

## **Before Starting the CoC Application**

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2019 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2019 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (\*), which are mandatory and require a response.

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

### Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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**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:** Northlake Homeless Coalition

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

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**1B-1. CoC Meeting Participants.**

**For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:**

- 1. participated in CoC meetings;**
- 2. voted, including selecting CoC Board members; and**
- 3. participated in the CoC’s coordinated entry system.**

Organization/Person	Participates in CoC Meetings	Votes, including selecting CoC Board Members	Participates in Coordinated Entry System
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	Yes	Yes	No
Hospital(s)	Yes	Yes	No
EMS/Crisis Response Team(s)	Yes	Yes	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	No
Affordable Housing Developer(s)	Yes	Yes	No
Disability Service Organizations	Yes	Yes	Yes
Disability Advocates	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No

Youth Advocates	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Domestic Violence Advocates	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
LGBT Service Organizations	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	No
Mental Illness Advocates	Yes	Yes	Yes
Substance Abuse Advocates	Yes	Yes	Yes
Other:(limit 50 characters)			
N/A	Not Applicable	No	No
N/A	Not Applicable	No	No
N/A	Not Applicable	No	No

**1B-1a. CoC’s Strategy to Solicit/Consider Opinions on Preventing/Ending Homelessness.**

**Applicants must describe how the CoC:**

- 1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;**
- 2. communicates information during public meetings or other forums the CoC uses to solicit public information;**
- 3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and**
- 4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF. (limit 2,000 characters)**

The NHC Providers and Stakeholders Association (PSA) meets bi-monthly. Meetings are open to the public and are advertised via public notices in the newspaper, on the website, via the mailing list comprised of 360 persons, and at monthly service provider meetings held within the region. Additionally, the NHC issues a public invitation for new members on an annual basis via the formats listed above (newspaper, website, mailing list, social service meetings) prior to the Annual Meeting. From this membership, the CoC solicits direct expertise to achieve its mission. Local stakeholders provide opinions, participate and vote on CoC governance and policies that affect funding determinations, strategic planning, coordinated entry and ongoing development of the local crisis response system. The NHC Providers and Stakeholders Association participants also comprise the committees that carry out the work of the CoC. Prior to any approval of CoC policies and procedures, the NHC PSA are provided with proposed policies and procedures and a public comment

period is established to ensure feedback from various stakeholders. Voting members of the NHC Providers and Stakeholders Association are responsible for voting on any changes to the NHC Bylaws and Governance Charter as well as electing persons to serve on the NHC Board. The only requirement for voting member status in the PSA is an interest in ending homelessness and completion of the membership agreement, which is available on the NHC website year-round, with new membership specifically solicited on an annual basis during the Annual Meeting as well prior to the Providers and Stakeholders Association meetings held bi-monthly. Voting members must disclose any conflicts of interest to better insure parity of community input. Inclusivity is of utmost importance to the Northlake Homeless Coalition – all meeting materials are made available in PDF and the NHC uses language line to provide translations where necessary.

**1B-2. Open Invitation for New Members.**

**Applicants must describe:**

- 1. the invitation process;**
  - 2. how the CoC communicates the invitation process to solicit new members;**
  - 3. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
  - 4. how often the CoC solicits new members; and**
  - 5. any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.**
- (limit 2,000 characters)**

- 1) The NHC Providers and Stakeholders Association meets on a bi-monthly basis, with meetings that are open to the public and are advertised via public notices in the newspaper, on the NHC website, the mailing list comprised of 360 stakeholders, and at monthly social services meetings held throughout the region. At these social services meetings, which include the St. Tammany Commission on Families and the Tangipahoa Social Services Coalition, the NHC invites all members of the community to attend the NHC PSA meetings as new members, to participate on committees and subcommittees and to be a part of the decision-making process. The NHC website has a page dedicated to the Providers and Stakeholders Association, <http://northlakehomeless.org/nhcpsamembership>, with the NHC PSA membership agreement available at all times.
- 2) The CoC membership invitation process is communicated via the following methods: public notices in the newspaper prior to each of the NHC PSA meetings; via the NHC website, <http://northlakehomeless.org/nhcpsamembership>; via the NHC mailing distribution list comprised of 210 stakeholders; via the NHC facebook page; and at monthly social service provider meetings in the region.
- 3) The NHC ensures that invitation materials are disseminated in several ways, including accessible electronic documents on our website. Stakeholders are not required to attend meetings in order to provide input and all information pertaining to PSA meetings is available on our website in PDF format.
- 4) The NHC solicits new members on a bi-monthly basis.
- 5) Homeless and formerly homeless persons are encouraged to join the CoC throughout the coordinated entry outreach navigation process. Additionally,

homeless service providers are asked to identify current and former clients that can participate in the Providers and Stakeholders Association.

**1B-3. Public Notification for Proposals from Organizations Not Previously Funded.**

**Applicants must describe:**

- 1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;**
  - 2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;**
  - 3. the date(s) the CoC publicly announced it was open to proposal;**
  - 4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and**
  - 5. if the CoC does not accept proposals from organizations that have not previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding.**
- (limit 2,000 characters)**

The CoC notified the public that it would accept and consider proposals from all eligible organizations, including ones that have not previously received CoC funding, beginning on August 7, 2019 when it advertised the NHC Providers and Stakeholders Association Meeting, which was held on August 14, 2019. The meeting (held to discuss the CoC Application and available funding) was advertised on the NHC website, the Facebook page, via public notice in the newspaper and with three emails sent to the NHC mailing distribution list of 360 stakeholders (sent on the following dates: August 7, August 12, August 14). The NHC released two Requests for Proposals for new projects in the 2019 CoC Competition on August 14, 2019. The requests for proposals were discussed at the PSA meeting, posted to the NHC website, the Facebook page, via public notice in the newspaper and with three emails sent to the NHC mailing distribution list (sent on the following dates: August 21, September 4, and September 10). The NHC also held an RFP informational web conference on August 28th to respond to any questions respondents may have. The web conferences were advertised on the NHC website, via the mailing list and in the RFPs. The NHC strives for inclusivity in all processes; application materials are available in electronically accessible formats on our website at <http://northlakehomeless.org/coc-applications>. All proposals were required to be submitted electronically by email. A total of six proposals were submitted in response to the two RFPs, two of which submitted by agencies who have not previously received funding.

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

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### 1C-1. CoCs Coordination, Planning, and Operation of Projects.

