluated for completeness. Any missing responses are pursued until all programs have responded fully. The NSCoC uses the full census methodology and survey tools to capture the most accurate point in time picture of the residents of its' programs.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)

There were no changes in the methodology used for the sheltered PIT count in 2016 from that used in 2015.

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

Not Applicable.

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input checked="" type="checkbox"/>
Follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

There were no changes to the way the NSCoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality. The CoC reviews the PIT process each year and has determined that the current methodology is both accurate and thorough.

2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/26/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/02/2016

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

Night of the count - complete census:	<input type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology. (limit 1000 characters)

The CoC used the following methodology which is most effective in a region as large as ours and has proven successful in reducing the occurrence of over counting unsheltered persons.

- 1) Training: Participants are trained to interview unsheltered persons, record information, complete the survey and have materials, like the CH definition and lists of known locations.
- 2) Blitz: Unsheltered count occurs on the PIT night
- 3) Survey: Survey includes specific questions such as contact, location and identifying information, to compare with other data
- 4) Enumerator observation: Experienced providers make and record observations, and review survey sheets on PIT night to reconcile any unsheltered person who appears to be double-counted

The CoC expanded this effort in Gloucester, Haverhill, Peabody and Salem by

coordinating with law enforcement and faith-based groups that do street outreach to plan and execute the unsheltered count.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count). (limit 1000 characters)

The only change was more significant partnership with law enforcement and faith based communities in planning the unsheltered account. The methodology did not change between 2015 and 2016

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth. (limit 1000 characters)

Not applicable.

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input type="checkbox"/>
Survey questions:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

While the methodologies listed above did not change, the NSCoC has continued to enhance the number and types of community partners involved in the unsheltered PIT count across the region, and improve the quality of the data obtained and reported. In 2016, Emmaus, Inc. (the local adult shelter provider in Haverhill) established a local PIT count planning group consisting of the Mayor's office, the Community Policing Team, two faith communities conducting street outreach, the McKinney Vento School Liaison, and the local drop in center in Haverhill to carry out the unsheltered PIT. During the two days

following the PIT count, several meetings were convened so that representatives from these agencies could review the PIT results together to eliminate duplicates and correct data errors.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1,577	1,206	-371
Emergency Shelter Total	1,432	1,012	-420
Safe Haven Total	6	6	0
Transitional Housing Total	106	127	21
Total Sheltered Count	1,544	1,145	-399
Total Unsheltered Count	33	61	28

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	1,473
Emergency Shelter Total	1,392
Safe Haven Total	0
Transitional Housing Total	81

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

(limit 1000 characters)

The NSCoC has created a strong CE system with multiple entry points that uses a standardized triage tool to quickly identify homeless and imminently homeless households to link them to housing programs and mainstream services. At risk households are also identified by partners in NSCoC’s extensive network that includes: general assistance and mainstream service providers such as DCF,DTA, and community action agencies; homeless prevention programs such as HomeBASE and RAFT; law enforcement officials to minimize criminalization and discharge to homelessness, and youth-focused partners like nAGLY in Salem and McKinney Vento school liaisons. In FY’16, Emmaus and LHAND were responsible for diverting 629 families from shelter and hotels during FY16. In addition, NSCoC belongs to NSHAG, a regional consortium which includes the Lynn CoC, focusing on homeless prevention cross-regionally through flexible rental assistance, mainstream resource referral and educational awards to youth.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.

(limit 1000 characters)

The NSCoC continues to reduce LOT homeless through its CE which uses a vulnerability index in compliance with CPD-16-11, and assists in early identification of those at-risk or homeless, referring them to the appropriate resources to address their housing and service needs.

FY16 Project Applications include two that have converted to Housing First, and all applicants have low barrier participation. As an ESG recipient, Emmaus operates a regional RRH program which housed 30 individuals and 1 family during FY16. Three CoC members operate HOPWA-funded RRH programs that also include case management. In addition, CoC providers actively participate in DHCD’s Enhanced Diversion and Strategic Housing Initiatives such as RAFT and HomeBASE which rapidly rehouse homeless families in the EA shelter system. Four CoC agencies rehoused 1,045 families using these programs during FY16. These efforts will continue in the coming program year reflecting the NSCoC commitment to reduce LOT homeless.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

**3A-4a. Exits to Permanent Housing Destinations:
Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.**

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	47
Of the persons in the Universe above, how many of those exited to permanent destinations?	43
% Successful Exits	91.49%

**3A-4b. Exit To or Retention Of Permanent Housing:
In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.**

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	236
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	212
% Successful Retentions/Exits	89.83%

**3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness.
(limit 1000 characters)**

The NSCoC HMIS effectively tracks returns to homelessness by maintaining data on LOT homeless, prior residence, homeless history and related income data. It is used in conjunction with CE to track homelessness, provide early identification of risk factors and ensure appropriate referrals. CoC members use these resources along with ongoing case management and follow up with clients who have moved on to PH, to promote long-term stability. For example, 93% of families rehoused by Emmaus through the HomeBASE program remain stably housed 12 months later.

The NSCoC partners with MA DHCD to review exits from CoC-funded PH to track client PH-placement success as well as retention in CoC-funded PSH. This review assists the CoC to identify and address risk factors early, thus minimizing homelessness and returns to homelessness. As reflected in the renewal and new applications, CoC projects consistently connect clients with mainstream resources, further minimizing risk of recidivism.

3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources. (limit 1000 characters)

NSCoC members work collaboratively and independently to increase all income sources for clients. Enrolling them in job training and adult education, connecting them with mainstream resources, sharing information and training resources between agencies, having 100% SOAR-trained staff and using comprehensive intake forms to identify current income level and developing a plan to maximize both cash and non-cash benefits. Action, Emmaus and Eliot leverage Medicaid funds under the CSPECH program to provide ongoing, intensive case management services to vulnerable tenants in CoC-funded PH who are struggling with mental illness in order to ensure housing stability. Action has Navigator and CAC-certified application counselors. VNOc uses a One Stop Vet Disability Representative. This commitment is reflected in the APRs of each renewal application as well as new and renewal applications.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)

NSCoC members have built strong, long-standing relationships with the regional career centers, workforce development boards, the MA Department of Employment Services and with the Secure Jobs program, a new state-funded employment programs targeted to homeless families with children. Members of the CoC Governing board sit on the Planning Board for Secure Jobs whose strategy is to work with vocational schools and community colleges to help participants gain multiple skills through certification programs. Emmaus works closely with the DoL Compass Program to provide combined educational programming with job internships in child care and food services through which some participants are hired immediately upon internship conclusion while others use the opportunity to establish a work history and acquire new skills. VNOc facilitates participation in the Compensated Work Therapy program and has a Comprehensive SSVF Employment Coordinator.

3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count? (limit 1000 characters)

Based upon demographic data related to socioeconomic status and income levels, the CoC chose to focus its unsheltered Count on the region's urban communities including the four entitlement cities, Gloucester, Haverhill, Peabody and Salem as well as Newburyport, Amesbury and Beverly. CoC member volunteer to coordinate the unsheltered Count in each community. In addition, the CoC consistently reaches out to law enforcement in the smaller, more rural communities to gain assistance in identifying any unsheltered individuals and families on the night of the PIT.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)? No

**3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?
(limit 1000 characters)**

It did not.

