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 2015 CoC Program Competition NOFA in its entirety for specific application
and program requirements.
- Using the CoC Application Detailed Instructions for assistance with 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 so, please keep in mind that:

 - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014
CoC Application. Due to significant changes to the CoC Application questions, most of the
responses from the FY 2013/FY 2014 CoC Application could not be imported.
  - For some questions, HUD has provided documents to assist Collaborative Applicants in filling
out responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by
project applicants in their Project Applications.
- Some questions require that the Collaborative Applicant 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 Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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 form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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	Yes	No
Local Jail(s)	No	No	No
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	No
Affordable Housing Developer(s)	Yes	Yes	No
Public Housing Authorities	Yes	Yes	No
CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	No
Street Outreach Team(s)	Yes	Yes	No
Youth advocates	Yes	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes	No
Other homeless subpopulation advocates	Yes	Not Applicable	Not Applicable
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 in the geographic area 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.
(limit 1000 characters)

The NHC general membership meets monthly. Meetings are open to the public and are advertised within the 5 parish area via the NHC website/mailing list, at monthly service provider meetings held within the region, and the list serves for the various human service coalitions. From this membership, the CoC solicits direct expertise for achieving its missions. For example, the development of the CE committee has been heavily influenced by the experience of partner agency Volunteers of America, as they have been engaging disabled persons in ES and unsheltered locations throughout the region for many years. They lead the testing phase of the CE for the NHC, as well. Another critical member of the NHC is Safe Harbor, which serves DV survivors and is non-CoC funded. The agency provides trainings about working with this population and the correlations between DV and homelessness. Their specific knowledge was also used in the development of project evaluation tools that scored DV projects.

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 within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
HP Serve	No	Yes	No

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 within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Southeast Spouse Abuse Program dba SAFE	Yes	Yes
Safe Harbor	Yes	No

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	No
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
 (limit 1000 characters)

The NHC Board is responsible for overseeing implementation of strategies to prevent and end homelessness. The NHC Executive Director and the Board advertise and recruits individuals and organizations to serve on committees on an ongoing basis to ensure a broad range of community support and engagement. Much of the work to meet the goals in Opening Doors centers how clients are prioritized for assistance via Coordinated Entry. The CAAS Committee is comprised of members of CoC and ESG funded agencies responsible for the ongoing implementation of Coordinated Entry and hands-on housing placement required for meeting goals stated in Opening Doors. The CAAS Oversight Committee, comprised of community stakeholders that do not provide direct services, measure progress of the CAAS Committee and evaluate the effectiveness of the coordinated entry process. Currently, the NHC is receiving technical assistance via Vets @Home to bring together a committee charged with ending veteran homelessness.

1B-4. 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 any new projects in 2015.
(limit 1000 characters)

The CoC advertises the CoC program competition and funding availability to all community stakeholders via a variety of methods including: monthly membership meetings, via NHC mailing list, via NHC website, via the monthly service provider meetings held in each parish of the NHC geographic area, and via the Florida Parishes Human Services Authority (FPHSA) list serve that reaches community stakeholders and service providers within the five parish region of the CoC. In this year's application, the NHC released a Request for Proposals (RFP) for two new projects, a PSH bonus for chronically homeless individuals and a RRH bonus to serve individuals and families. These projects were advertised widely and were specifically designated as open to entities that had not received funds in prior CoC program competitions. Within the RFP, the NHC offered to provide technical assistance to any entity that was interested in applying for funding but unfamiliar with the esnaps system.

1B-5. 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1C-1. Does the CoC coordinate with other 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
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs 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 that the CoC 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)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for 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	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	3	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	3	100.00%
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	3	100.00%
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	100.00%

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00%

1C-2a. Based on the responses selected 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, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).
(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) and via monthly conference calls (1 hour). The LA group's goal is to implement a statewide 10 year plan and better coordinate ESG and CoC. 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 2-3 emails annually and reporting of aggregate data. Of note, LA and STPG are participating in the pilot phase of Coordinated Entry, with CS coming on-line in 2016; the group meets in person bi-weekly for 1.5 hours. Additionally, all jurisdictions participate in the monthly general membership meetings of the NHC (in person, 1.5 hours).