**Applicants must select the appropriate response for each federal, state, local, private, other organizations, or program source the CoC included in the planning and operation of projects that serve individuals experiencing homelessness, families experiencing homelessness, unaccompanied youth experiencing homelessness, persons who are fleeing domestic violence, or persons at risk of homelessness.**

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Not Applicable
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
N/A	Not Applicable

N/A	Not Applicable
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**1C-2. CoC Consultation with ESG Program Recipients.**

**Applicants must describe how the CoC:**  
**1. consulted with ESG Program recipients in planning and allocating ESG funds;**  
**2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and**  
**3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.**  
**(limit 2,000 characters)**

1. The three consolidated plan jurisdictions in our region are the State of Louisiana, the City of Slidell and St. Tammany Parish. The NHC consulted with each of the three jurisdictions in planning and allocating ESG funds. The Louisiana Housing Corporation (LHC) is the statewide ESG recipient; The NHC participates in statewide quarterly Homeless Working Group meetings, which include all Louisiana CoCs and which develop and review performance measures for statewide ESG, including: number of people served by a given project; length of stay; and outreach efficacy. The LHC statewide ESG application process requires CoCs to provide approval regarding ESG activities requested in the geographic region. The NHC also consulted with the City of Slidell and St. Tammany Parish regarding which activities would best meet the needs of the CoC and identifying organizations who were most likely to have the capacity to implement ESG in an effective, cost-efficient way.
2. The NHC works closely with the Louisiana Housing Corporation (LHC), the statewide ESG recipient that conducts an annual monitoring process of all statewide ESG sub-recipients. NHC CoC staff contributed to developing project evaluation standards based on projects' system performance measures via the statewide homeless working group. Additionally, the NHC monitors ESG project performance via the Community Benchmarks Scorecard. The Community Benchmarks scorecard ties individual project performance to the system performance measures and is reviewed by the NHC on a quarterly basis at the system level and annually on the individual project level.
3. The NHC works with intensively with each of the three jurisdictions in our region that submit consolidated plan updates. The NHC provides region specific homeless reports to each region on an annual basis. Regional reports provide demographic information of clients being served, permanent housing outcomes, data on system performance measures, and unmet needs in the region.

**1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions.** Yes to both

**Applicants must indicate whether the CoC provided Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area.**

**1C-2b. Providing Other Data to Consolidated** Yes

**Plan Jurisdictions.**

**Applicants must indicate whether the CoC ensured local homelessness information is communicated to Consolidated Plan Jurisdictions within its geographic area so it can be addressed in Consolidated Plan updates.**

**1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.**

**Applicants must describe:**

- 1. the CoC’s protocols, including protocols for coordinated entry and the CoC’s emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and**
- 2. how the CoC, through its coordinated entry, maximizes client choice for housing and services while ensuring safety and confidentiality. (limit 2,000 characters)**

1. The NHC’s protocols prioritize safety and incorporate trauma-informed, victim-centered services through development of the emergency transfer plan (ETP) based on HUD’s Model ETP and implemented in accordance with Violence Against Women Act requirements to ensure survivors of domestic violence, dating violence, sexual assault, and stalking (DV) are eligible to be transferred to another housing unit if they believe there is a threat of imminent harm from further violence if they remain in the housing unit or, for survivors of sexual assault, if the sexual assault occurred on the premises of their current housing unit within the previous 90 days. Survivors are not required to provide proof of a threat of imminent harm (police report, protection order etc.) or put any undue burden on the victim. Housing providers cannot refuse a participant’s emergency transfer request if the participant meets the criteria listed above to prioritize restoring feelings of safety, choice, and control. CoC projects that serve survivors of DV are required to prioritize participant safety as well as track and report on increases self-reported safety.

2. The NHC maximizes client choice for housing/services while ensuring safety and confidentiality in the following ways. During the Coordinated Entry referral process, a participant may decline a housing provider’s offer of housing without losing access to the CoC’s prioritization list; once a participant accepts an offer of housing, they may decline any specific housing unit and cannot be penalized for doing so. This promotes client choice and ensures participants can prioritize their own safety during every stage of the process. To protect their confidentiality, survivors of domestic violence’ personal information is kept in their original intake organization’s HMIS-comparable database until they accept a housing provider’s offer of housing and sign a release, at which point their data is shared exclusively with that housing provider.

**1C-3a. Training–Best Practices in Serving DV Survivors.**

**Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:**

- 1. CoC area project staff that addresses safety and best practices (e.g.,**

**trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and  
2. Coordinated Entry staff that addresses safety and best practices (e.g., Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence.  
(limit 2,000 characters)**

1. The NHC provides annual training to project staff through the Louisiana Coalition Against Domestic Violence (LCADV), the federally designated statewide coalition of victim services providers, in conjunction with the local DV providers SAFE and Safe Harbor, with the next training scheduled for December 2019. LCAADV provides in-person training on implementing trauma-informed and victim-centered best practices in serving survivors of domestic violence. Topics include trauma informed care, coordinated community responses to DV, advocacy services designed for children and parents together and for survivors who use drugs, opioid overdose prevention, federal confidentiality requirements, shelter services, legal advocacy, and standards of service. LCAADV also provides online training on an ongoing basis open to all CoC area project staff for assisting survivors with disabilities, legislative advocacy, domestic violence dynamics, technology safety, domestic violence offender programming, and danger assessment.

2. The NHC provides training on an annual basis through LCAADV for CAAS staff. Training focuses on implementing trauma-informed and victim-centered best practices. Topics include coordinated community responses to domestic violence, crisis call screening, and intake procedures including confidentiality protocols. The NHC Coordinated Entry safety planning protocols include conducting assessments at the DV shelter within the region to ensure access to CoC -funded programs, while minimizing any safety issues that may arise from clients attending other coordinated entry access points; allowing DV staff to submit assessments to the coordinated entry process without client identifying information to prioritize CoC resources for DV clients; referrals to DV providers (which have internal safety protocols in place) and not retaining DV survivor data in HMIS.

**1C-3b. Domestic Violence–Community Need Data.**

**Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking.  
(limit 2,000 characters)**

The NHC uses de-identified aggregate data from HMIS-comparable databases operated by the DV providers in the region - Southeast Advocates for Family Empowerment (SAFE) and Safe Harbor, including the projects’ assessments of their survivors’ increased safety; through the Louisiana Coalition Against Domestic Violence (LCADV); from the Louisiana Department of Children and Family Services (DCFS)’ Family Violence Prevention and Services Act (FVPSA) annual report; and LCAADV’s annual statewide needs assessment to assess the scope of community and specialized needs related to domestic violence, dating violence, sexual assault, and stalking. LCAADV’s needs assessment includes anonymous survivor surveys, survivor listening sessions, surveys of culturally specific service providers, and surveys of law enforcement and criminal justice entities. Through LCAADV, the NHC also engages data from the Louisiana Domestic Violence Prevention Commission and the Louisiana Commission on

Law Enforcement. The NHC uses de-identified aggregate data from DV projects' HMIS-comparable databases, including participant demographics (family size, gender identity, geographic location), to determine which participant populations need services and the level of services they require. The NHC also utilizes data from the coordinated entry system to provide region specific data regarding DV clients' needs. All these data and assessments are incorporated into funding processes for the CoC Program.

**\*1C-4. PHAs within CoC. Attachments Required.**

**Applicants must submit information for the two largest PHAs or the two PHAs with which the CoC has a working relationship within the CoC's geographic area.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On
Housing Authority of Slidell		No	No
Louisiana Housing Corporation	7.00%	Yes-HCV	Yes-HCV

**1C-4a. PHAs' Written Policies on Homeless Admission Preferences.**

**Applicants must:**

**1. provide the steps the CoC has taken, with the two largest PHAs within the CoC's geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference—if the CoC only has one PHA within its geographic area, applicants may respond for one; or**

**2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)**

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

**1C-4b. Moving On Strategy with Affordable Housing Providers.**

**Applicants must indicate whether the CoC has a Moving On Strategy with affordable housing providers in its jurisdiction.**

No

**1C-5. Protecting Against Discrimination.**

**Applicants must describe the actions the CoC has taken to address all forms of discrimination, such as discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing. (limit 2,000 characters)**

The NHC has taken the following actions to address all forms of discrimination:

1. The NHC adopted a CoC anti-discrimination policy that prohibits projects from discriminating against any person based on any protected classes under the Fair Housing Act and Equal Access to HUD Assisted or Insured Housing and requires projects to provide education and training to staff regarding anti-discrimination and Equal Access.
2. In 2018, the NHC hosted a training for all homeless service providers in the CoC on implementing HUD’s 2012 Equal Access to Housing Final Rule and 2016 Equal Access in Accordance with Gender Identity Final Rule.
3. The NHC monitors all CoC Program- and ESG-funded projects to ensure they are complying with those rules.
4. The NHC will host an implicit bias training in 2019 for direct service providers in the region to further combat discriminatory practices in service provision.