**3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached.
(mm/dd/yyyy)** 08/15/2016

**3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data.
(limit 1500 characters)**

Not Applicable.

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

- 1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;**
- 2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and**
- 3. The highest needs for new and turnover units.**

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	115	138	23
Sheltered Count of chronically homeless persons	106	99	-7
Unsheltered Count of chronically homeless persons	9	39	30

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015.
 (limit 1000 characters)**

A number of factors influenced the changes reflected. Two winters ago there was a severe snowstorm that impacted the region for several days, limiting the number of volunteers who could participate and cutting the PIT short. In addition, our partner Home and Health for Good, saw an increase of 20 individuals from last year to this, likely due to additional outreach. In addition, Action, Inc. has developed a strong relationship with the Gloucester Police Department which provided better engagement and greater street outreach. These in turn allowed us to identify persons who we may not have been aware of before. There was also considerable effort from the faith-based community including volunteers and outreach.

3B-1.2. 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 on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	127	110	-17

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

A review of these numbers has revealed that only two beds were lost between 2015 and 2016, due to a calculation error on the HIC. One of our programs, Action, Inc., did identify funding and a location for additional beds for CH which was particularly valuable to their Housing First Program.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status? Yes

3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the 5,6, attachment

Orders of Priority are found.

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)

As reflected in each of the renewal and new project applications, ending chronic homelessness is a priority of the NSCoC. Strategies include use of Housing First and low barrier criteria, development of CE, identification of additional program funding resources, educating landlords and employment resources to increase opportunities for those at risk or homeless and utilizing all federal and state resources possible.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)

Collaboration between CoC members along with their use of all available funding including HomeBASE, RAFT and ESG are effective strategies to rapidly rehouse households with children. These can provide up to \$8,000 per family with first and last month's rent, deposits and rent arrearage to avoid entering the homeless shelter system. Combined with case management and follow up as needed, they prevent and minimize homelessness while ensuring it does not reoccur. The NSCoC is also part of the NSHAG Homeless Consortium, a regional approach to homelessness that includes the Lynn CoC and a multitude of agencies and organizations across a 34-community region. Through NSHAG, individuals, families and youth have access to flexible funding that can be used for a broad range of needs to sustain or acquire housing. These funds are particularly beneficial for those who are at risk of homelessness because of temporary challenges or require funding without significant case management.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	0	0	0

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count,		
FY2016 CoC Application		Page 44	09/08/2016

	most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	514	409	-105
Sheltered Count of homeless households with children:	513	408	-105
Unsheltered Count of homeless households with children:	1	1	0

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

There was no increase.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

Human trafficking and other forms of exploitation?	No
LGBTQ 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
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>
Community awareness training concerning youth trafficking:	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input checked="" type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	0	0	0

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)

Not Applicable.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
--	--------------------	--------------------	------------

Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$225,000.00	\$150,000.00	(\$75,000.00)
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$0.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$225,000.00	\$150,000.00	(\$75,000.00)

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	12
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	12
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	3

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)

In the 2016 Annual Homeless Youth Count, the NSCoC was able to gain the support and partnership of Ms. Lorna Marchand, the McKinney Vento Educational Liaison from Haverhill Public Schools. She is now an active member of the CoC and the NSHAG Youth Committee in which the NSCoC is a partner. This was beneficial in acquiring data related to homeless youth 24 and under within the NSCoC region including the number homeless, demographics, parental status and housing and service needs.

In addition, the NSCoC invites local and State Educational Liaisons to monthly meetings, and CoC members regularly attend their meetings to ensure lines of communication are open and to allow each to share opportunities for funding, outreach and collaboration. In addition, as required by the Education Policy adopted by the NSCoC, each CoC-funded project that serves households with children has a staff member dedicated to education who is in regular contact with local and state educational providers.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. (limit 2000 characters)

As defined in the Policies and Procedures included on page 8 of the NSCoC Governance Charter, every HUD-funded project that provides shelter, housing, or services for homeless families with children or unaccompanied youth must

designate an education coordinator and assign to that coordinator responsibility for ensuring that children and youth served by the project are enrolled in school and connected to appropriate education-related programs and services in the community, including early childhood programs, such as Head Start; programs for infants and toddlers with disabilities operating under Part C of the Individuals with Disabilities Education Act; and programs for homeless children and youth authorized under subtitle B of title VII of the McKinney Vento Act.

**3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)**

All shelters within the NSCoC have agreements with Head Start, although few of these are formal, written agreements, partnership with this program is an effective means of assisting families at risk in each of our communities. In addition, the NSCoC and its membership have strong, working relationships with area public schools and the McKinney Vento representative is now an active member of the NSCoC.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	28	31	3
Sheltered count of homeless veterans:	28	28	0
Unsheltered count of homeless veterans:	0	3	3

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

The number of sheltered homeless Veterans remains the same, however 79% (22) of the 2015 sheltered count are successfully placed in permanent housing. 21% (6) of the 2015 sheltered count remain sheltered in the GPD program. In the 2016 sheltered count 22 are new to the (PIT) count occupying GPD and VA TH beds. The 3 unsheltered veterans in the 2016 (PIT) count were identified and were referred to the Veterans Northeast Outreach Center(VNEOC) for services. VNEOC placed 2 in the GPD program and 1 veteran was placed in permanent housing (HUD leased housing). 28% of the State’s veteran population of 456,000 are in the NS COC. The NS COC is the host of the VNEOC GPD program, this GPD program maintains a 96% occupancy rate with an average length of stay 9 months.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF. (limit 1000 characters)

The NSCoC identifies the homeless veteran population via street outreach, member and non-member agencies, prison release, jail diversion, local churches and law enforcement referrals. VNEOC has access to the SQUARES SYSTEM, a VA pilot program used to identify VA eligible veterans. Homeless veterans are also identified via VASH requests, SSVF intake and CE. All veterans in the NSCoC are referred to VNEOC to determine eligibility for mainstream and veteran services. VNEOC has an onsite GPD program liaison, and HUD VASH, SSVF and Vet Center counselors. VNEOC assists with VA, Mass Healthcare and Affordable Care Act healthcare enrollment. Veterans are referred to the VNEOC housing coordinator for placement in VNEOC housing units, both CoC-funded and non-funded. The NSCoC Veteran’s Committee meets monthly and includes staff from VA, SSVF and VNEOC, providing input to the VA for the gaps analysis reports, and monitors PIT, HMIS and HOME data to ensure eligible veterans have a housing option.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	64	31	-51.56%
Unsheltered Count of homeless veterans:	0	3	0.00%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016. Yes

This question will not be scored.