1C-2b. Based on the responses selected 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)

The NHC works very closely with the ESG recipient (the state) to determine local ESG funding decisions as well as the development of performance standards and evaluation of outcomes for ESG-funded activities. CoCs throughout the state (via the state homeless working group) were asked for feedback regarding the ESG funding process and the ESG recipient has been very responsive in terms of ensuring a transparent ESG application and funding process. For the past two years, the CoC has had the opportunity to review and provide feedback on ESG applications submitted within the region – including level of participation in HMIS, participation in CoC planning activities, whether services have been effective in addressing local needs etc. Additionally, the CoC is working closely in developing performance standards and evaluation of outcomes for ESG-funded activities and overall coordination of CoC and ESG activities on a statewide level through the state homeless working group.

1C-3. Describe the 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)

Survivors of domestic violence 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 source of housing. The victim service providers in this region have agreed to provide DV services to survivors that are placed in housing with a non-victim service provider and the clients are made aware of this. Second, survivors of domestic violence 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 coordinated entry 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 in order to be considered for housing.

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 October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of City of Slidell	0.00%	No
Tangipahoa Parish Council	0.00%	No
Housing Authority of Hammond	0.00%	No
Housing Authority of the City of Denham Springs	0.00%	No
Bogalusa Housing Authority	0.00%	No

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)

The Louisiana Permanent Supportive Housing (PSH) program administers a special allocation of project based vouchers in this region that are in part funded by units that are subsidized with tax credits. These units have a preference for chronically homeless individuals and families and for persons who are at risk of homelessness or living in transitional housing. Additionally, the Coalition has been working with subsidized/low-income housing providers to place clients from the streets into affordable units. Although this housing doesn't specifically target homeless persons, the Coalition and the various rental assistance providers have been able to effectively utilize these resources to assist clients.

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. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Implemented communitywide plans:	
No strategies have been implemented:	

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1D-1. Select the systems 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:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities	X
None:	

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that 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:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

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 NHC is in the pilot phase of its coordinated entry (CAAS). CAAS is a single point of entry for homeless persons seeking assistance and can be accessed in several ways: encounters by outreach staff on the streets, shelters, or other service locations; through agency referrals; or by directly contacting the NHC. The CAAS is advertised through these avenues, particularly through outreach services and service locations. Once contact is established, clients' needs are assessed with the VI-SPDAT. CAAS staff connect them to available emergency services, assist them with immediate needs and work to gather documentation and verify homelessness, income, disability, etc. A by-name prioritization list is reviewed by the CAAS Committee bi-weekly to ensure that the clients are referred to and connected with the most appropriate housing and services. If the best intervention is unavailable, clients are prioritized for other available housing resources in accordance with Notice CPD-14-012.

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 the organization or person does not exist in the CoC's geographic area, select "Not Applicable."   If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	X	X	X		X	
CDBG/HOME/Entitlement Jurisdiction	X					
Law Enforcement		X				
Local Jail(s)		X				
Hospital(s)		X				
EMT/Crisis Response Team(s)	X	X				
Mental Health Service Organizations	X	X				
Substance Abuse Service Organizations		X	X			
Affordable Housing Developer(s)			X			
Public Housing Authorities		X	X			
Non-CoC Funded Youth Homeless Organizations	X	X				
School Administrators/Homeless Liaisons	X	X				
Non-CoC Funded Victim Service Organizations	X	X	X			
Street Outreach Team(s)	X	X	X	X	X	
Homeless or Formerly Homeless Persons	X	X				

	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 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 2015 CoC Program Competition?	12

How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	1

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 2015 CoC Program Competition?	11

Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	X

Performance outcomes from APR reports/HMIS	
Length of stay	
% permanent housing exit destinations	X
% increases in income	X

Monitoring criteria	
Participant Eligibility	X
Utilization rates	X
Drawdown rates	X
Frequency or Amount of Funds Recaptured by HUD	X

Need for specialized population services	
Youth	X
Victims of Domestic Violence	X
Families with Children	X
Persons Experiencing Chronic Homelessness	X
Veterans	X

None	

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 considered the severity of needs and vulnerabilities of clients served by awarding bonus points for prioritizing 1 or more of the 4 vulnerable sub-populations - CH, veterans, families with children and unaccompanied youth. The inclusion of bonus points weighted projects that are geared toward hard to serve populations and are in-line with the policy priorities set by Opening Doors. Scoring criteria also awarded points to projects that are following a housing first model that serve vulnerable populations with low to no income, have criminal records, etc. Another scoring measure considered comparative findings in cost effectiveness for similar housing interventions and like populations, such as PSH for persons who have high utilization of crisis services and require significant levels of support. In addition, considerations were made to ensure that housing interventions for victims of DV were selected and strategically placed in the ranking of projects.