**\*1C-5a. Anti-Discrimination Policy and Training.**

**Applicants must indicate whether the CoC implemented an anti-discrimination policy and conduct training:**

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively address discrimination based on any protected class under the Fair Housing Act?	Yes
3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing?	Yes

**\*1C-6. Criminalization of Homelessness.**

**Applicants must select all that apply that describe the strategies the CoC implemented to prevent the criminalization of homelessness in the CoC’s geographic area.**

1. Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
2. Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
3. Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
4. Implemented communitywide plans:	<input type="checkbox"/>

5. No strategies have been implemented:	<input type="checkbox"/>
6. Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

**1C-7. Centralized or Coordinated Assessment System. Attachment Required.**

**Applicants must:**

- 1. demonstrate the coordinated entry system covers the entire CoC geographic area;**
- 2. demonstrate the coordinated entry system reaches people who are least likely to apply for homelessness assistance in the absence of special outreach; and**
- 3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner. (limit 2,000 characters)**

1. The Coordinated Access and Assessment System (CAAS) covers the geographic area by conducting assessments at 8 service locations in the community weekly. These locations are geographically dispersed throughout the region and well-known for providing many services to at-risk persons. Additionally, the CE team performs street-based outreach twice-weekly, utilizing a GIS canvassing approach to identify and locate persons who are vulnerable and living rural and remote locations.

2. Outreach Navigators are trained to serve clients with a variety of barriers and actively search for the most vulnerable who are least likely to request assistance such as those w/o access to phone, internet and transportation; those with disabilities; and other language barriers. The CAAS system has protocols in place to make accommodations for disabilities/language. The combination of service-based and street canvassing outreach techniques ensures 100% geographic coverage and service to clients who are least likely to request assistance are identified and prioritized appropriately.

3. The CAAS System has incorporated an emphasis on diversion and progressive engagement in working with homeless clients. Clients are assessed using the VI-SPDAT and receive intensive crisis intervention services in the first 45 days of assessment. If a permanent housing outcome is not achieved within 45 days, clients are prioritized into available CoC/ESG housing in accordance with HUD CPD Notice 16-11. CoC and ESG-funded projects are required to serve households with the highest level of need and longest time homeless. The CAAS Committee makes referrals for available openings on a weekly basis. Clients are referred to available community resources while they work on a housing plan and wait for available resources.

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

**Instructions:**

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**1D-1. Discharge Planning Coordination.**

**Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).**

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"/>

# 1E. Local CoC Competition

## Instructions

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### \*1E-1. Local CoC Competition–Announcement, Established Deadline, Applicant Notifications. Attachments Required.

**Applicants must indicate whether the CoC:**

1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition;	Yes
2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline;	Yes
3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and	Yes
4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline.	Yes

### 1E-2. Project Review and Ranking–Objective Criteria.

**Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition:**

1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served);	Yes
2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and	Yes
3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served.	Yes

### 1E-3. Project Review and Ranking–Severity of Needs and Vulnerabilities.

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**Applicants must describe:**

**1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and**

**2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.**

**(limit 2,000 characters)**

1) In 2017, the NHC implemented a Community Benchmarks Scorecard and Community Evaluation process that considers the severity of needs and vulnerabilities experienced by project participants. The specific needs and vulnerabilities considered in the evaluation process are: client with zero income at entry; domestic violence survivors; chronic homelessness; veterans; youth aged 18-24; and literal homelessness. DV project scores also reflect improvements in survivor safety outcomes. For new projects in 2019, the NHC also awarded additional points for projects that would serve non-disabled single adults and for projects that would serve the three rural parishes in the region. By incorporating this into the scoring process for new projects, the NHC hopes to increase services to underserved, and therefore vulnerable populations.

2)The Community Benchmarks Scorecard awards additional points to projects serving clients with the following vulnerabilities: 25%+ of clients having zero income at entry; 10%+ clients who are DV survivors; and a graduated scale of points for projects serving between 25% and 100% chronically homeless. Additionally, the Community Benchmarks Scorecard scores awards points to projects on Housing First Status, which considers barriers to entry such as criminal history, low or no income, substance abuse history victimization history. Finally, the Scorecard awards points to projects with 50%+ literally homeless, 10%+ youth aged 18-24 and 10%+ veterans as these sub-populations also require special consideration in our region. The NHC has determined that literal homelessness is another marker for severity of needs and vulnerabilities.

**1E-4. Public Postings–CoC Consolidated Application. Attachment Required.**

**Applicants must:**

**1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or**

**2. check 6 if the CoC did not make public the review and ranking process; and**

**3. indicate how the CoC made public the CoC Consolidated Application—including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected—which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or**

**4. check 6 if the CoC did not make public the CoC Consolidated Application.**

Public Posting of Objective Review and Ranking Process		Public Posting of CoC Consolidated Application including: CoC Application, CoC Priority Listing, Project Listings	
1. Email	<input checked="" type="checkbox"/>	1. Email	<input checked="" type="checkbox"/>

2. Mail	<input type="checkbox"/>	2. Mail	<input type="checkbox"/>
3. Advertising in Local Newspaper(s)	<input checked="" type="checkbox"/>	3. Advertising in Local Newspaper(s)	<input checked="" type="checkbox"/>
4. Advertising on Radio or Television	<input type="checkbox"/>	4. Advertising on Radio or Television	<input type="checkbox"/>
5. Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>	5. Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>
6. Did Not Publicly Post Review and Ranking Process	<input type="checkbox"/>	6. Did Not Publicly Post CoC Consolidated Application	<input type="checkbox"/>

**1E-5. Reallocation between FY 2015 and FY 2018.**

**Applicants must report the percentage of the CoC’s ARD that was reallocated between the FY 2015 and FY 2018 CoC Program Competitions.**

**Reallocation: 11%**

**1E-5a. Reallocation–CoC Review of Performance of Existing Projects.**

**Applicants must:**

- 1. describe the CoC written process for reallocation;**
  - 2. indicate whether the CoC approved the reallocation process;**
  - 3. describe how the CoC communicated to all applicants the reallocation process;**
  - 4. describe how the CoC identified projects that were low performing or for which there is less need; and**
  - 5. describe how the CoC determined whether projects that were deemed low performing would be reallocated.**
- (limit 2,000 characters)**

1. In 2017, the NHC developed and implemented the Community Evaluation (CE) Policy, which outlines the written process for ranking, scoring and reallocating projects during the CoC application. The CE policy states that reallocations may occur under the following conditions: 1) a CoC-funded project determines to cease operations; or 2) A project does not meet the minimum threshold score; or 3) A community needs assessment conducted on a biennial basis identifies that currently funded services do not meet the needs of the community. Findings of the assessment will be brought to the PSA for a public feedback and comment period before a reallocation plan is voted on by the board; or 4) A low-performing project will be offered TA and a corrective action plan to improve performance. However, if performance has not improved as a result, the NHC board will vote to reallocate funds to create a higher performing project.