3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016? (limit 1000 characters)

NS COC is at (Functional Zero). The NS COC Veterans committee will continue to meet monthly or as necessary to ensure coordination of HUD VASH, SSVF, GPD, emergency beds and non-VA funded housing. Coordinated

entry at the VNEOC, Action, and Emmaus centers will ensure assessment and placement utilizing appropriate resources. VNEOC outreach teams (SSVF) are available daily to identify, assess and refer veterans. VNEOC maintains a (1800) homeless veteran's hotline and SSVF rapid response team to assist homeless veterans as they are identified. Currently the VNEOC maintains a housing stock of 200 units, operates a GPD program, \$2,000,000 SSVF contract, 2 VA Funded temporary bed programs and 2 HUD leasing program permanent housing grants. To assist in maintaining functional zero NS COC has voted to reallocate NS COC funding and voted to approve bonus round funding for chronically homeless veterans and their families.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	12
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	12
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

Eliot Community Human Services provides on-site behavioral health services in local shelters assists in enrolling homeless individuals into MassHealth and CSPECH. The Commonwealth's Virtual Gateway provides a single site to apply for a wide range of state and federally funded programs. In addition, all VNOC veterans and family members receive a healthcare benefit. 72% of eligible veterans also chose to enroll in, and are receiving MASSHEALTH benefits. Six spouses and eight children of 100% service-connected disable Veterans are receiving CHAMPVA benefits. Three medically-retired veterans are receiving

TRICARE benefits. Eight spouses and 13 children are receiving employer-provided benefits. All remaining VA ineligible Veterans and family members are receiving MASSHEALTH benefits

4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	10
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	10
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	10
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	7
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	70%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	X
--------------------------------	---

Use of phone or internet-based services like 211:	<input type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	0	0	0

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?

(limit 1000 characters)

Not Applicable

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

Not Applicable.

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD.

(limit 1500 characters)

Not Applicable.

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Policies and Procedures for HOPWA and leasing	06/01/2016	5

4C. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Notice of Project...	09/08/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	Ranking and Revie...	09/08/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Rating and Review...	09/08/2016
05. CoCs Process for Reallocating	Yes	Reallocation Poli...	09/08/2016
06. CoC's Governance Charter	Yes	Governance Charter	09/08/2016
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P...	09/08/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes		
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	HMIS Agreement	09/08/2016
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	HDX SPM Report	09/08/2016
14. Other	No		
15. Other	No		

Attachment Details

Document Description: Notice of Projects Chosen for Submission

Attachment Details

Document Description: Public Posting Evidence

Attachment Details

Document Description: Ranking and Review Policy and Process

Attachment Details

Document Description: Rating and Review Public Posting

Attachment Details

Document Description: Reallocation Policy and Process

Attachment Details

Document Description: Governance Charter

Attachment Details

Document Description: HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: HMIS Agreement

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: HDX SPM Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	08/11/2016
1B. CoC Engagement	09/08/2016
1C. Coordination	09/08/2016
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	09/08/2016

1D. CoC Discharge Planning	08/26/2016
1E. Coordinated Assessment	08/26/2016
1F. Project Review	09/08/2016
1G. Addressing Project Capacity	08/26/2016
2A. HMIS Implementation	08/26/2016
2B. HMIS Funding Sources	08/26/2016
2C. HMIS Beds	09/08/2016
2D. HMIS Data Quality	09/08/2016
2E. Sheltered PIT	08/28/2016
2F. Sheltered Data - Methods	08/26/2016
2G. Sheltered Data - Quality	08/26/2016
2H. Unsheltered PIT	09/08/2016
2I. Unsheltered Data - Methods	08/26/2016
2J. Unsheltered Data - Quality	08/26/2016
3A. System Performance	09/08/2016
3B. Objective 1	09/08/2016
3B. Objective 2	09/08/2016
3B. Objective 3	09/08/2016
4A. Benefits	09/08/2016
4B. Additional Policies	08/28/2016
4C. Attachments	Please Complete
Submission Summary	No Input Required

From: [Karen R. Byron](#)
To: "[Kevin Hurley](#)"; "[asheridan@ghama.com](#)"; "[adefranza@harborlightcp.org](#)"; "[aherlihy@cityofhaverhill.com](#)"; "[astrong@havenfromhunger.org](#)"; "[beatrice.manning@verizon.net](#)"; "[rmchugh@nscap.org](#)"; "[cjackson@cahns.org](#)"; "[Corona.Benson@va.gov](#)"; "[David.Gaeta@va.gov](#)"; "[dhouden@ghama.com](#)"; "[debora.dmh.ouimette@state.ma.us](#)"; "[dmoses@nselder.org](#)"; "[eherzig@njc-ma.org](#)"; "[gini@havenproject.net](#)"; "[gretchen@emmausinc.org](#)"; "[j.etheridge@lifebridgesalem.org](#)"; "[jeanine@emmausinc.org](#)"; "[JRobertson@tpimail.org](#)"; "[jbeloff@actioninc.org](#)"; "[jfeehan@ywcanewburyport.org](#)"; "[johnratka@comcast.net](#)"; "[joe@haverhillhousing.com](#)"; "[julie@familypromisensb.org](#)"; "[knicholson@riverhousebeverly.org](#)"; "[KMurtagh@ecf.com](#)"; "[kross@commteam.org](#)"; "[lmacneil@nscap.org](#)"; "[leslie@emmausinc.org](#)"; "[andersomercier37@aol.com](#)"; "[lisa.greene@peabody-ma.gov](#)"; "[lmarchant@haverhill-ps.org](#)"; "[mhoward@actioninc.org](#)"; "[mmmooore@ilcnsca.org](#)"; "[mpierce@peabodycoa.org](#)"; "[mhennigan@cityofhaverhill.com](#)"; "[mdimond@wellspringhouse.org](#)"; "[mault@tpimail.org](#)"; "[mickey@northshorecdc.org](#)"; "[mhalaby@nilp.org](#)"; "[pastorkurt@ecic-lynn.com](#)"; "[planzikos@nselder.org](#)"; "[phsteck@actioninc.org](#)"; "[ralexis@cahns.org](#)"; "[rmcguire@ywcahaverhill.org](#)"; "[rgould@communityactioninc.org](#)"; "[s.powell@lifebridgesalem.org](#)"; "[sstaples@ywcalawrence.org](#)"; "[SDavison@tpimail.org](#)"; "[sfletcher@mail.danvers-ma.org](#)"; "[Timothy.Driscoll2@va.gov](#)"; "[v.sweeney@lifebridgesalem.org](#)"; "[virginia_doocy@ccab.org](#)"
Subject: North Shore Continuum of Care Projects Chosen for Submission in the FY16 Funding Round
Date: Friday, August 19, 2016 4:56:00 PM
Attachments: [Ranking and Review Decisions 08.11.16.xlsx](#)

The North Shore Continuum of Care received 10 requests for renewal funding and two for new funding as well as a request for Planning in the current FY16 Continuum of Care round of funding. New applications to the North Shore Continuum of Care up to \$67,386 were available in reallocated funds, and up to \$94,549 in bonus funding. All applications were received in esnaps by the deadline of August 16, 2016.

The Ranking and Review Committee met on Tuesday August 09, 2016 to review new proposals for permanent housing for chronically homeless and chose to accept both proposals submitted. They are Priority Apartments and Priority Apartments II. No new proposals were denied.

The Ranking and Review Committee met again on Thursday August 11, 2016 to review requests for renewal funding, and accepted all ten projects which include:

Emerson Street S+C
Evergreen Place I
Evergreen Place II
Jericho House
Campus Apartments
Welcome Home I
Campus Apartments II
Coordinated Entry
HMIS
Veteran's Campus

No renewals were denied.