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. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)

The review, ranking and selection criteria has been made publicly available via the NHC website, an email message via the Florida Parishes Human Services Authority to various service providers within the region, an NHC mailing list announcement of the RFP that included the date in which the evaluation tool would be made available, a NHC email announcing that the evaluation tools had been posted to the website, and an email to all funded agencies with attachments of all of the evaluation tools being utilized. All communication occurred between October 6 and October 12. New and prospective funded agencies were notified that the evaluation tool was being updated and were invited to participate in that process.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 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.)   11/17/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 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 their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)   11/05/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?   Yes

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

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

The NHC Conducts an annual on-site monitoring visit with each of the funded agencies and reviews the general records, program policies and procedures, financial records including HUD draw downs and organization audits, program participant files, and APR performance for each project. The findings of the on-site monitoring visits are shared with the Project Monitoring and Evaluation (PME) Committee, which convenes on a quarterly basis. The project sponsor is notified of any issues with performance or compliance and given a corrective action plan to prevent any further issues. The NHC Executive Director and PME Committee work with project sponsors to ensure that the corrective action plan is successfully implemented.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps?

Yes

1G-3. 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, 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 the attached MOU.

Pages 1-4; Page numbers apply to the CoC-HMIS MOU

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 Organizations (CHOs)?

Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)? Applicant will enter the HMIS software name (e.g., ABC Software).   ServicePoint

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Applicant will enter the name of the vendor (e.g., ABC Systems).   Bowman Systems

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

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

* 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	$149,877
ESG	$0
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$149,877

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
City	$0
County	$0
State	$44,209
State and Local - Total Amount	$44,209

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	$194,086

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy):   05/14/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	95	26	0	0.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	167	51	68	58.62%
Rapid Re-Housing (RRH) beds	28	0	28	100.00%
Permanent Supportive Housing (PSH) beds	361	0	278	77.01%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)

Gaps in ES, TH, and PSH data are due to the absence of participation by organizations not required by funders or who eschew integration with outside service networks. There were 0 beds of ES covered by the HMIS in the 2015 HIC, as a 13 bed CHO had temporarily closed, and the other 65 beds were operated by private ministries. The CoC is currently building relationships with these faith-based shelters through outreach services and coordinated entry, with a goal of yielding full HMIS participation in the next year. The other shelter has resumed HMIS participation. Rates of HMIS coverage by TH providers has been negatively impacted by a 34 GPD bed project. The CoC is actively soliciting better integration with this provider through the ending veteran homelessness initiative, which includes HMIS participation for measurement purposes. The CoC is working to use the same initiative to increase integration of the 6 PHAs hosting VASH vouchers to manage housing data in the HMIS.

2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below. (limit 1000 characters)

VA Domiciliary (VA DOM):	
VA Grant per diem (VA GPD):	X
Faith-Based projects/Rescue mission:	X
Youth focused projects:	
HOPWA projects:	X
Not Applicable:	

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

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	5%	1%
3.3 Date of birth	3%	0%
3.4 Race	3%	0%
3.5 Ethnicity	1%	0%
3.6 Gender	3%	0%
3.7 Veteran status	1%	0%
3.8 Disabling condition	4%	0%
3.9 Residence prior to project entry	4%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	1%	1%
3.15 Relationship to Head of Household	14%	0%
3.16 Client Location	2%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	12%	0%

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

CoC Annual Performance Report (APR):	X
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	X
Annual Homeless Assessment Report (AHAR) table shells:	X

	☐
None	☐

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?   10

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):	X
VA Grant and Per Diem (GPD):	☐
Runaway and Homeless Youth (RHY):	☐
Projects for Assistance in Transition from Homelessness (PATH):	☐
	☐
None:	☐

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)