2. The Providers and Stakeholders Association (PSA) approved the CE Policy in 2017 and 2018. Future updates to the policy will be reviewed by the PSA during a public comment period prior to being approved by the NHC Board.

3. The CE Policy was discussed at 4 public meetings in 2017 prior to its

adoption by the PSA. The policy was updated in 2018 following a public comment period that was discussed at PSA meetings, posted on the website and public notices in the newspaper. The CE Policy is publicly available on the NHC website and a link is included with all CoC application announcements via mail, email, Facebook and newspaper notice.

4.The NHC utilizes data for unmet needs, project utilization, barriers to entry and the CB scorecards which review individual project performance in relation to system performance measures.

5.Low-performing projects are reallocated only after a corrective action plan has been implemented and technical assistance is provided. Reallocations are voted on by the NHC Board.

## DV Bonus

### Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

Resources:  
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<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>  
The FY 2019 CoC Program Competition Notice of Funding Availability at:  
<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notice>

**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

### 1F-1 DV Bonus Projects.

**Applicants must indicate whether the CoC is requesting DV Bonus projects which are included on the CoC Priority Listing:** Yes

**1F-1a. Applicants must indicate the type(s) of project(s) included in the CoC Priority Listing.**

1. PH-RRH	<input type="checkbox"/>
2. Joint TH/RRH	<input type="checkbox"/>
3. SSO Coordinated Entry	<input checked="" type="checkbox"/>

### \*1F-2. Number of Domestic Violence Survivors in CoC’s Geographic Area.

**Applicants must report the number of DV survivors in the CoC’s geographic area that:**

Need Housing or Services	145.00
the CoC is Currently Serving	54.00

**1F-2a. Local Need for DV Projects.**

**Applicants must describe:**

- 1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and**
  - 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).**
- (limit 500 characters)**

1) The NHC calculated the number of clients in need of services by reviewing CE data over the past two years, data from two local DV service providers in the region and current DV survivor households the CoC-wide prioritization list. DV homicides have increased by 200% since 2017 and 2019 Violence Center Policy Report ranks Louisiana 2nd in nation for deaths of women by men.  
 2) CE data in HMIS, DV comparable databases and statewide data from LCADV were used.

**1F-3. : SSO-CE Project–CoC including an SSO-CE project for DV Bonus funding in their CoC Priority Listing must provide information in the chart below about the project applicant and respond to Question 1F-3a.**

DUNS Number	034668106
Applicant Name	Northlake Homeless Coalition

**1F-3a. Addressing Coordinated Entry Inadequacy.**

**Applicants must describe how:**

- 1. the current Coordinated Entry is inadequate to address the needs of survivors of domestic violence, dating violence, or stalking; and**
  - 2. the proposed project addresses inadequacies identified in 1. above.**
- (limit 2,000 characters)**

**1F-4. PH-RRH and Joint TH and PH-RRH Project Applicant Capacity.**

**Applicants must provide information for each unique project applicant applying for PH-RRH and Joint TH and PH-RRH DV Bonus projects which the CoC is including in its CoC Priority Listing–using the list feature below.**

Applicant Name	DUNS Number
This list contains no items	

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

**Intructions:**

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

**Resources:**

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<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

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**2A-1. HMIS Vendor Identification.**    Mediware - Bowman Systems ServicePoint

**Applicants must review the HMIS software vendor name brought forward from FY 2018 CoC Application and update the information if there was a change.**

**2A-2. Bed Coverage Rate Using HIC and HMIS Data.**

**Using 2019 HIC and HMIS data, applicants must report by project type:**

Project Type	Total Number of Beds in 2019 HIC	Total Beds Dedicated for DV in 2019 HIC	Total Number of 2019 HIC Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	34	10	24	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	139	0	131	94.24%
Rapid Re-Housing (RRH) beds	169	23	146	100.00%
Permanent Supportive Housing (PSH) beds	374	0	297	79.41%
Other Permanent Housing (OPH) beds	0	0	0	

**2A-2a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-2.**

**For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-2., applicants must describe:**

- 1. steps the CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and**
  - 2. how the CoC will implement the steps described to increase bed coverage to at least 85 percent.**
- (limit 2,000 characters)**

The gap in PSH bed coverage is reflective of the three public housing authorities that hold HUD-VASH vouchers but do not participate in HMIS. There are no direct allocations of HUD-VASH vouchers to any of the PHAs within the CoC, and all vouchers are the result of veterans who have ported to one of seven housing authorities that operate within the CoC’s jurisdiction. The HMIS lead has been successful in garnering participation by one of the PHAs (15 of the 92 reported VASH voucher beds), primarily as they also use HMIS for managing client data for three of their other federally-funded projects. The CoC is looking to solicit better integration with the remaining PHAs that are hosting VASH vouchers to manage housing data in the HMIS, as part of efforts to expand partnerships with veterans’ homeless services providers.

It is important to note that the strategies discussed above are a continuation of successful efforts to increase HMIS bed coverage in the region. In 2017, bed coverage for Emergency Shelter was 56.25% and current bed coverage is 100%, an increase of 43.75% in the past two years. Similarly, in 2017 bed coverage for Transitional Housing was 66.94% and current bed coverage is 94.24%, an increase of 27.3% in the past two years.

**\*2A-3. Longitudinal System Analysis (LSA) Submission.**

**Applicants must indicate whether the CoC submitted its LSA data to HUD in HDX 2.0.** Yes

**\*2A-4. HIC HDX Submission Date.**

**Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).** 04/30/2019  
**(mm/dd/yyyy)**

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

### Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

#### Resources:

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The FY 2019 CoC Program Competition Notice of Funding Availability at:

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**2B-1. PIT Count Date.** 01/28/2019

**Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).**

**2B-2. PIT Count Data–HDX Submission Date.** 04/30/2019

**Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).**

**2B-3. Sheltered PIT Count–Change in Implementation.**

**Applicants must describe:**

**1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and**

**2. how the changes affected the CoC’s sheltered PIT count results; or**

**3. state “Not Applicable” if there were no changes.**

**(limit 2,000 characters)**

Not Applicable

**\*2B-4. Sheltered PIT Count–Changes Due to Presidentially-declared Disaster.**

**Applicants must select whether the CoC No added or removed emergency shelter,**

**transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC’s 2019 sheltered PIT count.**

**2B-5. Unsheltered PIT Count–Changes in Implementation.**

**Applicants must describe:**

- 1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and**
  - 2. how the changes affected the CoC’s unsheltered PIT count results; or**
  - 3. state “Not Applicable” if there were no changes.**
- (limit 2,000 characters)**

Not Applicable

**\*2B-6. PIT Count–Identifying Youth Experiencing Homelessness.**

**Applicants must:**

**Indicate whether the CoC implemented specific measures to identify youth experiencing homelessness in their 2019 PIT count.** Yes

**2B-6a. PIT Count–Involving Youth in Implementation.**

**Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:**

- 1. plan the 2019 PIT count;**
  - 2. select locations where youth experiencing homelessness are most likely to be identified; and**
  - 3. involve youth in counting during the 2019 PIT count.**
- (limit 2,000 characters)**

(1) The CoC PIT Planning Committee made a concerted effort to identify youth households experiencing homelessness through the few stakeholders that may work with homeless youth. Parish school board homeless liaisons were contacted well ahead of the PIT data collection period to prepare and engage them in the upcoming count, particularly for any known youth who were known to be in unsheltered conditions. Police departments were asked about locations where homeless youth have been reported, with one department volunteering an officer to act as a liaison with outreach staff throughout the surveying period. Also, library and community center staff were contacted to inform and encourage them to be a part of the PIT count process. (2) Specific parks were scouted during late night and early hours, prior to the count, as community stakeholders identified them as known locations of youth sleeping outdoors. In addition, two campsites hidden deep in a wooded areas were identified by the police officer who suspected they were occupied by persons younger than age 24. (3) To assist with identifying other locations, the few persons who were

unsheltered and age 24 or younger were asked about other possible locations where outreach staff may be able to engage youth experiencing homelessness.

