Before Starting the CoC Application

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

 The Collaborative Applicant is responsible for:

 1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.

 2. Ensuring all questions are answered completely.

 3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.

4. Ensuring all imported responses in the application are fully reviewed and updated as needed.

 5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.

 6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

 - Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: LA-506 - Slidell/Southeast Louisiana CoC

1A-2. Collaborative Applicant Name: Northlake Homeless Coalition

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Southeastern Louisiana University

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	Yes
EMT/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Not Applicable	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

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

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

The NHC general membership meets bi-monthly. Meetings are open to the public and are advertised via public notices in the newspaper, on the NHC website via the NHC website/mailing list, and at monthly service provider meetings held within the region. From this membership, the CoC solicits direct expertise for achieving its missions. Local stakeholders participate and vote on CoC governance and policies that affect funding determinations, strategic planning, coordinated entry and the continuous development of the local crisis response system. CoC general membership participants also comprise sub-committees tasked with oversight of all of these various processes. In 2016-2017, the NHC GM voted and implemented a Community Benchmarks Scorecard and Community Evaluation process so that all NHC funding decisions are transparent, community-driven, data driven, aligned with system performance measures, increase cost-effectiveness, and aligned with HUD CPD 16-11 and the HEARTH Act.

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

The NHC General Membership meets on a bi-monthly basis, with meetings that are open to the public and are advertised via public notices in the newspaper, on the NHC website via the NHC website/mailing list, and at monthly service provider meetings held within the region. At the monthly service provider meetings that are held within each of the five parishes throughout the region, the NHC invites all members of the community to attend the general membership meetings, to participate on committees and subcommittees and to be a part of the decision-making process. Additionally, the NHC works with local government partners and key stakeholders to ensure appropriate participation from these groups. The NHC is actively working to solicit new members of the community at all times and has worked intensively with disaster recovery groups in the region so that disaster recovery and homeless efforts are maximized synergistically.

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

proposals.
(limit 1000 characters)

The CoC notified the public that it would accept and consider proposals from all eligible organizations, including ones that have not previously received CoC Program funding, when it advertised for the NHC General Membership Meeting held on August 2, 2017. THe NHC GM meeting was advertised in the newspaper, on the NHC website, on the NHC mailing list and via local service provider meetings within the region. The NHC General Membership voted on the types of projects being solicited and the NHC released three Requests for Proposals (RFPs). The RFPs were made available in a public notice via the newspaper, the NHC website, the NHC mailing list and via local service provider meetings within the region. A new project sponsor applied for funding and was selected for the 2017 PH bonus.

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

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

The 3 consolidated plan jurisdictions (Con Plan) within the CoC (NHC) are State of Louisiana (LA), St. Tammany Parish (STP), and City of Slidell (CS). The NHC participates in the LA Con Plan committee, which meets on a quarterly basis in

person (4hrs). The LA group's goal is to implement a statewide 10 year plan and better coordinate ESG and CoC projects. The NHC meets in person with the STP Con Plan committee 3-4 times per year for several hours to provide necessary information for crafting and reviewing the plan. The NHC is working to become more actively engaged in the CS Con Plan, with primary contributions being 2 meetings annually and reporting of aggregate data. Of note, all are participating in the Phase 1 of Coordinated Entry. The group meets in person and/or via webinar bi-weekly for 1.5 hours. Additionally, all jurisdictions participate in the bi-monthly general membership meetings of the NHC (in person, 1.5 hours).

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

The NHC works to ensure that DV survivors have access to housing and services and that their safety and confidentiality is maintained. DV survivors may access services within the CoC in two ways. First, with the implementation of coordinated entry, a triage tool is administered to anyone seeking services and it determines if the client is a DV survivor. Referrals can then be made to the first available housing. The DV providers in this region have agreed to provide DV services to survivors placed in non-DV housing and clients are made aware of this. Second, DV survivors may access services directly with the victim service provider. If the victim service provider has housing resources available, clients are placed directly into housing and the CE team is notified of the opening being filled. If housing is not available through the victim service provider, the service provider will administer the VI-SPDAT. The survivor's identity does not need to be revealed to be considered for housing.

