

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

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

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

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

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

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

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

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

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

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

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	No
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	No	No
EMT/Crisis Response Team(s)	Yes	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	No
Public Housing Authorities	Yes	Yes	No
CoC Funded Youth Homeless Organizations	Not Applicable	No	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	Yes	No
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
	Not Applicable	No	Not Applicable
	Not Applicable	No	Not Applicable
	Not Applicable	No	Not Applicable

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

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 and chronically homeless persons. 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 between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
HP Serve	No	No	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 between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Safe Harbor	Yes	Yes
Southeast Spouse Abuse Program	Yes	No

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

The CoC 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 youth (18-24). 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-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Monthly

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

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

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

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	3
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	3
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	3
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

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

The 3 consolidated plan jurisdictions (Con Plan) within the CoC (NHC) are State of Louisiana (LA), St. Tammany Parish (STP), and City of Slidell (CS). The NHC participates in the LA Con Plan committee, which meets on a quarterly basis in person (4hrs). The LA group's goal is to implement a statewide 10 year plan and better coordinate ESG and CoC projects. The NHC meets in person with the STP Con Plan committee 3-4 times per year for several hours to provide necessary information for crafting and reviewing the plan. The NHC is working to become more actively engaged in the CS Con Plan, with primary contributions being 2 meetings annually and reporting of aggregate data. Of note, all are participating in the Phase 1 of Coordinated Entry. The group meets in person 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 response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

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. 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 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 July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority Cithy 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.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

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

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

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

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

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

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

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

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

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

The NHC is in the Phase I of 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 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 there are other organizations or persons who participate but are not on this list, enter the information in the blank text box, click "Save" at the bottom of

the screen, and then select the applicable checkboxes.

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

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

Instructions

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

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

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	15
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	3
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	12
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

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

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>

Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input type="checkbox"/>

Need for specialized population services:

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

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

The CoC 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. 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 between 7/22 - 9/27/16, NHC mailing list announcements (utilizing MailChimp, with the mailing list sign on publicly available via the NHC website) of the RFP from 7/22 - 8/18/2016, and an email to all funded and prospective agencies with attachments of all of the evaluation tools being utilized. The NHC utilized the same evaluation tool that was developed in 2015; In 2015, and new and prospective agencies were notified of the development of the evaluation tool and invited to participate in that process.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached). 09/28/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) No

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 09/14/2016

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

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

Instructions

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

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

The 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 include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

Yes

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

Pages 2-4 of the CoC-HMIS Governance Agreement

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

Yes

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

Yes

2A-4. What is the name of the HMIS software

ServicePoint

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

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

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

Instructions

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

2B-1. Select the HMIS implementation 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
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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
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

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

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

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	121	24	18	18.56%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	172	55	70	59.83%
Rapid Re-Housing (RRH) beds	134	0	134	100.00%
Permanent Supportive Housing (PSH) beds	372	0	306	82.26%
Other Permanent Housing (OPH) beds	0	0	0	

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

Gaps in ES, TH, and PSH data are due to the absence of participation by organizations not required by funders or who have, historically, eschewed integration with outside service networks, primarily faith-based ministries. As part of the development of CE, the CoC has received ESG funding that is being used to provide case management services at 3 shelters and HMIS data entry services for these same shelters and a GPD-funded project. The HMIS data entry component is slated to begin in October. With the implementation of these services, the CoC anticipates increases in the HMIS coverage rates for ES beds to 68%, from the current 19%, and to 89%, from the current 60%, for TH beds. The CoC hopes to expand the project to the remaining ES and TH providers. The CoC is also soliciting better integration with the PHAs within the jurisdiction that are hosting VASH vouchers to manage housing data in the HMIS, which is inhibiting the CoCs ability to have 100% coverage of PSH beds.