**2B-7. PIT Count–Improvements to Implementation.**

**Applicants must describe the CoC’s actions implemented in its 2019 PIT count to better count:**

- 1. individuals and families experiencing chronic homelessness;**
- 2. families with children experiencing homelessness; and**
- 3. Veterans experiencing homelessness.**

**(limit 2,000 characters)**

Specific attention was paid to ensuring that the PIT count included full coverage of individuals and families experiencing chronic homelessness; families with children experiencing homelessness; and veterans experiencing homelessness. (1) The by-name lists of persons enrolled in coordinated entry were reviewed prior to both the sheltered and unsheltered counts, with those persons identified as chronically homeless given special attention to find and survey during the data collection period. Additionally, the survey instrument was revised to improved language and flow of questions to better identify persons who report a history of chronic homelessness. The importance and proper administration of these questions were emphasized during volunteer training. (2) The by-name lists and shelter rosters were reviewed prior to the administration of the count to ensure there was adequate coverage of surveyors and to identify any likely unsheltered households with children. The households that had been identified as having episodes of being unsheltered were contacted for follow-up, as part of homeless outreach services. (3) Veterans populating the by-name list were contacted for an update on their housing status prior to the PIT data collection period, with specific follow-up for unsheltered persons. The PIT Planning Team worked with the GPD provider to verify the status of residents, with cross–references of the by-name list and the list of enrollments recorded in the HMIS.

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

#### Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

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**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

#### \*3A-1. First Time Homeless as Reported in HDX.

**Applicants must:**

Report the Number of First Time Homeless as Reported in HDX.
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570
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#### 3A-1a. First Time Homeless Risk Factors.

**Applicants must:**

1. describe the process the CoC developed to identify risk factors the CoC uses to identify persons becoming homeless for the first time;
2. describe the CoC’s strategy to address individuals and families at risk of becoming homeless; and
3. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

In FY 17, there were 264 persons entering ES, SH and TH projects with no prior enrollments in HMIS versus 157 persons in 2018, representing a 41% decrease in persons entering ES and TH for the first time. There were 447 persons who entered PH in FY 18, with 92% (413) experiencing homelessness for the first time. Both the 38% increase in overall clients entering PH in FY 18 and the increase of the % of those experiencing homelessness for the first time are attributed to flooding in Livingston, St. Helena and Tangipahoa, Parishes with homeless PH resources being utilized by flood victims after the federally declared disaster.

1. The NHC utilizes the VI-SPDAT tool along with a housing barriers

assessment form when clients enter coordinated entry. The VI-SPDAT looks at the factors related to the history of housing/homelessness, risks, socialization/daily functioning, and wellness to generate the VI-SPDAT score. The housing barriers assessment examines additional factors that may influence a person’s ability to access housing, including previous rental history, criminal record and income. The NHC annually reviews the data of all clients that became homeless for the first time to determine the prevalent risk factors.

2. The most prevalent factors resulting in first-time homelessness are income, lack of public transportation, flooding disasters and affordable housing access. Our long-range strategy to address this is the creation of more affordable housing and public transportation resources. Currently, the NHC is seeking CRA funds to create additional diversion/homeless prevention resources for those at risk of homelessness.

3. The NHC is responsible for oversight of this strategy, with the CAAS Oversight Committee responsible for reviewing prevalent risk factors and the Performance Measurement and Evaluation Committee monitoring progress on the system performance measure.

**\*3A-2. Length of Time Homeless as Reported in HDX.**

**Applicants must:**

Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.	167
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**3A-2a. Strategy to Reduce Length of Time Homeless.**

**Applicants must:**

- 1. describe the CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;**
  - 2. describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and**
  - 3. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the length of time individuals and families remain homeless.**
- (limit 2,000 characters)**

For FY 18, the median length of time persons remain homeless in emergency shelters is 55 days, bringing us closer to the overall goal of a permanent housing outcome within 45 days. The median length of time persons remain homeless increases to 167 days with the addition of transitional housing providers, which includes a non-funded provider that requires a 1 yr commitment for entry into the program. 1) The NHC employs a data-driven strategy to reduce the length of time persons remain homeless via the Community Benchmarks Scorecard. The scorecard monitors and evaluates systemwide and individual project performance on the System Performance Measures. Measure 1A of the scorecard evaluates the time it takes from assessment by the coordinated entry system until the client’s homeless status is certified. The current median for Measure 1A (days between entry and certification) is 5 days for individuals and 3 days for families. Measure 1A assesses the efficiency of the coordinated entry system. This data is reviewed by the CAAS Committee at twice-monthly meetings. Measure 1B of the

scorecard evaluates length of time between the referral date and the housing date for each of the housing providers. The current median for Measure 1B (days between referral and housing move in date) is 24 days. This data is reviewed at a system level on a quarterly basis. Additionally, Measure 1B is one of the metrics used to evaluate individual project performance during the annual project ranking process. 2) The NHC has adopted HUD CPD Notice 16-11 and prioritizes clients into housing based on severity of needs as determined by VISPDAT score and length of time homeless as verified via coordinated entry. Outreach Navigators work in the field to locate, assess and house clients with the longest lengths of time homeless. 3) The NHC is responsible for oversight of this strategy, with the CAAS and Performance Measurement/Evaluation Committees monitoring progress.

**\*3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX.**

**Applicants must:**

	Percentage
1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.	75%
2. Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	99%

**3A-3a. Exits to Permanent Housing Destinations/Retention of Permanent Housing.**

**Applicants must:**

1. describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
2. provide the organization name or position title responsible for overseeing the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
3. describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations; and
4. provide the organization name or position title responsible for overseeing the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.

**(limit 2,000 characters)**

1) In FY18, the CoC increased the rate at which persons in ES, TH and PH-RRH exit to permanent housing destinations by 28% to 75% overall. Our strategy to increase exits to PH destinations is two-fold. For persons exiting CoC-funded PH-RRH, exits to PH destinations is 88% across all programs. Our strategy to increase exits to PH destinations from PH-RRH projects is to work

with the lower performing project to address issues impacting PH outcomes and replicate strategies for successful PH outcomes from the higher performing projects, where applicable. For persons in ES and TH programs, our strategy is to improve PH outcomes via the coordinated entry process, with outreach navigators on-site at ES and TH locations on a weekly basis to assist clients. Additionally, the CoC is working to create additional resources that will increase housing opportunities for those exiting ES and TH locations. In last year's application, the CoC was awarded two Joint TH/RRH projects to provide RRH resources and operational support for two community transitional housing projects, with the goal of decreasing the length of time that clients reside in the TH program and to provide a PH resource for those clients exiting the TH program. The NHC is also seeking CRA funds to create additional housing resources in the community. 2) Successful exits and retentions in PH Projects (excluding PH-RRH) have increased by 2% to 99% overall for our region. The NHC will continue to work with PH housing providers to ensure that PH exits and retentions remains above 95% for our region via a data-driven process comprising community benchmarks scorecard reporting and monitoring of this measure on a quarterly basis as well as case conferencing required via the CAAS Committee that occurs when a client exits a PH program to a destination other than permanent housing. 3) These strategies will be monitored by CAAS Oversight and Performance Measurement/Eval Committees.