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

The NHC is responsible for CE in the region through the dedicated Coordinated Entry project, NHC CAAS Project. NHC outreach navigators receive regular training to address best practices for serving survivors of domestic violence, including training on motivational interviewing, trauma informed care and progressive engagement. The CoC Agency representative on the NHC board heads up the CoC-funded DV agency, SAFE, and is actively involved in the continuous implementation of the coordinated entry process, attends the bi-monthly CE meetings and meets on a weekly basis with the Lead Outreach Navigator to ensure CoC safety and planning protocols are being implemented for all clients who have been assessed and determined to be DV survivors. This close coordination and ongoing training has been highly beneficial to clients and

staff in addressing the unique needs of this population.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.
Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority Cithy of Slidell		No
Tangipahoa Parish Council		No
Housing Authority of Hammond		No
Housing Authority of the City of Denham Springs		No
Louisiana Housing Corporation	11.00%	Yes-HCV

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

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

The CoC continues to foster relationships with the housing authorities where there is not a homeless admission preference in their written policies and to highlight the housing preference utilized by the Louisiana Housing Corporation as a model for adoption with other housing authorities in the region. The housing authorities are actively involved in disaster recovery planning for the region, particularly in Tangipahoa Parish, that experienced two natural disasters in 2016. The CoC is actively involved and serving on the disaster recovery committee in this region and hopes to continue to build on this relationship by implementing a homeless preference in this region moving forward.

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

The NHC ensured that all CoC-funded providers participated in the HUD training on the Equal Access to Housing in HUD Projgrams Regardless of Sexual Orientation or Gender Identity, including Gender Identity Equal Access to Houisng, Final Rule and conducts an annual training on the Final Rule and ways in which to address the specific needs for LGBT individuals and families experiencing homelessness. The NHC has an anti-discrimination policy in place through its coordinated entry process and ensures as a part of both CE oversight and annual monitoring of CoC and ESG-funded agencies, that the anti-discrimination tenets of the CE policy as well as the Final Rule are adhered to by these agencies.

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

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Engaged/educated local business leaders	X
Implemented communitywide plans:	
No strategies have been implemented	
Other:(limit 50 characters)	

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

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

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

Foster Care:	X
Health Care:	X

Mental Health Care:	X
Correctional Facilities:	X
None:	

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

Instructions

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

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

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

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

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

In 2017, the NHC implemented a Community Benchmarks Scorecard and Community Evaluation process that considers the severity of needs and vulnerabilities experienced by project participants. The Community Benchmarks Scorecard awards bonus points to projects serving clients with the following vulnerabilities: 20%+ of clients having zero income at entry; 10%+ clients who are domestic violence survivors; 10%+ youth aged 18-24; 10%+ clients experiencing chronic homelessness; and 10%+ veterans. Additionally, the Community Benchmarks Scorecard scores awards points to projects on Housing First Status , which takes into account barriers to entry such as criminal history, low or no income, substance abuse history victimization history. Finally, the Scorecard awards points to projects with 40%+ literally homeless. The NHC feels that literal homelessness is another marker for severity of needs and vulnerabilities.

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

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

Public Posting	
CoC or other Website	X
Email	X
Mail	X
Advertising in Local Newspaper(s)	X
Advertising on Radio or Television	
Social Media (Twitter, Facebook, etc.)	X

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

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

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.
No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 09/06/2017

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

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 08/29/2017

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

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No		

Attachment Details

Document Description:

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

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

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA.   4-7

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

2A-3. What is the name of the HMIS software vendor?   Mediware Systems

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area.   Statewide HMIS (multiple CoC)

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

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	73	25	27	56.25%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	124	0	83	66.94%
Rapid Re-Housing (RRH) beds	79	12	67	100.00%
Permanent Supportive Housing (PSH) beds	388	0	311	80.15%
Other Permanent Housing (OPH) beds	0	0	0	

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

The gap in ES bed coverage data is reflective of the limited capacity and operations of shelter beds within the CoC. 21 of the ES beds are located at 3 ministries, equating to 56% bed coverage. The CoC lead has received ESG funding that is being used to provide case management and HMIS data entry services for 1 of these locations. With the implementation of services, the CoC anticipates increases in the HMIS coverage rates for ES beds to 65%. The CoC has 34 GPD-funded beds and 7 privately funded ministry-operated beds that have not been participating in the HMIS; this equates to a TH bed coverage rate of 67%. Starting 10/1/17, the service provider operating the GPD beds will begin participating in the HMIS, which shall result in a TH bed coverage rate of 94%.   The CoC is also soliciting better integration with the PHAs within the jurisdiction that are hosting VASH vouchers to manage housing data in the HMIS, which is inhibiting the CoC's ability to have 100% coverage of PSH beds.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR?   10