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

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

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

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

Instructions:

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

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

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	7%	1%
3.3 Date of birth	4%	0%
3.4 Race	2%	0%
3.5 Ethnicity	2%	0%
3.6 Gender	3%	0%
3.7 Veteran status	1%	0%
3.8 Disabling condition	1%	0%
3.9 Residence prior to project entry	2%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	1%	0%
3.16 Client Location	1%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	5%	0%

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

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

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

12

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

Monthly

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

Both Project and CoC

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

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

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

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

partners participate in HMIS, but, currently, the GPD-funded provider does not. Beginning in October 2016, the CoC will provide HMIS data entry services for managing the clients of the GPD project. This will eliminate the burden of double-entry into multiple databases that are mandated by the funders of the GPD project.

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

Instructions:

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

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

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

2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy) 01/25/2016

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

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

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

Instructions:

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

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

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

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

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

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

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 count, 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.

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

Not Applicable.

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? Yes

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

There were two emergency shelters that participated in the 2016 PIT count that were not operating at the time of the 2015 census. In addition, a faith-based organization that distributes ES motel vouchers participated in the 2016 PIT count; a different organization that provides the same service participated in 2015. In addition, a new TH provider for single men began operating after the 2015 PIT and was included in 2016, while another TH provider for families ceased operations between the 2015 and 2016 counts and was not included in 2016. Notably, for both 2015 and 2016, 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

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

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. Surveyors returned to some locations on some occasions to ensure accurate, comprehensive information, if responses were unclear or unintentionally omitted. HMIS data was used for validating some responses, where information was recorded previously. Surveys that indicated possible duplication were scrutinized by the PIT data collection leads, prior to approving for HMIS data entry.

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

Instructions:

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

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

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

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/25/2016

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

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

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

Instructions:

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

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

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

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

The CoC 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 parks and truck stops. 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. The CoC does 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 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count). (limit 1000 characters)

Not Applicable.

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

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

Not Applicable.

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

Instructions:

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

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

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

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

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. Through CE and newly operating outreach services, the CoC was able to canvas more known locations where unsheltered persons were residing or known to congregate, ensuring a more comprehensive

rate of coverage. Surveyors returned to some locations on some occasions, if responses were unclear or observation data was recorded. HMIS data was used for validating some responses, where information was recorded previously. Surveys that indicated possible duplication were scrutinized by the PIT data collection leads, prior to approving for HMIS data entry.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

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

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

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	243	275	32
Emergency Shelter Total	70	89	19
Safe Haven Total	0	0	0
Transitional Housing Total	123	126	3
Total Sheltered Count	193	215	22
Total Unsheltered Count	50	60	10

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

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

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	258
Emergency Shelter Total	140
Safe Haven Total	0
Transitional Housing Total	121

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

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

(limit 1000 characters)

The NHC is currently planning for a systematic assessment of factors that lead to first time homelessness throughout the geographic region. Data sources include HMIS data on clients from ESG/CoC RRH 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 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 both providers participating in CE. 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 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 has adopted this as a criterion of the 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:

Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the

retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	125
Of the persons in the Universe above, how many of those exited to permanent destinations?	114
% Successful Exits	91.20%

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

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	180
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?	178
% Successful Retentions/Exits	98.89%

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

The 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.
Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase**

**program participants' cash income from employment and non-employment non-cash sources.
(limit 1000 characters)**

One strategy employed by the CoC is that before a client is placed into housing, the NHC Outreach Navigator works with clients to access potential mainstream resources, including Social Security, Medicaid, TANF etc. Also, the NHC requires all housing projects to assist households in applying for Social Security (if the client is disabled), Medicaid/Medicare and other mainstream resources, if these resources were not attained prior to the client being housed. Housing projects are also responsible for working with clients to increase employment income. The NHC ensures each project's effectiveness at increasing employment and non-employment income during an annual on-site monitoring visit, which includes a review of APR and HMIS data measuring progress on this goal. The NHC 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 RRH and PSH projects regularly connect participants with employment services.

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

Not Applicable.

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

including areas that are uninhabitable (e.g. disasters)?

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

Not Applicable.

**3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached.
(mm/dd/yyyy)** 08/13/2016

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

Not Applicable.