**\*3A-4. Returns to Homelessness as Reported in HDX.**

**Applicants must:**

	Percentage
1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.	3%
2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.	3%

**3A-4a. Returns to Homelessness–CoC Strategy to Reduce Rate.**

**Applicants must:**

- 1. describe the strategy the CoC has implemented to identify individuals and persons in families who return to homelessness;**
- 2. describe the CoC's strategy to reduce the rate of additional returns to homelessness; and**
- 3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families return to homelessness. (limit 2,000 characters)**

1) The NHC utilizes the VI-SPDAT tool along with a housing barriers assessment form when clients enter coordinated entry. The VI-SPDAT looks at the factors related to the history of housing/homelessness, risks, socialization/daily functioning, and wellness to generate the VI-SPDAT score. The housing barriers assessment examines additional factors that may influence a person's ability to access housing, including previous rental history, criminal record and income. The NHC annually reviews this data for all clients

that return to homelessness to determine the prevalent risk factors.

2) In FY 18, 6% of clients returned to homelessness within 12 months of project exit. The NHC employs a data-driven strategy to reduce returns to homelessness via the Community Benchmarks Scorecard. The scorecard monitors and evaluates systemwide and individual project performance on the System Performance Measures. Measure 2A of the scorecard evaluates the percentage of clients who return to homelessness within 6 months and Measure 2B evaluates the percentage of clients who return to homelessness within 12 months. Systemwide data for these measures is monitored and evaluated on a quarterly basis to identify any issues to be addressed at both the individual project and system levels. Additionally, Measures 2A and 2B are used to evaluate individual performance regarding returns to homelessness during the annual project ranking process. The NHC also utilizes the common factors that cause returns to homelessness in our region to provide training and technical assistance to housing providers so that factors contributing to returns to homelessness can be effectively addressed via client case management planning.

3) The organization responsible for this strategy is the Northlake Homeless Coalition, with the CAAS Oversight and the System Performance and Evaluation Committees providing oversight.

**\*3A-5. Cash Income Changes as Reported in HDX.**

**Applicants must:**

	Percentage
1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.	44%
2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.	44%

**3A-5a. Increasing Employment Income.**

**Applicants must:**

- 1. describe the CoC's strategy to increase employment income;**
  - 2. describe the CoC's strategy to increase access to employment;**
  - 3. describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
  - 4. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase jobs and income from employment.**
- (limit 2,000 characters)**

1) The NHC uses a data-driven strategy to increase access to employment. In FY 18, 8% of adult stayers increased employment income (Sys PM 4.1). 24% of adult system leavers increased employment income (Sys PM 4.3) in FY 17 compared to 18% in FY 17, representing a 6% increase on this metric. The NHC uses the Community Benchmarks Scorecard to monitor and evaluate

system and individual project performance on the System Performance Measures. Measure 4A of the scorecard evaluates the percentage of system leavers with increased employment income. This measure is used specifically to monitor the progress of rapid rehousing projects, as a decrease in or loss of employment income remains the biggest factor leading to returns to homelessness. Measure 4B of the scorecard evaluates the percentage of system stayers who increased total income. This measure is used to monitor the progress of PSH projects' effectiveness at increasing access to employment and mainstream benefits for their clients. System-wide data for these measures is monitored and evaluated on a quarterly basis to identify any issues to be addressed at both the individual project and system levels. Additionally, Measures 4A and 4B are used to evaluate individual project performance regarding employment/benefits during the annual project ranking process.

2) The NHC conducts an annual training with Louisiana Workforce Commission and the LDS Employment Resource Center during a NHC Providers and Stakeholders Association Meeting so that housing providers and case managers can effectively access all local resources available via the local mainstream employment organizations.

3) The NHC is responsible for the CoC's strategy to increase job and income growth, with employment and mainstream benefit training annually and monitoring of individual project progress via the Community Benchmarks Scorecard.

**3A-5b. Increasing Non-employment Cash Income.**

**Applicants must:**

- 1. describe the CoC's strategy to increase non-employment cash income;**
- 2. describe the CoC's strategy to increase access to non-employment cash sources;**
- 3. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase non-employment cash income.**

1) The NHC uses a data-driven strategy to increase access to mainstream resources. In FY 18, 48% of adult stayers increased non-employment cash income (Sys PM 4.2) compared to 38% in 2017, representing an increase of 10%. 32% of adult system leavers increased non-employment cash income (Sys PM 4.4) in FY 18 compared to 26% in FY 17, representing a 6% increase on this metric. The NHC uses the Community Benchmarks Scorecard to monitor and evaluate system and individual project performance on the System Performance Measures. Measure 4A of the scorecard evaluates the percentage of system leavers with increased employment income. This measure is used specifically to monitor the progress of rapid rehousing projects, as a decrease in or loss of employment income remains the biggest factor leading to returns to homelessness. Measure 4B of the scorecard evaluates the percentage of system stayers who increased total income. This measure is used to monitor the progress of PSH projects' effectiveness at increasing access to employment and mainstream benefits for their clients. System-wide data for these measures is monitored and evaluated on a quarterly basis to identify any issues to be addressed at both the individual project and system levels. Additionally, Measures 4A and 4B are used to evaluate individual project performance regarding employment/benefits during the annual project ranking process.

2) The NHC conducts an annual training open to CoC case managers on strategies to increase non-employment cash income, specifically strategies for

accessing mainstream resources. Additionally, the NHC will be implementing SOAR in the region in 2020 to further assist clients with SSI/SSDI applications. 3) The NHC is responsible for the CoC’s strategy to non-employment income, with employment and mainstream benefit training annually and monitoring of individual project progress via the Community Benchmarks Scorecard.

**3A-5c. Increasing Employment. Attachment Required.**

**Applicants must describe how the CoC:**

**1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and**

**2. is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.**

**(limit 2,000 characters)**

1. The NHC advertises all regional job fairs to housing providers and case managers so that clients can be made aware of available employment opportunities to assist clients in increasing income and achieving self-sufficiency.
2. The NHC conducts an annual training with the Louisiana Workforce Commission and the LDS Employment resource center during a NHC Providers and Stakeholders Association Meeting so that housing providers and case managers can effectively access all local resources available for providing education, training and employment opportunities for residents of permanent supportive housing to further recovery and well-being. The NHC is in the process of formalizing an MOU agreement with the Louisiana Workforce Commission to prioritize these services for PSH residents.