Following the review and acceptance of all renewal and new projects, they were ranked into Tier 1 and Tier 2 per the HUD Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2016 Continuum of Care Program Competition, FR-6000-N-25.

On August 17, 2016, these were presented in the monthly North Shore Continuum of Care meeting and the voting members voted to accept them for submission in conjunction with the Consolidated Application and Priority Listing to be submitted no later than September 14, 2016.

While not ranked, the CoC will also be submitting the request for Planning funds.

The North Shore Continuum of Care membership is grateful to all who participated in this process and for the excellent work you are doing to alleviate chronic homelessness in the communities it serves.

Karen R. Byron, CGS
Byron Grant Consulting
206 Humphrey St.
Marblehead, MA 01945-1621

Phone 781.405.9009
Fax 781.479.0759
Skype karen.r.byron



Home Departments Business Visitors Contact Higgins Project Peabody100 Facebook

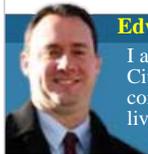
Google Custom Search

PEABODY CITY HALL



24 Lowell St. Peabody, MA. 01960
Phone: 978-538-5900
Driving Directions
Mon to Wed - 8:30am to 4:00pm
Thursday - 8:30am to 7:00pm
Friday - 8:30am to 12:30pm

MAYOR OF PEABODY



Edward A. Bettencourt, Jr.
I am honored to welcome you to the City of Peabody! Ours is a vibrant community and a wonderful place to live and raise a family. Read



2016 CofC Homeless Appl.

Highlights, Priorities and Changes in FY16 NOFA - Request for Proposals (New CofC Projects) - Ranking Tool FY16
New PH - Renewal Application Changes - Ranking Tool FY16 PH TH SSO - Definitions and Concepts for FY16 NOFA



Heat Emergency



Mandatory Water Restrictions



State Primary Sept. 8th



2017 U.S. Senior Open



Free Summer Concert Series



2016 CofC Homeless Appl.

6 of 32 News Items

ONLINE SERVICES

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Building Permits
Parks & Rec Online
Code Red
Nixle

Budget Potholes Jobs

- 2016 Budget Detail
2016 Budget Summary
2016 Executive Summary
2016 Budget Presentation

Proposed 2017 Budget

Past Budgets

IMPORTANT LINKS

- Elected Officials
City Council Committees
Boards & Commissions
Permits & Applications
City Ordinance
Meeting Minutes

MORE NEWS



Snow Emergency / Parking Ban



Benefit Fair For City Employees
Dental Benefits
Flex Spending
AFLAC Information
Membership Benefits



Farmers Market Rules
Vendor Application/Inventory List
Artists and Crafters
Application/Inventory List



Dumping Days & Hours
Trash & Recycling Schedule
Trash News



Home Consortium Action Plan

Re-Districting Map
Re-Districting Address Changes

MEETINGS & EVENTS

View Full Calendar

THURSDAY AUG 18, 2016
1:00 PM
FREE FOOD SAFETY COURSE
50 Farm Ave, Peabody, MA 01960, USA
Click for Details

MONDAY AUG 22, 2016
6:30 PM
LICENSING BOARD MEETING
24 Lowell St, Peabody, MA 01960, USA

THURSDAY AUG 25, 2016
7:00 PM
FINANCE COMMITTEE MEETING
24 Lowell St, Peabody, MA 01960, USA
Click for Details

SUNDAY SEP 11, 2016
NOON
INTERNATIONAL FESTIVAL
24 Lowell St, Peabody, MA 01960, USA
Click for Details

MONDAY SEP 12, 2016
6:30 PM
LICENSING BOARD MEETING
24 Lowell St, Peabody, MA 01960, USA

MONDAY SEP 26, 2016

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Abatement Procedure
Abutters List
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Bike Route Map (Independence Greenway)
Birth Certificate
Biological Safety Regulations
Body Piercing Regulations
Body Piercing Application
Body Piercing Establishment Permit Application
Building Inspector Hours
Building Permits
Building Permit Application (Commercial)
Building Permit (1 & 2 Family) Application
Business Certificate

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6:30 PM

.....
C
Camp Permit Application
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.....

GOVERNANCE CHARTER FOR THE NORTH SHORE CONTINUUM OF CARE

This charter lays out the agreed terms, roles and responsibilities of the various entities that make up the North Shore Continuum of Care (hereinafter referred to as the “NS CoC”).

NORTH SHORE CoC FULL MEMBERSHIP:

The North Shore Continuum of Care Full Membership is the vision making body for the North Shore CoC. The Full Membership is defined as those interested community partners who represent the interests of the homeless and those who are at risk of homelessness. These partners may come from, but are not limited to, nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans and homeless and formerly homeless individuals, or other entities or individuals who have an interest in homelessness and the issues related to it.

The communities of the North Shore CoC are: Amesbury, Andover, Beverly, Boxford, Danvers, Essex, Georgetown, Gloucester, Hamilton, Haverhill, Ipswich, Lynnfield, Manchester, Marblehead, Merrimac, Methuen, Middleton, Newburyport, North Andover, North Reading, Peabody, Rockport, Rowley, Salem, Salisbury, Topsfield, Swampscott, Wenham, West Newbury, and Wilmington. The Full Membership meets at least semi-annually and more often as necessary so that the North Shore CoC Board may obtain feedback from the full membership on the needs of the community to inform the NS CoC’s response to the United States Department of Housing and Urban Development’s Notice of Funds Availability.

Role:

1. Appointing two of its members to represent the full membership on the CoC Board
2. Providing information and advice to the North Shore CoC Board regarding best practices in homeless services;
3. Provide a vision, priorities and goals for the CoC community;

NORTH SHORE CoC BOARD:

The North Shore Continuum of Care Board is comprised of those two appointed Full Membership members and those other members who attend at least one of the semi-annual full membership meetings and six regular meetings of the North Shore Continuum of Care Board. The North Shore CoC Board meetings are open to all. The North Shore CoC Board has their regular meetings on the third Wednesday of the month. The North Shore CoC Board holds the responsibility of deciding the needs of the community, how the application review and ranking process is to be administered, endorsing the projects to be submitted for funding consideration and the community priority rankings, although some of these responsibilities are delegated to other partners as outlined in this charter.

Role:

The North Shore CoC Board is made up of one homeless or formerly homeless person, agencies who serve various homeless populations, agencies who serve those who are at risk of homelessness, governmental departments charged with addressing homelessness and individuals who are

interested in addressing the issue of homelessness in the North Shore community. The North Shore CoC Board body is responsible for:

1. Establishing and providing oversight of the HMIS system and designating an HMIS administrator;
2. Designating an entity to write the application for funding in response to HUD's annual CoC Program NOFA for homeless assistance resources;
3. Striving to provide the best services to each of the community's specific homeless populations;
4. Establishing and providing oversight of the Monitoring Committee;
5. Working within the CoC homeless provider system to provide comprehensive and appropriate services to move homeless persons into permanent affordable housing as quickly and appropriately as possible;
6. Participating on CoC Committees and in monthly board meetings;
7. Reviewing, endorsing, and establishing policies and procedures including the process of CoC Board selection;
8. Developing and following a governance charter which will be updated annually detailing the responsibilities of all parties;
10. Consulting with recipients and subrecipients to establish performance targets appropriate for population and program type, monitoring the performance of recipients and subrecipients, evaluating outcomes, and taking action against poor performers;
11. Evaluating and reporting to HUD outcomes of CoC projects and consulting with CoC applicants regarding allocations;
12. Establishing and providing oversight of a Coordinated Entry system and Coordinated Entry subcommittee;
13. Conducting a Point-in-Time count of homeless persons, at least biennially;
14. Conducting an annual gaps analysis;
15. Providing information required to complete the North Shore HOME Consortium Consolidated Plan;
16. Designing, operating and following a collaborative process for developing the application and approving its submission;
17. Establish priorities for funding projects in the CoC geographic area;
18. Establish a process for funding recommendations through HUD and other funding streams available in the community; and
19. Oversee all CoC committees and responsible for the creation/dissolution of committees as deemed necessary.
20. Consult with grantees of Emergency Solutions Grant (ESG) funding in the geographic area.