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

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

Instructions:

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

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception.   01/23/2017

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

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

Instructions:

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

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

There were no significant changes to the data collection methodology or quality for the 2017 Sheltered PIT count that affected the overall count. Nevertheless, there was a 26% decrease in the sheltered count. This can likely be linked to changes in capacity for ES and TH. TTT had been operating 34 beds of ES was reduced to 5 beds and 4 of the residents moved to another ministry that temporarily opened to accommodate these residents. Plus, CCC ceased issuing motel vouchers. Also, the CoC determined that the HOS is primarily a type of boarding house, as opposed to ES, as residents are required to pay monthly rent for a room and use of the communal spaces. Approximately 12 beds appear to be dedicated to persons who are experiencing homelessness prior to entry. In total, the ES bed capacity was reduced by 49 beds. In addition, 24 beds that had been TH in 2016 changed project types to PH-RRH and PSH prior to the 2017 HIC, wherein clients were no longer included in the PIT count.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count?   Yes

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

Beds Added:	24
Beds Removed:	126
Total:	-102

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

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

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017?
CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

Yes

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

The 2017 Unsheltered PIT census yielded a 48% increase, which is most likely the result of an increase of street outreach services and CE. This process has afforded the CoC the ability to collect better data on persons who are unsheltered, as opposed to just those persons receiving services. For the purposes of the PIT, the CoC was able to identify and validate the locations of persons residing in unsheltered conditions, with a level of certainty that was not obtainable in previous counts, as they were actively enrolled in CE. The CoC is able to collect and maintain data of unsheltered persons with better accuracy and better quality of data. Also, CE staff were able to concentrate on conducting surveys of unsheltered persons during the PIT, which amplified the coverage of rural areas. This has been particularly evident with the identification of 8 more unsheltered households with at least 1 adult and 1 child than the 2016 count, as this has been a difficult population to quantify.

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

Yes

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

The CoC PIT Planning Committee made a concerted effort to identify youth

households through a few venues. First, parish school board homeless liaisons were contacted well ahead of the PIT data collection period to prepare and engage them in the upcoming count, particularly for any known youth who were known to be unsheltered conditions. Staff were invited to attend a PIT planning meeting. Secondly, specific parks were scouted during late night and early hours, as community stakeholders identified them as known locations of youth sleeping outdoors. Thirdly, volunteers and survey locations were made aware of the importance and difficulties with collecting youth data, as part of PIT count preparations and training.

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

Prior and post the 2017 PIT Count, the PIT Planning Committee, which includes the HMIS System Administrator reviewed the CE Prioritization List, to ensure persons who were identified as Veterans and/or CH persons were surveyed and included in the PIT Count. CE affords the CoC additional opportunities to identify persons who may not be typically located during PIT data collection period.   Also, the CoC works in concert with the other CoCs in Louisiana to craft a survey tool that is comprehensive for PIT data collection. The state PIT Committee conducted a debriefing of the tools used in the previous count, where issues of data quality were frequent for CoCs. Particular attention was paid to questions that would affect CH status and overall CH counts. Language and format flow was adjusted for both surveys and training materials. The CoC used these improved tools for the 2017 count.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

In 2016, there was 79 persons in the region homeless for the first time. The increase can be attributed to the implementation of CE and additional capacity in the CoC, with a new TH provider, The Mission, with 46 beds. The NHC is responsible for overseeing the CoC's strategy, which includes a systematic assessment of factors that lead to first time homelessness through the region. Data sources include HMIS data on ESG/CoC RRH projects, and clients engaged through CE via the VI-SPDAT. Data includes health/behavioral risks, income, and supports. The NHC will also draw upon an assessment of gaps in services, which includes a focus on homelessness, as well as other organizations who are assisting with HP. In the meantime, steps are being taken to reduce first time homelessness. The CoC coordinates with 2 parish-wide ESG HP projects, with both providers participating in CE. Persons seeking necessary assistance to remain housed are assessed by CE and referred to HP providers.

