

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 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.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Yes	Yes	Yes
5.	CoC-Funded Youth Homeless Organizations	Nonexistent	No	No
6.	Disability Advocates	Yes	Yes	Yes
7.	Disability Service Organizations	Yes	Yes	Yes
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	Yes	Yes	No
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	Yes	No	No
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
13.	Law Enforcement	Yes	Yes	Yes
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
15.	LGBT Service Organizations	Nonexistent	No	No
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	No	No	No
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Nonexistent	No	No
21.	Non-CoC-Funded Victim Service Providers	Nonexistent	No	No
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBT persons	Nonexistent	No	No
24.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.				
34.				

By selecting "other" you must identify what "other" is.

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

(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 advertised via public notices, on Facebook, on the website, the mailing list comprised of 425 stakeholders, and at monthly social services meetings held throughout the region. At these social services meetings, including 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 to be a part of the decision-making process. The NHC website has a page dedicated to the Providers and Stakeholders Association, https://northlakehomeless.org/?page_id=624, with the NHC PSA membership agreement available always. 2) Inclusivity is of utmost importance to the NHC – all meeting materials are made available in PDF via the website and the NHC uses language line to provide translations where necessary. 3) The NHC works with all providers to identify/encourage persons experiencing homelessness or formerly homeless persons to join the

CoC. 33% of the CoC Board is comprised of formerly homeless persons. 15% of NHC staff have experienced homelessness. 4) The CoC has done significant work in our geographic area to address equity. We adopted an Equity Vision Statement and CE Policies and Procedures Addendum to address racial disparities in our CoC system. We evaluate CE data on a regular basis to ensure that we are eliminating racial disparities in our region. 50% of the CoC board identify as black and indigenous people of color (BIPOC). 50% of the CoC-funded agencies (including the CA) are led by BIPOC and all ESG-funded agencies are led by BIPOC. Two of our CoC-funded agencies serve persons with disabilities, and we've also had a new agency join the NHC PSA, Easter Seals, Louisiana. Easter Seals serves persons with disabilities and their proposal was selected for the CoC Bonus in this year's application.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(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 425 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.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC’s local competition was open and accepting project applications;	
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
3.	about how project applicants must submit their project applications;	
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.	

(limit 2,000 characters)

1) The NHC notified the public that it would accept and consider proposals from all eligible organizations, including those that have not previously received CoC funding, beginning on Oct 4 when it advertised the NHC PSA Meeting held on Oct 13. This meeting (held to discuss the CoC application and available funding) was advertised on the NHC website, Facebook (2 posts), and with two emails sent to the NHC mailing list of 425 stakeholders (Oct 4, Oct 12). 2) The NHC released two Requests for Proposals for new projects in the FY21 Competition and posted the RFPs to the NHC website, on Facebook (3 posts), and with three emails sent to the NHC mailing list (Oct 29, Nov 18, Nov 24). The RFP states that eligible applicants are not required to have previously received CoC Program funding. 3) The RFP and emails sent re. the RFP detailed how project applicants must submit their project applications. The NHC held two RFP information web conferences on Nov 4 and Nov 18 to respond to any questions respondents may have. The web conferences were advertised on the NHC website, via the mailing list (Oct. 29, Nov. 18) and in the RFPs. 4) The RFPs detailed the scoring and evaluation process that would be used to determine which projects would be submitted to HUD for funding. The Community Evaluation Policy is also publicly available on our website. 5) The NHC strives for inclusivity in all processes; application materials are available in electronically accessible formats (PDF) on our website at https://northlakehomeless.org/?page_id=275. All proposals were required to be submitted electronically by email. A total of four proposals were submitted in response to the two RFPs, two of which submitted by agencies who have not previously received funding.

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

1.	select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or
2.	select Nonexistent if the organization does not exist within your CoC’s geographic area.

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Nonexistent
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

Describe in the field below how your CoC:

1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(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) All the CoCs in Louisiana utilize the statewide HMIS implementation and produce an annual report with Point-in-Time and Housing Inventory Chart data available at <https://public.tableau.com/app/profile/clay.boykin/viz/2020StatewidePIT/2020LouisianaPoint-in-Time>. This report is compiled by the statewide ESG recipient and is made available to the other CP jurisdictions in our geographic area.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	

1C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

Describe in the field below:

1.	how your CoC collaborates with youth education providers;
2.	your CoC's formal partnerships with youth education providers;
3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4.	your CoC's formal partnerships with SEAs and LEAs;
5.	how your CoC collaborates with school districts; and
6.	your CoC's formal partnerships with school districts.