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

Objective 1: Ending Chronic Homelessness

Instructions:

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

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

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

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

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	36	24	-12
Sheltered Count of chronically homeless persons	28	9	-19
Unsheltered Count of chronically homeless persons	8	15	7

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

Overall, 24 persons were identified as CH in the 2016 PIT count, which is 12 fewer than the previous year. About 63% were residing in unsheltered conditions, which is an increase from the 22% of unsheltered persons in 2015. Conversely, 19 fewer CH persons were in sheltered locations than the previous count, equating to 37% sheltered CH persons in 2016 and 78% in 2015. The overall decrease in the total number of CH persons is likely reflective of the implementation of CE, which created a mechanism for assessing and systematically addressing the needs of persons residing in shelters and unsheltered locations within the CoC. Prior to CE, outreach services by housing providers was quite limited, and CH persons were not prioritized. The CE project has been effective in connecting long-sheltered persons with available PSH. CE is also able to identify more persons who are unsheltered and residing outside of the shelter/housing system, which is resulting in more accurate data collection.

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	108	69	-39

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

There was a 39 bed decrease in the number of reported beds that were dedicated for chronically homeless persons between the 2015 and 2016 HIC. The decrease is not exemplary of a change in operations, but, instead this is largely reflective of the misidentification of beds as being dedicated for CH persons in the 2015 HIC for one provider. The S+C project operated by the Louisiana Housing Corporation had 39 beds being utilized by persons who were determined to be chronically homeless prior to housing, but the beds are not specifically dedicated for CH persons. The 2016 HIC is an accurate accounting of these PSH beds. Otherwise, the CoC had maintained the levels of dedicated CH beds between the 2015 and 2016 HIC dates, as the CoC-funded bonus project for 15 additional CH beds had not been announced by the time of the 2016 HIC.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Yes

Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status?

3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found. 1-21

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

This question will not be scored.

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

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. Last year, the NHC maximized current resources to increase coordinated entry capacity via reallocation of CoC resources for a dedicated coordinated entry project. This allows the Coalition to hire a program manager to supervise Coalition-wide efforts to end chronic homelessness. The NHC was also awarded a PSH bonus grant to create 15 new CH beds that are anticipated to be filled by November 2016 and has applied for additional funds to create 15 additional chronic homeless beds in 2017. Current system mapping indicates that chronic homelessness can be brought to a functional zero by 2017.

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

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

Instructions:

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

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

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

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

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

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

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

	2015	2016	Difference
RRH units available to serve families in the HIC:	6	32	26

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

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

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

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count,		
FY2016 CoC Application		Page 45	09/30/2016

	most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	28	21	-7
Sheltered Count of homeless households with children:	24	18	-6
Unsheltered Count of homeless households with children:	4	3	-1

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

Twenty-one families were identified as residing in sheltered and unsheltered locations on the night of the 2016 PIT; this is a decrease of 7 households from the previous year, when 28 households were identified. Of note, the decrease was evident in the number of persons in both sheltered and unsheltered locations. The decrease was most influenced by two factors – the expansion of rapid re-housing for households with children, wherein 18 additional units of RRH were operating at the time of the 2016 PIT, and the implementation of coordinated entry, which has been systematically working to prioritize and connect vulnerable households in shelters and unsheltered locations with appropriate permanent housing.

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

Human trafficking and other forms of exploitation?	No
LGBTQ youth homelessness?	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:	<input type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>

Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

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

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

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

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2105)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	6	2	-4

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

(limit 1000 characters)

Two youth ages 18-24 were identified as residing in unsheltered locations prior to entry into a CHO in FY2015, which is a decrease of 4 unaccompanied youths who were identified as being unsheltered prior to entering CHOs in FY2014. The most likely contributing factor that reflects a decrease was the 6 month closure of a shelter during FY2015; the majority of the unsheltered (and sheltered) youths documented in FY2014 had entered the system through this same shelter

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

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$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 services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	9
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile 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):	0

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

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.

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

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

The CoC does not have any written agreements with programs that service infants, toddlers and youth children at this time. However, the CoC is working to formalize the informal referral processes that allow homeless families to readily access these services.