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

There was a decrease from 136 to 83 nights for those in ES and TH; this has been accomplished through continued implementation of CE and utilization of length of time homeless. Homeless individuals and families are assessed for services and prioritized for housing based on CH status and acuity. Using the

VI-SPDAT and HMIS standardized data on homelessness histories on all clients entering the system. Length of homeless is a consideration for housing referrals, particularly in cases of persons, from the by-name prioritization list. The CoC has adopted HUD No. 16-11 and the CE plan. To ensure this, the CE committee tracks the length of time between initial assessment and PH placements through HMIS. These placemets include using both CoC resources and other affordable housing solutions. This is also tracked and reported on a community-wide level through quarterly community benchmarks scorecards reporting. The NHC is responsible for continued implementation of the strategy.

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

In the 2015 SPMS, there were 424 persons who exited to PH destinations or retained PH (7b.1 and 7b.2); In 2016, 491 persons exited to PH destinations or retained PH (7b.1 and 7b.2), representing an increase of 67 persons who exited to PH destinations. In 2015 75% of persons in ES, TH and PH exited or remained in PH destinations, while in 2016, 66% of persons exited or remained in PH destinations. From 2015 to 2016, capacity to serve clients has increased by 33% or 185 persons, due to SSVF, VOA PSH, Caring Center emergency shelter and the Mission projects. Two of these projects are non- federally funded projects, which account for some of the disparity in PH outcomes; however, as we continue to implement coordinated entry and work closely with non-funded providers, we anticipate that PH outcomes will continue to improve. The NHC CE Oversight and Strategic Planning Committees are responsible for oversight of this strategy.

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

In 2016, 11% experienced returns to homelessness versus 12% in 2015, representing a decrease of 1%, while serving an additional 110 clients in 2016. The goal of the CoC is to ensure persons are quickly and permanently housed by connecting them with the appropriate resources. CE evaluates persons' barriers so that programs can address issues that would prohibit clients from remaining in PH. For persons in RRH, CM is focused on increasing income, budgeting and accessing mainstream resources in order to increase housing stability. For those in PSH, CM focuses on accessing mainstream resources, particularly SSI/SSDI and Medicaid, and providing services to help clients remain housed. The CoC uses HMIS to track and monitor returns to

homelessness and measure the effectiveness of the strategies listed above. The NHC is responsible for the strategy and provides ongoing CM training to providers and ties project performance to this SPM via the Community Benchmarks Scorecard.

3A-5. Performance Measures: Job and Income Growth
 Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits.
(limit 1000 characters)

Before a client is placed into housing, the NHC Outreach Navigator works with clients to access potential mainstream resources, including Social Security, Medicaid, TANF etc. Also, the NHC requires all housing projects to assist households in applying for Social Security (if the client is disabled), Medicaid/Medicare and other mainstream resources, if these resources were not attained prior to the client being housed. Housing projects are also responsible for working with clients to increase employment income. The NHC ensures each project's effectiveness at increasing employment and non-employment income during an annual on-site monitoring visit, which includes a review of APR and HMIS data measuring progress on this goal. The NHC Community Benchmarks Scorecard, used to rank and evaluate projects, as well as report to the community on a quarterly basis are tied to the SPM for job and income growth. The NHC is responsible for oversight of this strategy.

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

No

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

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

06/02/2017

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

Instructions

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

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	69	109	40

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

Total number of beds dedicated as Dedicated Plus	10
Total number of beds dedicated to individuals and families experiencing chronic homelessness	104
Total	114

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

Yes

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

History of or Vulnerability to Victimization	X
Number of previous homeless episodes	X

Unsheltered homelessness	X
Criminal History	X
Bad credit or rental history (including not having been a leaseholder)	X
Head of Household with Mental/Physical Disability	X

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

Over the past 3 years, the NHC has worked to reallocate all TH projects to create new RRH that can quickly respond to families experiencing a housing crises and promote the principles of Housing First. The goal of the NHC is to establish a system that provides housing for persons within 30 days of becoming homeless on the street or entering shelter. Additionally, with the implementation of CE, NHC works with the 3 shelters in the region to assess families quickly and move them into housing. Families are assessed for acuity and prioritization (Family VI-SPDAT), with referrals being made to the participating ESG and CoC funded housing projects. All data is recorded in HMIS, and the CE project maintains a by-name prioritization list of family HoHs. The NHC has entered Phase I of coordinated entry and now coordinates with all ESG-funded RRH to ensure that all available resources are maximized to help families quickly move into permanent housing. The NHC is responsible for this strategy.