Voting Rights:

NS CoC Policies Related To Board Membership: It is the policy of the North Shore Continuum of Care that each Continuum of Care board member/agency:

1. Board membership is open to an agency or governmental entity, not individuals.
2. The agency holds one vote;
The agency designates a delegate and an alternate who are authorized to cast the agency vote when such action is needed;
3. The agency is allowed to send more than these designated people to the community meetings but when a vote is taken, only the delegate or alternate is eligible to cast a vote;

4. The agency is required to send a representative to at least 6 out of the last 12 community North Shore CoC Board meetings prior to the vote in order to be eligible to cast a vote;
5. If an agency is unable to send either the delegate or alternate, that agency may send a representative to the meeting and receive credit for attendance. However, only a delegate or alternate has the right to vote on any issue.
6. If an agency has not been a member of the Continuum of Care for a full twelve months at the time of a vote, the number of absences allowed that agency will be proportional to the number of months they have been a member of the CoC.
7. An agency board member is not eligible to vote on any issue regarding a project where that board agency/member has a financial interest or serves the project's agency in any capacity; and
8. An agency has the right to submit new and renewal proposals within the guidelines and specifications of the U.S. Dept. of Housing and Urban Development. (The full membership then has the right and responsibility to decide which projects are to be included in the CoC application.)

North Shore CoC Board Membership:

The North Shore CoC Board is elected from the full membership at a CoC full membership meeting or through other means (email, U.S. Postal Service, FAX) and should:

1. Include at least one homeless or formerly homeless individual and
2. Represent the relevant organizations and projects serving the homeless including:
 - i. Persons with substance use disorders,
 - ii. Persons with HIV/AIDs,
 - iii. Veterans,
 - iv. The chronically homeless,
 - v. Families with children,
 - vi. Unaccompanied youth,
 - vii. The seriously mentally ill, and
 - viii. Victims of domestic violence, dating violence, sexual assault and stalking.

Voting Methods:

The CoC voting procedure may be carried out within a CoC meeting of the members or through other means (email, U.S. Postal Service, FAX) as long as each completed ballot is:

1. Designated for an eligible voting member (agency), and
2. The ballot contains the signature of the CoC delegate or alternate.

Election and Terms:

The North Shore Continuum of Care Board is made up of no less than 9 and no more than 21 members. It should always have an odd number of members including:

1. Two representatives of the Membership Body;
2. A homeless or formerly homeless person;
3. Community representatives and leaders.

Members are elected by the membership body for two year staggered terms, and these representatives can serve two consecutive 2 year terms.

Vacancies:

Vacancies are filled by a majority vote of the North Shore CoC Board at the following monthly meeting.

Quorum:

In order to do binding business, there must be a quorum of at least 51% present for a Board vote.

Officers:

The Board will elect its own Chairperson, Vice Chair, Clerk and any other roles as seen fit by the Board.

1. Chairperson. The Chairperson shall call, preside over all meetings, and set agendas for all NS CoC meetings. The Chair can call special meetings of the NS CoC.
2. Vice Chairperson. The Vice Chairperson shall assume all duties of the Chairperson in the event of his/her absence.
3. Clerk. The Clerk shall be responsible for all correspondence and prepare reports as required. The Clerk shall be responsible for the minutes of the meetings of the NS CoC and for their distribution. The Clerk is responsible for tracking CoC meeting attendance.

Limitations:

Only one person per agency may serve on the Board at any given time. Board members representing provider agencies represented on the Board can have a proposal on the table although they should not vote on these issues.

Grievances:

All members of the North Shore CoC full membership are encouraged to report any grievances with the North Shore CoC Board through this procedure without fear of reprisal. Grievances should be submitted as soon as possible to ensure proper responses.

First, the CoC member should submit their grievance in writing or in person to the North Shore CoC Board. The CoC Board should respond in writing with their response or decision within 7 working days of receiving the grievance.

If the member is dissatisfied with the outcome or decision, they should submit a written request to present their grievance at the following CoC full membership meeting. The membership will vote and give a decision at that meeting.

All members also have the right to file a complaint against the North Shore CoC Board to the U.S. Department of Housing and Urban Development (HUD). However, we encourage members to use the grievance process above first as filing a grievance with HUD can affect the score of all CoC applicants.

Reallocation Policy

HUD encourages the use of a reallocation is a strategy in order for CoCs to can create new, evidence-informed projects by eliminating projects that are underperforming or are more appropriately funded from other sources. Through utilization of the North Shore CoC's Reallocation Policy and Procedure, attached as Appendix A, the goal is to ensure that, where

scarce funding is available, a strategic plan is employed in order to assess current projects for performance and effectiveness in ending homelessness.

Plan to End Youth Homelessness

The North Shore CoC is committed to addressing the unique challenges and circumstances of unaccompanied homeless youth age 24 and younger. This plan, attached as Appendix B, aims to develop and strengthen partnerships within the CoC's geographic region that will provide opportunities for collaboration and resource development for youth who are currently experiencing homelessness as well as those youth who are at risk of homelessness. Specifically, the CoC will maintain participation in the Youth Committee of the North Shore Housing Action Group, a collaboration between the Lynn and North Shore CoCs, in order to identify the needs of this population and collaborate on solutions across the region. The CoC will also maintain its own standing Youth Committee whose purpose is to organize the CoC's participation in the annual youth homeless count that is funded by the Commonwealth of Massachusetts in an effort to identify homeless youth throughout the region. As resources are made available throughout the CoC's geographic region by HUD or other funding sources directed towards ending youth homelessness, the CoC will evaluate the current need for this funding as well as its ability to apply for these funds as a stand-alone entity or through collaboration with partners in the community whose goal is to address the housing and support services needs for this population.

Plan to End Chronic Homelessness

The North Shore CoC is dedicated to ending chronic homelessness across their geographic catchment area. As exhibited in the CoC's adopted Standards for Ending Chronic Homelessness, attached as Appendix C, the CoC has adopted the order of priority for both dedicated permanent supportive housing (including permanent supportive housing not awarded as dedicated but identified as prioritized) and for non-dedicated permanent supportive housing as defined in Notice CPD-16-11: *Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing*. Specifically, these Standards will focus the CoC's efforts on three key areas in an effort to end chronic homelessness, including targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing, increasing the number of dedicated permanent supportive housing units, and improving outreach to this specific population.