Of the federal partner programs listed in 2D-6, the only two that are funding services within the CoC are VA Supportive Services for Veteran Families (SSVF) and VA Grant and Per Diem (GPD). As stated, the SSVF-funded partner participates in HMIS, but the GPD-funded provider does not. The GPD project has repeatedly elected not to participate in HMIS, because of the burden of double-entry into multiple databases that are mandated by their funders. The CoC is actively soliciting better integration with this provider through the ending veteran homelessness initiative, with a goal of bringing them onto the HMIS within the next 12 months.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent 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. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count?   Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy):   01/26/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, 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):   05/14/2015

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	X
Random sample and extrapolation:	
Non-random sample and extrapolation:	

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

HMIS:	X
HMIS plus extrapolation:	
Interview of sheltered persons:	X
Sample of PIT interviews plus extrapolation:	

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)

All ES and TH providers participated in the sheltered PIT count; no extrapolation of data was used. The CoC collected population and subpopulation data through a comprehensive survey that was administered by volunteers and staff at non-HMIS participating ES and TH providers and an HMIS assessment specifically developed for CHO ES and TH providers. The 2 sources mirrored one another, with questions that complied with HMIS data standards to ensure accuracy and the ability to deduplicate by PII. Trainings and written instructions were provided for all agency staff and volunteer surveyors. Findings from the sources were validated by organizations. Because the CoC has strong coverage for a comprehensive census, as this may be the only system-wide data collection for some, it elected to survey all persons residing at non-HMIS participating locations, as in past counts. This was also the first administration of a shared assessment that indicated need and acuity of respondents.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, 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 and change in partners participating in the PIT count). (limit 1000 characters)

Not Applicable.

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count?   Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

There were two emergency shelters that did not participate in the 2015 PIT count, but were included in the 2014. In both cases, these providers were not operating at the time of the 2015 census. Additionally, a 4 bed transitional housing provider opened shortly before the 2015 PIT and participated in the count. Notably, for both 2014 and 2015, the CoC had full coverage of all known ES and TH providers that were in service at the time of the PIT date.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

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

Training:	X
Provider follow-up:	X
HMIS:	X
Non-HMIS de-duplication techniques:	

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 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 method). (limit 1000 characters)

The CoC made concerted efforts to improve the accuracy and completeness of responses through improved trainings for surveyors and HMIS providers, recruitment of additional volunteers with human service experience for survey locations, appointed leadership at locations, and follow-up with partner providers in a shorter time frame. Another consideration was that the instrument integrated the VI-SPDAT, which required trainings and instructions to be more thorough and precise. The quality and completeness of the necessary PIT data better in 2015 than 2014, but the responses for the VI-SPDAT may not have been as accurate as the PIT responses.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was 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): 01/26/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, 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): 05/14/2015

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	
Night of the count - known locations:	X
Night of the count - random sample:	
Service-based count:	X
HMIS:	X
Inclusion of formerly homeless persons to support the count	

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

The CoC collected population and subpopulation data through a comprehensive survey administered by volunteers, similarly to past PITs. The unsheltered count was conducted through interviews at known locations where persons resided or congregated, with respondents identifying where they slept on the night of the PIT. Volunteers, including formerly homeless persons, canvassed public spaces such as truck stops and parks. Surveyors returned to locations that showed signs of habitation. Interviews were also conducted at service locations, primarily food distribution sites. The survey was included in the intake process of service providers where self-identified unsheltered persons sought assistance. HMIS data was used to validate homeless histories and deduplicate across the locations. For a rural 5 parish CoC, surveying the entire geography is not feasible; also, the CoC did not have the resources/data to implement an accurate sampling necessary to extrapolate the unsheltered count.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, 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 and change in partners participating in the count).
(limit 1000 characters)

Not Applicable.

2I-4. Does your CoC plan on conducting   Yes
an unsheltered PIT count in 2016?

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	X
"Blitz" count:	X
Unique identifier:	X
Survey question:	X
Enumerator observation:	
Included formerly homeless persons to support the count	X
None:	

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 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 to actual methodology (e.g., change in sampling or extrapolation method).
 (limit 1000 characters)

The CoC made concerted efforts to improve the accuracy and completeness of responses through improved trainings for surveyors, recruitment of additional volunteers with human service experience for survey locations, recruitment of formerly homeless persons to encourage participation by respondents, and follow-up with surveyors to reconcile any data discrepancies immediately following the collection period. Another consideration was that the instrument integrated the VI-SPDAT, which required trainings and instructions to be more thorough and precise. The quality and completeness of the necessary PIT data better in 2015 than 2014, but the responses for the VI-SPDAT may not have been as accurate as the PIT data responses.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