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

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	32	23	-9

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

The NHC has mandated that all HUD-funded projects within the CoC participate in the HUD training on the Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Programs Final Rule. Additionally, the NHC conducts an annual training with the NHC General

Membership that includes a section on the Equal Access Final Rule. The NHC also ensures that CE outreach and navigation staff receive diversity and sensitivity training, treat all clients with respect and utlize evidence-based best practices of trauma-informed care, motivational interviewing and progressive engagement. On a programmatic level, adherence to the Equal Access Rule occurs during annual monitoring and evaluations as well as via the CAAS oversight committee.

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

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

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

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	X
Bad Credit or Rental History	X

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

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

(limit 1000 characters)

The McKinney-Vento local education liaisons are actively involved in NHC's efforts to end family homelessness. LEA representatives participate in the monthly NHC membership meetings, hosted by the regional Head Start, which shape the CoC's strategic planning processes. Also, the LEA representatives with the CoC to refer families for assessment via CE on an intermittent basis. Each family with children assessed via coordinated entry is referred to the local education liaison as a regular referral process of CAAS, and these relationships with the LEAs continue once families are placed in CoC and ESG funded housing. The LEAs have also been integral in ensuring that families sheltered via other TH projects have transportation to and from school as wellas other federally mandated services.

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

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

3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 1000 characters)

Currently, the NHC outreach team identifies Veterans and assesses their levels of engagement with VA services, based upon clients' self-disclosures, as part of CE. CE clients are referred to the local VAMCs for eligibility determinations. In addition, the CoC received Vets @Home TA to formalize a process to identify, assess, refer and prioritize Veterans for resources. The NHC formed a Committee to End Veteran Homelessness, with the first meeting held July 2016 and SSVF providers, the GPD provider and VA staff agreeing to participate. With the vast majority of vets in our region residing in the GPD program, the NHC is finalizing the process for unsheltered vets to determine eligibility for VA services on an ongoing basis and work with the GPD program to create a pathway to PH for each of the program participants. The GPD program now

participates in HMIS and the NHC CE team provides CM services onsite at the GPD program on a weekly basis to further facilitate coordination of services

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

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

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach?   No

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

Instructions:

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

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

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

4A-1a. Mainstream Benefits

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

With Medicaid Expansion as of July 2016, the NHC has worked with each of the 5 Medicaid health plan providers to educate service providers to provide enrollment assistance as necessary. The NHC works closely with the providers and FQHC representatives across the region, who attend NHC GM meetings. CoC projects are responsible for ensuring that clients are enrolled in Medicaid and the CoC partners with DHH to help clients access the appropriate state plan or waiver services. The state's Medicaid Director has created a "presumptive eligibility" process for Medicaid, whereby an applicant can gain coverage on the date of application for SSI/SSDI. This process has streamlined the timeline for an applicant's ability to have coverage for healthcare and behavioral health services. The NHC has also hired staff to go into each of the emergency shelters and assist clients in accessing mainstream resources

including, Medicaid, Medicare, SSI, and SSDI. The NHC is responsible for this strategy.

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

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	15.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	15.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

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

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	15.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	15.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

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

The NHC CE project conducts outreach at seven service locations in the community on a weekly basis: the Slidell Community Action Agency, the Covington Community Action Agency, St. Luke's Good Samaritan Ministry, Community Christian Concern, the Livingston Parish Public Library, the Tangipahoa Section 8 Office and the Hammond Safe Haven. These service locations are geographically dispersed throughout the region and well-known in the community for providing a variety of services to low-income and at-risk persons. In addition to outreach conducted at these service-based locations, CE outreach navigation teams perform street-based outreach on a twice-weekly basis, utilizing a GIS canvassing approach to identify and locate persons who are vulnerable and living in more rural or remote locations. The combination of service-based and street canvassing outreach techniques ensures that clients who may are least likely to request assitance are identified and prioritized appropriately.

4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as

detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach. Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

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

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

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

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