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

Objective 3: Ending Veterans Homelessness

Instructions:

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

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

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

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	40	39	-1
Sheltered count of homeless veterans:	39	33	-6
Unsheltered count of homeless veterans:	1	6	5

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

Not Applicable.

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

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. CE clients are then referred to the local VAMCs for eligibility

determinations. In addition, the CoC received Vets @Home TA to formalize a process to identify, assess, refer and prioritize Veterans for appropriate resources. The NHC formed a Committee to End Veteran Homelessness, with the first meeting held July 2016 and SSVF providers, the GPD provider and VA staff agreeing to participate on the committee. With the vast majority of veterans in our region residing in the GPD program, the NHC is working to finalize the process for unsheltered veteran to determine eligibility for VA services on an ongoing basis and work with the GPD program to create a pathway to permanent housing for each of the program participants.

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

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	20	39	95.00%
Unsheltered Count of homeless veterans:	13	6	-53.85%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016. No

This question will not be scored.

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

The NHC anticipates bringing unsheltered veteran homelessness to a functional zero by the end of 2017, with greater coordination with the SSVF and VASH providers. The NHC will continue to work with the HUD GPD program to ensure that program participants have a pathway to permanent housing as they exit the program. For Veterans who are not eligible to access VA services, the NHC CE project will continue to prioritize those individuals and families in CoC program-funded resources.

4A. Accessing Mainstream Benefits

Instructions:

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

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

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

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	16
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	16
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

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

With Medicaid Expansion as of July 2016, the NHC has worked with each of the 5 Medicaid health plan providers to educate service providers to provide enrollment assistance as necessary. The NHC works closely with the providers and FQHC representatives across the region, all of whom 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/SSDI. This process has streamlined the timeline for an applicant's ability to have coverage for healthcare and behavioral health services. The NHC has also hired a case manager to go into each of the emergency shelters and assist clients in accessing mainstream resources including, Medicaid, Medicare, SSI, and SSDI.

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

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

4B. Additional Policies

Instructions:

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

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

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	16
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	16
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

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

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	16
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	16
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	100%

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:	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">X</div>
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Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	10	51	41

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)

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

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must

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

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? Yes

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)

The CoC experienced severe flooding 8/11-8/25/16. All five parishes in the CoC were declared a major disaster. The CoC was affected by the flooding and a grant extension was requested and received due to the following: 1) Extensive flooding in the region impacted 15 households in scattered site rental assistance programs in which staff resources were diverted to rehouse those clients; 2) Most service providers were forced to close offices for at least two days; one agency had staff whose homes were flooded and faced challenges in fully staffing operations. 3) Limited staff resources of the CoC were diverted to assist homeless persons and those denied FEMA assistance in disaster shelters across the CoC coverage area. 4) Several CoC stakeholders participating in the CoC project evaluation process are employed by agencies/government entities directly responsible for disaster response and recovery. Many worked over-time in those capacities, with no time remaining to volunteer with the CoC.

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. No

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

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
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CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

Submission Summary

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

Page	Last Updated
1A. Identification	09/28/2016
1B. CoC Engagement	09/29/2016
1C. Coordination	09/29/2016

1D. CoC Discharge Planning	09/28/2016
1E. Coordinated Assessment	09/29/2016
1F. Project Review	09/30/2016
1G. Addressing Project Capacity	09/29/2016
2A. HMIS Implementation	09/26/2016
2B. HMIS Funding Sources	09/27/2016
2C. HMIS Beds	09/29/2016
2D. HMIS Data Quality	09/28/2016
2E. Sheltered PIT	09/29/2016
2F. Sheltered Data - Methods	09/27/2016
2G. Sheltered Data - Quality	09/27/2016
2H. Unsheltered PIT	09/27/2016
2I. Unsheltered Data - Methods	09/27/2016
2J. Unsheltered Data - Quality	09/27/2016
3A. System Performance	09/29/2016
3B. Objective 1	09/29/2016
3B. Objective 2	09/30/2016
3B. Objective 3	09/29/2016
4A. Benefits	09/30/2016
4B. Additional Policies	09/30/2016
Submission Summary	No Input Required