		2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		262	243	-19
Emergency Shelter Total		84	70	-14
Safe Haven Total		0	0	0
Transitional Housing Total		135	123	-12
Total Sheltered Count		219	193	-26
Total Unsheltered Count		43	50	7

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

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons		306
Emergency Shelter Total		111
Safe Haven Total		0
Transitional Housing Total		199

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 for becoming homeless for the first time.
(limit 1000 characters)

The NHC is in the initial stages of planning for a systematic assessment of factors that lead to first time homelessness throughout the geographic region. Anticipated first data sources will include HMIS data on clients from ESG/CoC RRH and TH projects, as well as information gleaned from families and individuals who are being engaged through CE. Currently, the data includes health/behavioral risks, income, and networks of support. The NHC will also likely draw upon findings from a regional assessment of gaps in human services, which includes a focus on homelessness, as well as experiences of other human service organizations who are assisting with homelessness prevention. In the meantime, steps are being taken to reduce first time homelessness. The CoC coordinates with 2 parish-wide ESG HP projects, with one of the providers participating in CE, and the other joining in 2016. Persons seeking necessary assistance to remain housed are assessed by CE and referred to HP providers.

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)

With the implementation of the pilot phase of CE, homeless individuals and families are assessed for services at the time of their housing crisis and prioritized for housing based on CH status and acuity. Using the VI-SPDAT and HMIS standardized questions on length of time homeless, the CoC's CE project has been recording data on homelessness histories on all clients entering the system. Length of time homeless is a consideration for housing referrals, particularly in cases of CH persons, from the by-name prioritization list. The CoC is looking to adopt this as a criterion of the revised CE plan, following the pilot phase of CE. Moreover, outreach workers are tracking the length of time between initial assessment and PH placements through HMIS. The NHC is already shortening the period of homelessness, with persons who have been in ES for more than a year accessing permanent housing through CE. These efforts include using both CoC resources and other affordable housing solutions.

* 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:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited		96
Of the persons in the Universe above, how many of those exited to permanent destinations?		87
% Successful Exits		90.63%

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, 2013 and September 31, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH		202
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?		193
% Successful Retentions/Exits		95.54%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness.   Specifically, describe at least three 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 goal of the CoC is to ensure that homeless persons are quickly and permanently housed by connecting them with the appropriate resources needed to attain the highest levels of self-sufficiency possible. CE evaluates persons' barriers to housing so that programs can address issues that would prohibit clients from remaining in PH and connecting them to appropriate resources. For persons in RRH, case management 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 case management 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. Also, the CoC promotes low barrier housing that encourages projects to avoid service termination, evidenced by the weighted scoring for projects that employ this model.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy).
(limit 1000 characters)

One strategy employed by the CoC, starting in June 2015, 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 starting in 2015, 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 review and ranking process also incorporates in its scoring mechanism consideration of each project's effectiveness at increasing employment and non-employment income.

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)

NHC participates in each parish's human services meetings attended by the mainstream employment organizations in the region. Additionally, the Louisiana Workforce Commission, St. Tammany Community Action Agency and the Quad Area Community Action Agency, which provide job training and adult education services to homeless individuals and families, participate in the NHC membership meetings. These agencies also help with identifying appropriate job opportunities to homeless and formerly homeless persons. NHC monitors each CoC-funded project's performance in assisting clients to increase income through an on-site monitoring visit, which included a review of HMIS and APR data measuring progress on this goal. The NHC review and ranking process also incorporates in its scoring mechanism consideration of each project's effectiveness at increasing employment income. It is estimated that 60% of the CoC-funded TH, RRH, and PSH projects regularly connect participants with employment services.

3A-7. Performance Measure: Thoroughness of Outreach.

How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)

In July 2015, the Coalition has hired a full time Outreach Navigator, bringing outreach and assessment services to the region. The CoC identifies and engages unsheltered persons though encounters with outreach staff on the streets and at service locations, such as feeding centers, through referrals from other agencies, local law enforcement and calls to the NHC. Once contact is established, needs are assessed utilizing the VI-SPDAT and entered into HMIS. CE staff connect clients with available emergency services, assist with immediate needs and work to gather all necessary eligibility documentation to verify homelessness, income, disability, etc. VI-SPDAT scores, CH statuses and other eligibility documentation are reviewed by the CE Committee in the by-name prioritization list to ensure that the client is connected with appropriate housing. If PH housing interventions are unavailable, clients are prioritized for other available housing resources in accordance with Notice CPD-14-012.