Policy for Filling Housing vacancies within CoC Funded Programs

Coordinated Entry refers to the process used to assess and assist in meeting the housing needs of people at-risk of homelessness and people experiencing homelessness. The North Shore CoC has adopted a Coordinated Entry Intake, Assessment and Prioritization system that requires all HUD funded programs to complete a Coordinated Entry Intake and Assessment for households presenting as homeless or at imminent risk of homelessness, as defined in the North Shore CoC Coordinated Entry Policies and Procedures, and who wish to be added to the Prioritization Database. As outlined in the North Shore CoC's approved Coordinated Entry Policies and Procedures, any HUD funded housing program is required to fill any vacancies exclusively through the Coordinated Entry System. Applicants enrolled in the Coordinated Entry system will be selected based on program eligibility and consumer preference, as indicated in the Prioritization Database, and prioritized according to HUD guidelines set forth in CPD-16-11 "**Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing**" which gives first priority to individuals

and families experiencing chronic homelessness. If there are no applicants meeting the definition of chronic homelessness, applicants will be prioritized based on the criteria outlined in Section 3B of notice CPD-16-11.

The North Shore CoC Board will actively encourage affordable housing partners who are not funded through the CoC to adopt these priorities as well in filling vacancies.

Prevention of Involuntary Separation

It is the policy and expectation of the North Shore CoC that any CoC funded program shall abide by all state and federal regulations and the provisions of the HEARTH Act that prohibit emergency shelters, transitional housing, and permanent housing from denying admission to or separate any family members from other members based on age, sex, gender or disability. In addition, CoC funded programs will adhere to state and federal regulations as they apply to the separate of children from a custodial adult or from other siblings.

The Commonwealth of Massachusetts oversees the emergency shelters and rapid rehousing programs for families with children and prohibits the involuntary separation of family members based on age, sex, gender or disability. The Commonwealth has formal appeal process for any decision taken relative to a family's request for shelter, including who is deemed part of the assistance /family unit for shelter placement or rehousing programs.

COMMITTEES AND SUBCOMMITTEES

Planning Committee

This committee coordinates the planning for and completion of the annual consolidated application in collaboration with the entity that has been hired to write the response to HUD's NOFA. This committee meets regularly during the NOFA application period and quarterly during the rest of the year to discuss related topics such as debriefing from previous applications and planning for new permanent supportive housing projects.

Role:

1. Collaborate with the entity hired to complete the consolidated application, including providing prompt feedback and communication to said entity in order to ensure timely and complete submission of the application, develop standards for reviewing and ranking project proposals.
2. Make recommendations for funding priorities.

Proposal Ranking and Review Committee:

Each year, the North Shore CoC appoints a committee of non-funded members to make strategic decisions for the North Shore CoC throughout the year.

Role:

1. Complete the review and ranking of all project applications to be submitted for funding in response to HUD's NOFA.
2. Review the monitoring of all project applicants as part of the overall application review process.

3. Make recommendations to the Board regarding individual project applications to be submitted in response to HUD's NOFA.

HMIS Committee

This committee is responsible for designating and overseeing the work of the HMIS Lead Agency. This committee operates in accordance with the NS CoC HMIS Governance Policy. This committee oversees and coordinates the annual HUD Point-in-Time count that requires Continuums of Care to conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night.

Membership Committee

1. Recruits new members to the NSCoC Board.
2. Plans and executes full membership meetings.
3. Reviews membership applications.
4. Tracks members in good standing.

Monitoring and Evaluation Committee

1. Monitor performance of North Shore CoC, recipients, and subrecipients.
2. Develop a standardized monitoring tool, in collaboration with the CoC Board, to use in the evaluation of all project proposals in response to HUD's NOFA.
3. Conduct an annual on-site evaluation of funded projects to determine compliance with HUD program rules and assess the effectiveness of the program in meeting HUD and NS CoC defined objectives and the specific targets and goals outlined in their project application to HUD.
4. Inform the NS CoC Leadership of performance related concerns stemming from this monitoring and evaluation process.

Youth Committee

The North Shore CoC will maintain a youth committee in order to exert a continued effort towards ending homelessness for youth ages 24 and under.

Role:

- Coordinate annual youth homeless count in conjunction with the Commonwealth of Massachusetts, the CoC membership and other youth service providers who may not be represented at the regular meetings of the CoC.
- Ensure continued collaboration between the North Shore CoC and the Youth Committee of the North Shore Housing Action group by providing periodic updates to the CoC Board.
- Conduct outreach to youth service providers within the region to make an effort to increase representation in the CoC.

NORTH SHORE CoC COLLABORATIVE APPLICANT:

The North Shore CoC Board must select a Collaborative Applicant best able to successfully submit the CoC application to HUD each year.

Role:

The designated Collaborative Applicant must complete the following:

1. Complete the electronic application in response to HUD's annual CoC Program NOFA for homeless assistance resources in collaboration with the entity hired to write and complete the response to the NOFA
2. Present a timeline and deadlines to all project applicants for individual project plans that have been determined in collaboration with the entity hired to write and complete the NOFA response
3. Serve as main point of contact between entity hired to write and complete response to NOFA and CoC Board;
4. Collect all data and submit a chart to HUD of all projects planning to reapply;
5. Create and submit the housing inventory chart;
6. Create and submit the grant inventory worksheet;
7. Establish priorities for funding projects in the CoC geographic area in collaboration with the CoC Board;
8. Lead process for creation of ranking tool with regard to applications for funding in response to the NOFA;
9. Oversee committees and volunteers;
10. Update and monitor progress on the Plan to End Homelessness;
11. Create agendas for CoC full membership and Board meetings in collaboration with the Board Chair;
12. Notify others that they can join the CoC full membership annually;
13. Monitor who is eligible to vote on the full membership.

HMIS LEAD AGENCY:

An entity must be selected by the North Shore CoC Board to oversee HMIS management for the North Shore CoC. They are responsible for:

1. Ensuring compliance with the latest HMIS Data and Technical standards published by HUD through collaboration with the HMIS software provider, Social Solutions, and Massachusetts Department of Housing and Community Development (DHCD), the entity responsible for oversight of the entire HMIS system for the North Shore CoC;
2. Serving as main point of contact for CoC with Social Solutions and DHCD, providing accurate and timely updates to CoC membership with relevant information regarding HMIS system;
2. Accurately calculating the size and needs of the homeless population;
3. Coordinating training of new staff at member agencies on accurate HMIS entry;
4. Serve as primary contact with Social Solutions.
5. Reporting as necessary to various entities such as Commonwealth of Massachusetts Department of Housing and Community Development, the City of Peabody or other cities and towns within the Continuum of Care, the U. S. Department of Housing and Urban Development and others, ensuring that any and all required reports are completed in an accurate and timely manner in accordance with requirements set forth by requesting entity.

NSCoC Providers' Education-Related Duties

I. Duty to Designate an Education Coordinator

A. Designation and Duties of Education Coordinator

Every HUD-funded NSCOC project that provides shelter, housing, or services for homeless families with children or unaccompanied youth must designate a staff member to be responsible for ensuring that children and youth served by the project are enrolled in school and connected to appropriate education-related programs and services in the community, including early childhood programs, such as Head Start; programs for infants and toddlers with disabilities operating under Part C of the Individuals with Disabilities Education Act; and programs for homeless children and youth authorized under subtitle B of title VII of the McKinney Vento Act.