**3A-5d. Promoting Employment, Volunteerism, and Community Service.**

**Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC’s geographic area:**

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	<input type="checkbox"/>
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).	<input type="checkbox"/>
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	<input type="checkbox"/>
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	<input type="checkbox"/>
5. The CoC works with organizations to create volunteer opportunities for program participants.	<input type="checkbox"/>
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	<input type="checkbox"/>
7. Provider organizations within the CoC have incentives for employment.	<input type="checkbox"/>
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	<input type="checkbox"/>

**3A-6. System Performance Measures Data–HDX Submission Date** 05/31/2019

**Applicants must enter the date the CoCs submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)**

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

### Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

### 3B-1. Prioritizing Households with Children.

**Applicants must check each factor the CoC currently uses to prioritize households with children for assistance during FY 2019.**

1. History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
2. Number of previous homeless episodes	<input checked="" type="checkbox"/>
3. Unsheltered homelessness	<input checked="" type="checkbox"/>
4. Criminal History	<input checked="" type="checkbox"/>
5. Bad credit or rental history	<input checked="" type="checkbox"/>
6. Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

### 3B-1a. Rapid Rehousing of Families with Children.

**Applicants must:**

**1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;**

**2. describe how the CoC addresses both housing and service needs to ensure families with children successfully maintain their housing once**

assistance ends; and

**3. provide the organization name or position title responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of them becoming homeless. (limit 2,000 characters)**

1) Since 2015, the CoC reallocated all TH projects to create new RRH for homeless families. Families are prioritized by need, particularly victimization and disability factors. The NHC’s current strategy utilizes the Community Benchmarks Scorecard and a data-driven approach to rehouse families with children within 30 days of becoming homeless. Measure 1A evaluates the time it takes from assessment by the CE system until the client’s homeless status is certified. The current median for Measure 1A (days b/w entry and certification) is 3 days for families. This data is reviewed by the CAAS Committee at twice monthly mtgs. Measure 1B evaluates length of time between the referral date and the housing date for each of the housing providers. The current median for Measure 1B (days between referral and housing move in date) for RRH providers serving families with children is 26 days. This data is reviewed at a system level on a quarterly basis. Additionally, Measure 1B is used to evaluate individual project performance during the annual project ranking process. Continued progress on reducing the length of time for Measures 1A and 1B as well as the creation of additional RRH resources through private funding are integral to our strategy to rapidly rehouse families with children.

2) The CoC provides annual training to RRH providers on the progressive engagement model as an effective strategy to ensure families maintain housing. The progressive engagement model is an evidence-based best practice that regularly re-assesses housing barriers so that the appropriate amount of assistance is provided and the housing stability/placement plan is individualized, efficient and effective. RRH providers also receive ongoing training and information (via the NHC PSA) on community resources that clients can access to promote continued housing stability.

3) The NHC is responsible for this strategy, with the Strategic Planning and CAAS Oversight Committees providing oversight.

**3B-1b. Antidiscrimination Policies.**

**Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent housing (PSH and RRH)) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.**

1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics.	<input checked="" type="checkbox"/>
2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics.	<input type="checkbox"/>
3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input checked="" type="checkbox"/>

4. CoC has worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within the CoC geographic area that might be out of compliance and has taken steps to work directly with those facilities to come into compliance.

**3B-1c. Unaccompanied Youth Experiencing Homelessness–Addressing Needs.**

Applicants must indicate whether the CoC’s strategy to address the unique needs of unaccompanied youth experiencing homelessness who are 24 years of age and younger includes the following:

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

**3B-1c.1. Unaccompanied Youth Experiencing Homelessness–Prioritization Based on Needs.**

Applicants must check all that apply that describes the CoC’s current strategy to prioritize unaccompanied youth based on their needs.

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

**3B-1d. Youth Experiencing Homelessness–Housing and Services Strategies.**

Applicants must describe how the CoC increased availability of housing and services for:

1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and
  2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.
- (limit 3,000 characters)

1) In the LA-506 region, there have been no households that have been identified as comprised solely of children (unaccompanied youth) and the NHC identified a total of 4 persons ages 18-24 in the 2019 PIT Count. The number of youth ages 18-24 included in the 2019 PIT Count represents a 63% decrease in comparison to the 2018 PIT Count of 11 youth aged 18-24. There were no families with children with HOH aged 18-24 in the 2019 PIT Count. Our strategy to address youth ages 18-24 has been to prioritize these households in our coordinated entry process, particularly youth households with children, through the available RRH programs targeted for families with children and to provide intensive case management centered on life skills, budgeting and employment and income growth for this population. Additionally, The NHC works very closely with the local emergency shelters, Family Promise St. Tammany and the Caring Center Slidell, so that case management and navigation services are offered in the emergency shelter on a weekly basis to quickly rehouse persons experiencing homelessness, with an emphasis on struggling young families ages 18-24. The NHC is seeking private funds to expand RRH resources in the community, which will also benefit this population.

2) In the LA-506 region, there have been no households that have been identified as comprised solely of children and the NHC identified a total of 2 unsheltered homeless persons ages 18-24 in the 2019 PIT Count. The number of unsheltered homeless youth ages 18-24 represents a 50% decrease in comparison to the 2018 PIT Count. Our strategy to address unsheltered youth ages 18-24 has been to prioritize these households in our coordinated entry process. While there are no projects dedicated specifically to house unsheltered youth ages 18-24, this population comprises 20% of the households that received assistance through CoC-funded RRH projects in 2018. The NHC is seeking private funds to expand RRH resources in the community, which will also benefit this population.

**3B-1d.1. Youth Experiencing Homelessness—Measuring Effectiveness of Housing and Services Strategies.**

**Applicants must:**

- 1. provide evidence the CoC uses to measure each of the strategies in question 3B-1d. to increase the availability of housing and services for youth experiencing homelessness;**
- 2. describe the measure(s) the CoC uses to calculate the effectiveness of both strategies in question 3B-1d.; and**
- 3. describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of both strategies in question 3B-1d. (limit 3,000 characters)**

1)The evidence the CoC uses to measure both strategies in question 3B-2.6 are: the reductions in youth homelessness (18-24) when comparing PIT Counts, which have occurred consecutively since 2017; and the increases in the percentage of youth (18-24) being served in CoC-funded programs. Currently, youth ages 18-24 comprise 20% of clients being served in RRH programs.

2) In addition to comparing youth homeless counts in successive PIT Counts and comparing the share of RRH resources being used to assist youth ages 18-24, the NHC conducts an analysis of clients who were assessed via coordinated entry over the year to determine whether youth are effectively accessing resources via the homeless services system. This annual analysis includes the number of youth clients who were assessed, the percentage of youth clients

who were able to successfully access CoC resources and the percentage of youth clients who had permanent housing outcomes. This analysis is compared with the same metrics described above for the overall homeless population to determine any disparities and/or barriers preventing youth from accessing housing and services.

3) The NHC has believes these measures are an appropriate way to determine effectiveness because the measures evaluate: 1) progress in reductions of youth homelessness at a standard point in time from year to year (PIT Count); 2) effectiveness of coordinated entry processes to increase availability of housing and services for the youth population by effectively targeting more existing resources to serve this population; and 3) Analysis of youth homelessness over the course of a year and a comparison with the overall homeless population to determine disparities and barriers to housing. These various measures give a complete picture of both who is being served and what gaps in services remain.

**3B-1e. Collaboration–Education Services.**

**Applicants must describe:**

- 1. the formal partnerships with:**
  - a. youth education providers;**
  - b. McKinney-Vento LEA or SEA; and**
  - c. school districts; and**

- 2. how the CoC collaborates with:**
  - a. youth education providers;**
  - b. McKinney-Vento Local LEA or SEA; and**
  - c. school districts.**

**(limit 2,000 characters)**

1)The NHC collaborates with the head start and early head start provider in our region as a referral point for the coordinated entry system. Outreach navigators conduct coordinated entry assessments on-site at these locations on an as needed basis.

2)The McKinney-Vento local education liaisons are actively involved in NHC's efforts to end family homelessness. LEA representatives participate in the bimonthly NHC Providers and Stakeholders Associations, which shape the CoC's strategic planning process. The LEA representatives also refer families to the coordinated entry system on an as-needed basis. Each family with children assessed via coordinated entry is referred to the local education liaison as a standard process of the coordinated entry system 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 families residing in non-funded emergency shelter models such as Family Promise successfully access transportation to and from school as well as other federally mandated services.