3A-7a. Did the CoC exclude geographic areas   No
from the 2015 unsheltered PIT count where
the CoC determined that there were no
unsheltered homeless people, including
areas that are uninhabitable (e.g., deserts)?

3A-7b. 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)

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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

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 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

		2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons		33	36	3
Sheltered Count of chronically homeless persons		20	28	8
Unsheltered Count of chronically homeless persons		13	8	-5

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, 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 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed.
(limit 1000 characters)

Overall, 36 persons were identified as CH in the 2015 PIT count, which is 3 more than the previous year. About 22% were residing in unsheltered conditions, which is a decrease from the 39% of unsheltered persons in 2014. Conversely, 8 more CH persons were in sheltered locations than the previous count, equating to 78% sheltered CH persons in 2015 and 61% in 2014. The increase in the total number of CH persons is reflective of the number of disabled persons who are residing in emergency shelters for more than one year or have been cycling in and out of the same providers over several years. Prior to the implementation of coordinated entry and the establishment of CoC priorities for services, there had not been a mechanism to systematically address the housing needs of these persons. The decrease in the number of unsheltered was most evident in the fewer number of CH persons who were identified at feeding locations and a truck stop encampment.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

With the implementation of the Coordinated Access and Assessment System in 2014, permanent supportive housing beds will be increased through 1) prioritization of chronically homeless individuals and families as beds become available; 2) implementation of the VI-SPDAT to determine the level of need to ensure those with the highest need is placed into housing; and 3) the region's HMIS system will be utilized to track real-time availability of permanent supportive housing beds to ensure quality referrals.

Additionally, the Northlake Homeless Coalition will address shifting transitional housing programs to either rapid re-housing or permanent supportive housing models. This will also increase the number of available permanent supportive housing beds for chronically homeless individuals and families.

As a result of these steps, the region anticipates increasing the number of chronically homeless beds as we move toward ending chronic homelessness.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

The Coalition has been able to accomplish the following: 1) as of March 2015, implementation of the pilot phase of coordinated entry, the Coordinated Access and Assessment System, has allowed the NHC to prioritize chronically homeless as beds become available; 2) as of March 2015, the VI-SPDAT is being utilized to determine level of need and ensure those with highest acuity are placed into housing; and 3) as of May 2015, two Transitional Housing projects have been reallocated to Rapid Rehousing, with proposals to reallocate the remaining three to Permeant Housing-Rapid Rehousing and Permanent Supportive Housing included in this application. If awarded, these reallocated programs will allow more clients to be served with a more effective service delivery model.

3B-1.3. 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 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	108	108	0

**3B-1.3a. Explain the reason(s) for any increase, decrease or no change in 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 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count.
(limit 1000 characters)**

There was no change in the number of beds that were dedicated for chronically homeless persons between the 2014 and 2015 HIC. The CoC did not undergo a reallocation of funding to create additional CH beds and maintained the current levels that had been dedicated. While some PSH projects have placed emphases on preferences for CH persons in non-dedicated beds, there had not been a systematic means of creating additional beds through turnover. Also, currently, there are also zero non-CoC funded PSH beds specifically dedicated for serving chronically homeless persons within the region.

3B-1.4. Did the CoC adopt the orders of priority in 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 ?   No

3B-1.4a. If "Yes", attach the CoC's written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC's update.

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness		FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.		106
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.		7
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.		7
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.		100.00%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.6a. If "Yes," what are the strategies implemented by the CoC to maximize current resources to meet this goal? If "No," what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017?
(limit 1000 characters)

The two major components of the NHC's overall strategy to end chronic homelessness is to increase capacity of coordinated entry to prioritize chronic homeless individuals and families and to create additional Permanent Supportive Housing beds. The NHC is working to maximize current resources to increase coordinated entry capacity via reallocation of CoC resources for a dedicated coordinated entry project. This will allow the Coalition to hire a program manager who will be supervise Coalition-wide efforts to end chronic homelessness. The NHC has also reallocated a transitional housing project to a permanent supportive housing project that will have six dedicated beds for the chronically homeless. Additionally, the CoC is applying for funds to create a new dedicated PSH project for chronically homeless individuals and families.