B. Ongoing Training and Collaboration to Improve Educational Outcomes for the Homeless. NSCOC providers are expected to:

1. Encourage their education coordinators to participate in meetings convened by the NSCOC to promote better educational outcomes for homeless children within the continuum's geographic area;
2. Ensure that their education coordinators have opportunities to participate in webinars, workshops, and other programs offered by experts in the field;
3. Provide their education coordinators with opportunities, where possible, to be trained in assessment programs that provide indicators of potential development delays.

II. Duties to Establish Policies Consistent with McKinney-Vento and Other Education Laws and Document Compliance with Those Policies.

A. Required Policies and Practices

All HUD-funded NSCOC projects that provide shelter, housing, or services for homeless families or unaccompanied youth must:

1. Place posters about their educational rights in places where clients can see them;
2. Establish policies requiring that staff take the following steps in dealing with clients:
 - a. Explain to each homeless family and unaccompanied youth as soon as possible, their right to choose whether to continue to attend school where they were enrolled before becoming homeless, or to enroll in any school that other children residing in the same attendance area are eligible to attend;
 - b. Provide to each homeless family and unaccompanied youth a document summarizing their education rights;
 - c. Ask families and youth if they have any concerns about school attendance, particularly fears related to domestic violence, and provide help, as necessary, to resolve these concerns;
 - d. Discuss with families the impact that changing schools might have on children's education, social, and emotional well-being;
 - e. Immediately refer homeless families with school-aged children to their school district's homeless liaison and follow up to ensure contact and provide assistance, as necessary, with enrollment;
 - f. Inform unaccompanied youth of their rights to enroll in school without a parent or legal guardian and immediately link them with their school district homeless liaison and assist them, as necessary, with school enrollment;
 - g. Provide parents with information about Head Start and other public preschool programs and facilitate enrollment and attendance;

- h. Collaborate with early intervention and special education providers to conduct screenings, especially for children, birth to five, to determine if the children are eligible for special services due to a development delay or disability;
- i. Work with parents, school liaisons, and other advisers as appropriate to identify the programs and services each child will need to thrive academically and make those programs and services available to the child;
- j. In a case management plan for every family with children, identify steps that will be taken to serve the educational interests of each child, including steps to link each child with necessary programs and services (such as tutoring) as well as beneficial extracurricular and enrichment activities;
- k. Actively encourage and support the parents and youth in carrying out that plan; and
- l. Inform parents and youth exiting a HUD-funded homeless program that they continue to have educational rights for at least the remainder of the school year.

B. Documenting Compliance with Required Policies.

All NSCOC providers that are required to establish policies outlined in section II.A., above, are also required to document their compliance with those policies and produce that documentation (redacted as necessary to preserve client safety), including copies of education plans, upon the request of the Continuum of Care Planner, or any other designated representative of the NSCOC.

**North Shore Continuum of Care
HMIS Protocols and Procedures**
Established to Ensure Compliance with HUD Requirements
May, 2014 - updated September 2nd, 2016

Overview

The North Shore Continuum of Care (CoC)'s Homeless Management Information System (HMIS) with the Massachusetts Department of Housing and Community Development (DHCD) serving as the lead, uses an instance of Efforts to Outcomes Software (ETO) known as ASIST to manage HMIS data collection for HUD reporting as well as the Commonwealth's overall homeless response system. Projects, and programs within projects, can use any qualified HMIS system as long as the raw data can be provided to the CoC in CSV or XML format.

DHCD staff is available for technical assistance but Sponsors and Projects are responsible for their own data and overall compliance requirements.

Sponsors and Projects have been given appropriate site access in ASIST as well as the technical capacity to generate reports for all projects they are responsible for. DHCD will provide training to Sponsors and Projects to ensure that capacity is maximized.

DHCD is responsible for working with Social Solutions, the ETO vendor, to integrate all HMIS data that meets current HUD standards into ASIST. Additionally, DHCD will work with SimTech Solutions, who has partnered with Social Solutions, to produce final versions of APRs for submission to HUD.

DHCD convenes an HMIS committee that will develop and finalize comprehensive Data Quality, Privacy, and Security Plans as well as Policies/Procedures for each.

HMIS requirements

CoC-funded projects:

1. Annual Performance Report (APR) - required for projects funded by the CoC
2. Renewal Project Application of the Annual HUD NOFA

Housing / bed units that are within the geography of the CoC:

If a "bed" is set aside or designated to serve a homeless person, then it should be included on the Electronic Housing Inventory Chart (e-HIC). Programs that serve both homeless and non-homeless do not have to be included on the e-HIC unless there are a given number of beds reserved for homeless individuals or units for families.

1. Annual Homeless Assessment Report (AHAR)
2. Point-in-Time count
3. Electronic Housing Inventory Chart (e-HIC)

Basic CofC Structure:

The North Shore CofC consists of a wide range of projects and programs throughout Merrimack Valley and the North Shore.

Grantee:

For these grants, the applicant for funding is the “Grantee” as the funds flow directly from HUD to each grantee. In some instances, where the Applicant is the Haverhill Housing Authority, the grant is actually implemented and managed by Emmaus, Inc. and – as such – is responsible for all data entry into HMIS, as well as all reports.

Roles and Responsibilities:

Each program / provider is structured and staffed differently: Some projects may combine tasks into one job description while other projects may break them out. Each grantee can work with projects to determine the specific roles and responsibilities.

Grantee: (HMIS Coordinator)

- Develop and implement strategies for on-going data quality
- Understand and interpret all HUD HMIS requirements
 - Communicate changes to Sponsors
 - When communicating directly with providers, Sponsors are copied
- Evaluate data from Sponsors and provide specific action items to address quality
- Provide training and technical assistance to ensure high quality data
- Enter reports into HDX (e-HIC, PIT, AHAR)
-

HMIS lead Agency: As a result of the merger between the North Shore CofC and the Massachusetts CofC, DHCD will be responsible for the management and oversight of the system.

Management / Oversight:

- Data monitoring: Responsible to review quarterly APRs and bring any issues, including performance on goals to the Admin Committee. The Admin Committee / DHCD needs to review program-level APRs on a semi-annual basis
- Identify training needs
- Help coordinate and facilitate targeted training
- Communicate all HMIS / reporting changes to projects

- Review reports from projects: APR, PIT, data quality, etc.
- Deliver a clean APR, AHAR, PIT to DHCD within 30 days after the end of the reporting period (project year)
- Enter a DHCD-approved final APR, including project expenditures, into e-SNAPS within 60 days after the end of the reporting period
- Enter project data into e-snaps for Renewal Project Application of the annual application
- The North Shore CoC will provide a level of technical assistance and support directly from Social Solutions through an annual agreement/contract to provide that technical support as required in order to implement HMIS in accordance with HUD standards.