3)The NHC sends out an annual mailing to each of the school districts in our region to make them aware of available services within the CoC and to inform them of the coordinated entry system to ensure as smooth referral process for families who are homeless or at risk of homelessness.

4)The NHC has a partnership agreement with the head start provider in our region to conduct coordinated entry assessments on site on an as-needed basis. Additionally, LEA representatives are members of the NHC Providers and

Stakeholders Association, which is also governed by a membership agreement.

**3B-1e.1. Informing Individuals and Families Experiencing Homeless about Education Services Eligibility.**

**Applicants must describe policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services. (limit 2,000 characters)**

The NHC has adopted educational policies and procedures that specify the following CoC responsibilities: identifying children and young adults who are eligible for educational services; helping to ensure that all families with children and young adults who qualify are informed about their educational rights and their eligibility for educational services; attending relevant meetings and planning events held by local school districts; and ensuring that the local school districts' homeless liaisons are aware of the Coordinated Entry process for connecting homeless families to the homeless services system. Additionally, CoC and ESG funded agencies are responsible for designating a staff person charged with ensuring that program participants with children and young adults participating in their projects are informed about their educational rights and their eligibility for educational services at intake and as necessary thereafter.

**3B-1e.2. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.**

**Applicant must indicate whether the CoC has an MOU/MOA or other types of agreements with listed providers of early childhood services and supports and may add other providers not listed.**

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

**3B-2. Active List of Veterans Experiencing Homelessness.**

**Applicant must indicate whether the CoC Yes**

**uses an active list or by-name list to identify all veterans experiencing homelessness in the CoC.**

**3B-2a. VA Coordination–Ending Veterans Homelessness.**

**Applicants must indicate whether the CoC is actively working with the U.S. Department of Veterans Affairs (VA) and VA-funded programs to achieve the benchmarks and criteria for ending veteran homelessness.** Yes

**3B-2b. Housing First for Veterans.**

**Applicants must indicate whether the CoC has sufficient resources to ensure each veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach.** No

**3B-3. Racial Disparity Assessment. Attachment Required.**

**Applicants must:**  
 1. select all that apply to indicate the findings from the CoC’s Racial Disparity Assessment; or  
 2. select 7 if the CoC did not conduct a Racial Disparity Assessment.

1. People of different races or ethnicities are more likely to receive homeless assistance.	<input type="checkbox"/>
2. People of different races or ethnicities are less likely to receive homeless assistance.	<input checked="" type="checkbox"/>
3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	<input type="checkbox"/>
4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	<input checked="" type="checkbox"/>
5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
7. The CoC did not conduct a racial disparity assessment.	<input type="checkbox"/>

**3B-3a. Addressing Racial Disparities.**

**Applicants must select all that apply to indicate the CoC’s strategy to address any racial disparities identified in its Racial Disparities Assessment:**

1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.	
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	<input checked="" type="checkbox"/>
<b>2. The CoC has identified the cause(s) of racial disparities in their homeless system.</b>	<input type="checkbox"/>
<b>3. The CoC has identified strategies to reduce disparities in their homeless system.</b>	<input checked="" type="checkbox"/>
<b>4. The CoC has implemented strategies to reduce disparities in their homeless system.</b>	<input checked="" type="checkbox"/>
<b>5. The CoC has identified resources available to reduce disparities in their homeless system.</b>	<input checked="" type="checkbox"/>
<b>6: The CoC did not conduct a racial disparity assessment.</b>	<input type="checkbox"/>

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

**Instructions:**

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### 4A-1. Healthcare—Enrollment/Effective Utilization

**Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and effectively utilizing Medicaid and other benefits.**

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

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

**Applicants must:**

- 1. describe how the CoC systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;**
- 2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;**
- 3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in**

**health insurance;**

**4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and**

**5. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits.**

**(limit 2,000 characters)**

- 1) The NHC works to provide annual training to service providers in assisting clients access mainstream resources such as Medicaid, Medicare, SSI/SSDI, TANF and SNAP. Service providers receive training from Medicaid health plan providers to educate service providers to provide enrollment assistance as necessary 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 streamlines coverage for health and behavioral health services. SOAR is being implemented in the region currently.
- 2) CoC projects are responsible for ensuring that clients are enrolled in mainstream resources and receive annual training regarding changes and updates in mainstream resources processes. The NHC has also hired staff to go into each of the emergency shelters and assist clients in accessing mainstream resources including, Medicaid, Medicare, SSI, and SSDI and TANF.
- 3) There are five Medicaid health plan providers in Louisiana, two of which are members of the NHC. This helps to facilitate ongoing relationships with these providers in the community and act as a resource for housing service providers. The NHC PSA has an annual presentation from one of the five Medicaid health plan providers as well as one of the local Federally Qualified Health Centers (FQHC) in the region.
- 4) The NHC works with projects and service providers through CAAS and the group meetings to create a referral system to health and mental health resources to ensure participant’s insurance benefits including Medicaid are helping them to maintain housing stability. The CoC works with state agencies responsible for SNAP, SSI/SSDI, and Medicaid applications to lower barriers to apply for benefits for people experiencing homelessness.
- 5) The NHC is responsible for this strategy.

**4A-2. Lowering Barriers to Entry Data:**

**Applicants must report:**

1. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.	13
2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	13
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

**4A-3. Street Outreach.**

**Applicants must:**

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- 1. describe the CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;**
- 2. state whether the CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;**
- 3. describe how often the CoC conducts street outreach; and**
- 4. describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)**

1) The NHC coordinated entry project conducts outreach at eight service locations (one additional service location added since 2017) in the community on a weekly basis. These locations are geographically dispersed throughout the region and well-known in the community for providing many services to low income

and at-risk persons. Additionally, coordinated entry outreach navigation teams perform street-based outreach on a twice-weekly basis, utilizing a GIS canvassing approach to identify and locate persons who are vulnerable and living in more rural or remote locations.

2) Through the strategies discussed above, the coordinated entry outreach navigation team covers 100% of the geographic area.

3) The outreach team conducts outreach at service-based locations five days per week (Monday-Friday) at eight service locations (churches, feeding locations, community action agencies etc.) and canvasses the geographic area on at least a twice weekly basis, including early morning outreach aimed at finding persons while sleeping to conduct third party homeless verification.

4) Outreach Navigators are trained to serve clients with a variety of barriers and actively search for the most vulnerable who are least likely to request assistance such as those w/o access to phone, internet and transportation; those with disabilities; and other language barriers. The combination of service-based and street canvassing outreach techniques ensures 100% geographic coverage and service to clients who are least likely to request assistance are identified and prioritized appropriately.

**4A-4. RRH Beds as Reported in HIC.**

**Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2018 and 2019.**

	2018	2019	Difference
RRH beds available to serve all populations in the HIC	221	169	-52

**4A-5. Rehabilitation/Construction Costs–New No Projects.**

**Applicants must indicate whether any new project application the CoC ranked and submitted in its CoC Priority Listing in the FY 2019 CoC Program Competition is requesting \$200,000 or more in funding for housing**

**rehabilitation or new construction.**

**4A-6. Projects Serving Homeless under Other Federal Statutes.** No

**Applicants must indicate whether the CoC is requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other federal statutes.**