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	X
Number of previous homeless episodes:	X
Unsheltered homelessness:	X
Criminal History:	
Bad credit or rental history (including not having been a leaseholder):	X
Head of household has mental/physical disabilities:	X
N/A:	

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter.
(limit 1000 characters)

Over the past 2 years, the NHC has worked to reallocate four of its TH projects to create new RRH that can quickly respond to a families experiencing 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. As the implementation of coordinated entry expands, beginning in 2016, the NHC will coordinate with all ESG-funded RRH to ensure that all available resources are maximized to help families quickly move into permanent housing.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	0	24	24

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, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	
There is a method for clients to alert CoC when involuntarily separated:	
CoC holds trainings on preventing involuntary family separation, at least once a year:	X
None:	

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: **Total PIT Count of sheltered and unsheltered homeless households with children:**	30	28	-2
Sheltered Count of homeless households with children:	27	24	-3
Unsheltered Count of homeless households with children:	3	4	1

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

Twenty-eight families were identified as residing in sheltered and unsheltered locations on the night of the 2015 PIT; this is a decrease of two families from the previous year, when 30 families were identified. Of note, the decrease was evident in the number of persons in sheltered locations, while there was an increase of one unsheltered family in 2015. The decrease was most influenced by two factors – the temporary closure of a shelter that serves 1 -2 families at a time, and the re-dedication of a transitional housing project that is now providing permanent housing to families. The suspension of operations for the shelter is also a likely contributor to the increase in unsheltered families, as most of them were within the shelters service area.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	No
LGBTQ youth homelessness?	No
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	No
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:	☐
Increase housing and service options for youth fleeing or attempting to flee trafficking:	☐
Specific sampling methodology for enumerating and characterizing local youth trafficking:	☐
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	☐
Community awareness training concerning youth trafficking:	X
	☐
N/A:	☐

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	X
Length of time homeless:	X
Unsheltered homelessness:	X
Lack of access to family and community support networks:	X
	☐
	☐
N/A:	☐

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	0	6	6

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 2014 is lower than FY 2013, explain why.
(limit 1000 characters)

Not Applicable.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	$0.00	$0.00	$0.00
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):	$0.00	$0.00	$0.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

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, juvenille justice or out of school time) attended by CoC representatives:	1
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	5

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local eduction liaisons and State educational coordinators.
(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 partner 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 well as other federally mandated services. The NHC is looking to solidify a more formal relationship, with the possibility of having an LEA representative joining the CoC's governing Board in March 2016.

3B-2.11. How does the CoC make sure that homeless participants 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. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenilee justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

Upon assessment via the Coordinated Access and Assessment System (CAAS), families with children are notified of their eligibility to receive access to educational services and referred to the appropriate education liaison within the region. Additionally, programs that serve families with children coordinate any required educational services with the education liaison upon entry into the program. Through the various service provider coalitions in the region, the CoC works with its youth and educational partners to identify participants who are eligible for CoC and/or ESG programs. With the implementation of a dedicated coordinated entry project and the continued phased implementation of CAAS in the community, it is anticipated that the NHC can increase capacity to strengthen those partnerships and formalize referral policies and procedures for non-CoC funded agencies that serve youth and families.

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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. 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 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	43	40	-3
Sheltered count of homeless veterans:	41	39	-2
Unsheltered count of homeless veterans:	2	1	-1

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count.
(limit 1000 characters)

Forty veterans were identified as experiencing homelessness in the 2015 PIT count, which is a decrease from the 43 identified in 2014. There had been a steady growth in the number of PH resources for veterans within the CoC over the course of the year between data collection periods. This is most evident in the comparison between 2014 and 2015 HIC data of veterans in PH. The number of veterans who were receiving permanent housing assistance through SSVF and HUD-VASH in 2015 had increased by 13 veterans, in comparison to the previous HIC. There was also a decrease in the number of GPD-funded transitional housing beds that was reflective of the estimated need, as more veterans are ending their homelessness through the rise in rates of permanent housing opportunities.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF?
(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 coordinated entry. Whenever needed and requested, CE clients are referred to the local VAMCs for eligibility determinations. In addition, the CoC is receiving Vets @Home TA to formalize a process to identify, assess, refer and prioritize Veterans for appropriate resources. The NHC has formed a Committee to End Veteran Homelessness and SSVF providers have agreed to participate on the committee. VA staff in the region have agreed to participate on the committee as well and the NHC is in the process determining the VA staff and process for determining eligibility for VA services on an ongoing basis.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population?
(limit 1000 characters)