Provider (program): *In many agencies, the data collection and entry are completed by the same person (i.e., case manager). Some programs (i.e., outreach) split these functions.*

Data Collection:

- Assessment data gathering

Data Entry:

- Must be timely for all reports.
 - Ideally, data entry will be done daily; however, all client data must be entered into HMIS within one week of entry into a program and within one week of any change in status such as a project exit. These changes must be made in real-time by staff in Emergency Assistance (EA) programs.
- Enter accurate, clean and complete data
- Complete all HUD universal data elements
- Assessments – intake, updates, annual, exit
- Outcome Measures to be determined by the CoC as a whole
- Bed check-in / registry (*bed management model*) – must be completed by 8:30 AM daily

Data Quality / Reporting/ User Support: Program Manager or Supervisor is responsible for reviewing data including:

- Data Validation reports
- Quarterly / annual performance reports
- Point-in-time
- When applicable: provide datasets in either CSV or XML format
- Provide quality reports (APR, PIT, AHAR, e-HIC) to Sponsors on or before the specified deadline

- Ensure that the organization adheres to HUD's Data and Technical Standards (2004 & March, 2010 until 9/30/2014, beginning on 10/1/2014 the 2014 HMIS Data Standards should be adhered to.)

User Support: Site Administrators are responsible for the following:

- Requesting new user accounts from DHCD
- Ensuring new staff received ETO training
- Disabling user accounts for inactive staff
- Provide basic support to users

Training:

HMIS training must be delivered in context of the program needs including the role of applicant agencies which have specific program and data collection requirements. Training must be delivered in a manner that is flexible and allows for staff turnover, etc.

Training Content:

- An understanding of the training needs including the roles and responsibilities for data entry, management and reporting
- The mechanics of what questions mean and how to answer them; how to run reports; etc...
- Customization of content – based on role of trainee
- Trainings will be designed to target different user groups, including line staff and managers

Training Logistics:

- Sponsors will receive Train-the-Trainer sessions from DHCD HMIS Coordinator to increase skills to support providers
 - Sponsors provide relevant content, coordinate trainings, arrange space and invite providers
 - Project staff who meet with clients to complete the HMIS forms *and* the data entry staff are trained together
- DHCD will provide relevant content on HMIS, reporting requirements and use of ASIST

System Performance Measures:

In accordance with recent initiatives from the SNAPS Office, the North Shore Continuum of Care has generated reports from its HMIS in order to establish a baseline of data against which future program outcomes may be compared. This year is the first year that this information has been generated and made available to HUD and to the entire membership of the CofC.

It is seen as a useful tool for measuring accomplishments, and may also be used by some shelter providers in their private fundraising efforts.

Commonwealth of Massachusetts
**DEPARTMENT OF HOUSING &
COMMUNITY DEVELOPMENT**

Charles D. Baker, Governor ♦ Karyn E. Polito, Lt. Governor ♦ Chrystal Kornegay, Undersecretary
100 Cambridge Street, Suite 300
Boston, Massachusetts 02114

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617.573.1100

**HMIS GOVERNANCE AGREEMENT
between**

**The North Shore Continuum of Care
and**

The Massachusetts Department of Housing and Community Development (DHCD)

By this Agreement the North Shore Continuum of Care (the CofC) and the Massachusetts Department of Housing and Community Development (DHCD), hereby acknowledge the following:

- The North Shore HOME Consortium acting by and through the City of Peabody, Massachusetts acts as the lead organization for the North Shore Continuum of Care.
- Pursuant to HUD HMIS requirements, (Lead Agency) on behalf of the North Shore Continuum of Care (the CofC), must designate an HMIS Lead Agency and enter into an HMIS Governance Agreement with that organization.

The North Shore Continuum of Care hereby designates DHCD, and DHCD hereby agrees to serve as, the HMIS Lead Agency for the North Shore CofC. The parties further agree that as HMIS Lead Agency, DHCD will comply with HUD HMIS Lead Agency requirements to establish, support, and manage the HMIS in a manner that will meet HUD's standards for minimum data quality, privacy, security and all other HUD requirements for organizations participating in an HMIS. As part of this compliance DHCD will:

- Coordinate with the North Shore CofC, the CofC's implementation of the DHCD contracted HMIS software;
- Inform the North Shore CofC members of training opportunities;
- Cooperate with the North Shore CofC's efforts to assess and improve HMIS implementation, compliance and data quality.

As part of this agreement, the North Shore CofC will:

- Comply with HUD HMIS requirements; and
- Maintain a standing HMIS committee with a Chairperson, who will also serve as the primary conduit of HMIS-related information between DHCD and CofC providers.

This Agreement shall be effective as of the date of the last signature hereunder, and shall remain in effect until terminated by either party by written notice to the other party at least thirty calendar days prior to the effective date of termination. Amendments to this Agreement must be in writing and signed by both parties.

For the North Shore HOME Consortium &
Continuum of Care Alliance

Kevin J. Hurley
Director of the North Shore HOME Consortium/ Continuum of Care

September 14, 2015
Date

For DHCD:

William J. Bartosch
Director of Quality Assurance, Technology, Training, and Research and Evaluation

9/15/15
Date

Performance Measurement Module (Sys PM)

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH		1373		125			60	
1.2 Persons in ES, SH, and TH		1457		143			66	

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	-	-	-	-	-	-	-
1.2 Persons in ES, SH, and TH	-	-	-	-	-	-	-	-

Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	450	29	6%	18	4%	4	1%	51	11%
Exit was from TH	41	0	0%	1	2%	1	2%	2	5%
Exit was from SH	0	0		0		0		0	
Exit was from PH	6	0	0%	0	0%	0	0%	0	0%
TOTAL Returns to Homelessness	497	29	6%	19	4%	5	1%	53	11%

Performance Measurement Module (Sys PM)

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	Previous FY PIT Count	2015 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1487	1577	90
Emergency Shelter Total	1290	1432	142
Safe Haven Total	11	6	-5
Transitional Housing Total	112	106	-6
Total Sheltered Count	1413	1544	131
Unsheltered Count	74	33	-41

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Previous FY	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons		1473	
Emergency Shelter Total		1392	
Safe Haven Total		0	
Transitional Housing Total		81	

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		88	
Number of adults with increased earned income		8	
Percentage of adults who increased earned income		9%	

Performance Measurement Module (Sys PM)

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		88	
Number of adults with increased non-employment cash income		1	
Percentage of adults who increased non-employment cash income		1%	

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		88	
Number of adults with increased total income		9	
Percentage of adults who increased total income		10%	

Metric 4.4 – Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		28	
Number of adults who exited with increased earned income		1	
Percentage of adults who increased earned income		4%	

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		28	
Number of adults who exited with increased non-employment cash income		0	
Percentage of adults who increased non-employment cash income		0%	

Metric 4.6 – Change in total income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		28	
Number of adults who exited with increased total income		1	
Percentage of adults who increased total income		4%	

Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.		1108	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		175	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)		933	

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.		1172	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		190	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)		982	

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in 2016.

Performance Measurement Module (Sys PM)

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons who exit Street Outreach		0	
Of persons above, those who exited to temporary & some institutional destinations		0	
Of the persons above, those who exited to permanent housing destinations		0	
% Successful exits			

Metric 7b.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited		1062	
Of the persons above, those who exited to permanent housing destinations		353	
% Successful exits		33%	

Metric 7b.2 – Change in exit to or retention of permanent housing

	Previous FY	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH		236	
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations		212	
% Successful exits/retention		90%	