The NHC is currently receiving technical assistance to effectively reach a goal of ending veteran homelessness in 2016. A major component of the technical assistance is to develop the process by which persons will be determined to be eligible for VA services and to prioritize the remainder in CoC program-funded resources. The NHC has applied for a new rapid rehousing permanent housing project that, if funded, could create additional capacity to serve Veteran individuals and families that are not eligible for VA services. Additionally, chronically homeless Veterans will be prioritized for housing in permanent housing bonus project for chronically homeless individuals and families.

3B-3.4. 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 2015 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)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	20	40	100.00%
Unsheltered count of homeless veterans:	13	1	-92.31%

**3B-3.5. Indicate from the dropdown whether No
you are on target to end Veteran
homelessness
by the end of 2015.**

This question will not be scored.

**3B-3.5a. 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 2015?
(limit 1000 characters)**

The NHC is currently receiving technical assistance via the Vets @Home
initiative. With this assistance, it is anticipated that the NHC could reach the
goal of ending Veteran homelessness in 2016. The NHC is working to establish
an ongoing process to ensure that as new veterans become homeless,
sufficient resources will be available to rapidly rehouse them within thirty days
and maintain a functional zero.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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 mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which 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 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	15
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 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	15
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

**4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants.
(limit 1000 characters)**

Although Louisiana is not a Medicaid expansion state, the NHC works to facilitate health insurance enrollment for program participants by collaborating with 2 of the Medicaid Health plan providers to educate service providers regarding the enrollment process and to provide any enrollment assistance necessary. In the past year, the NHC had presentations from two of the Medicaid health plan providers, Amerigroup RealSolutions and Amerihealth Caritas and both regularly attend NHC general membership 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 or SSDI. This process has streamlined the timeline for an applicant's ability to have coverage for healthcare and behavioral health services.

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

Educational materials:	X
In-Person Trainings:	X
Transportation to medical appointments:	X
Not Applicable or None:	

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

4B-1. Based on the CoC's FY 2015 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? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	15
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 2015 competition:	14
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	93%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	15
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	11
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	73%

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:	X
Marketing in languages commonly spoken in the community:	
Making physical and virtual locations accessible to those with disabilities:	X
Not applicable:	

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

		2014	2015	Difference
RRH units available to serve any population in the HIC:		0	28	28

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" in 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 President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 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 in the past two years (since the submission of the FY 2012 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:	X
CoC Systems Performance Measurement:	
Coordinated Entry:	X
Data reporting and data analysis:	
HMIS:	
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	X
Maximizing the use of mainstream resources:	
Retooling transitional housing:	
Rapid re-housing:	
Under-performing program recipient, subrecipient or project:	
Not applicable:	

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Coordinated Entry	05/20/2014	5
CoC Governance	08/07/2014	3
Vets @Home	10/14/2015	5

Submission Summary

Page	Last Updated
1A. Identification	11/13/2015
1B. CoC Engagement	11/19/2015
1C. Coordination	11/19/2015
1D. CoC Discharge Planning	11/13/2015
1E. Coordinated Assessment	11/19/2015
1F. Project Review	11/19/2015
1G. Addressing Project Capacity	11/13/2015
2A. HMIS Implementation	11/13/2015
2B. HMIS Funding Sources	11/13/2015
2C. HMIS Beds	11/13/2015
2D. HMIS Data Quality	11/13/2015
2E. Sheltered PIT	11/13/2015
2F. Sheltered Data - Methods	11/16/2015
2G. Sheltered Data - Quality	11/16/2015
2H. Unsheltered PIT	11/16/2015
2I. Unsheltered Data - Methods	11/13/2015
2J. Unsheltered Data - Quality	11/16/2015
3A. System Performance	11/19/2015
3B. Objective 1	11/19/2015
3B. Objective 2	11/19/2015
3B. Objective 3	11/19/2015
4A. Benefits	11/19/2015
4B. Additional Policies	11/13/2015
4C. Attachments	11/19/2015
Submission Summary	No Input Required