(limit 2,000 characters)

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,000 characters)

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	Yes	No

5.	Federal Home Visiting Program--(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	Yes	No
7.	Healthy Start	No	No
8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors--Annual Training--Best Practices.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:

1. 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 indicate the frequency of the training in your response (e.g., monthly, semi-annually); 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 and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,000 characters)

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors--Using De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your 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 survivors.

(limit 2,000 characters)

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors--Coordinated Assessment--Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

1. prioritize safety;
2. use emergency transfer plan; and
3. ensure confidentiality.

(limit 2,000 characters)

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender--Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7.	Public Housing Agencies within Your CoC's Geographic Area--New Admissions--General/Limited Preference--Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> or the two PHAs your CoC has a working relationship with--if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Louisiana Housing Authority		Yes-Both	Yes
Bogalusa Housing Authority		No	No

You must enter information for at least 1 row in question 1C-7.

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

Describe in the field below:

1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference--if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,000 characters)

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored--For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
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2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes
--	-----

1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

- | | |
|----|---|
| 1. | how your CoC includes the units in its Coordinated Entry process; and |
| 2. | whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs. |

(limit 2,000 characters)

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	No
---	----

1C-7d.1.	CoC and PHA Joint Application—Experience—Benefits.	
	NOFO Section VII.B.1.g.	

If you selected yes to question 1C-7d, describe in the field below:

- | | |
|----|--|
| 1. | the type of joint project applied for; |
| 2. | whether the application was approved; and |
| 3. | how your CoC and families experiencing homelessness benefited from the coordination. |

(limit 2,000 characters)

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
--	-----

1C-7e.1. Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
Bogalusa Housing ...
Louisiana Housing...

1C-7e.1. List of PHAs with MOUs

Name of PHA: Bogalusa Housing Authority

1C-7e.1. List of PHAs with MOUs

Name of PHA: Louisiana Housing Authority

1C. Coordination and Engagement—Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your 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.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First—Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	14
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	14
3.	This number is a calculation of the 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 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First—Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

1C-9b.	Housing First—Veterans.	
	Not Scored—For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
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1C-10. Street Outreach–Scope.	
NOFO Section VII.B.1.j.	

Describe in the field below:

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

(limit 2,000 characters)

1C-11. Criminalization of Homelessness.	
NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC’s geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	No
5.	Other:(limit 500 characters)	

1C-12. Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
NOFO Section VII.B.1.i.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of “Current.”	54	89

1C-13. Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.	
NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

1C-13a.	Mainstream Benefits and Other Assistance—Information and Training.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

1. systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2. communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;
3. working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and
4. providing assistance with the effective use of Medicaid and other benefits.

(limit 2,000 characters)

1C-14.	Centralized or Coordinated Entry System—Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC's coordinated entry system:

1. covers 100 percent of your CoC's geographic area;
2. reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
3. prioritizes people most in need of assistance; and
4. ensures people most in need of assistance receive assistance in a timely manner.

(limit 2,000 characters)

1) The CE system 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 in rural/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. The CE 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.

3) The CE System has incorporated an emphasis on diversion and progressive engagement with clients. Clients are assessed using the Place Value Assessment (PVA), a customizable assessment that supports dynamic housing prioritization with sensitive, meaningful scores. The CAAS Committee adapted its policies so that the current CE Policy is responsive to the COVID-19 and prioritizes those most vulnerable to the virus' severe effects. This addendum was adopted in conjunction with the Equity Vision Statement to ensure that historic and current racial biases and discrimination embedded in our systems, processes, and practices are eliminated.

4) Clients receive intensive crisis intervention services in the first 45 days of assessment and prioritized into available CoC/ESG housing by PVA score. 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.

1C-15.	Promoting Racial Equity in Homelessness—Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	No
2.	People of different races or ethnicities are less likely to receive homeless assistance.	No
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	No
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	No
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	Yes

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

1C-16.	Persons with Lived Experience–Active CoC Participation.	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	7	2
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	4	2
3.	Participate on CoC committees, subcommittees, or workgroups.	7	2

4.	Included in the decisionmaking processes related to addressing homelessness.	4	3
5.	Included in the development or revision of your CoC's local competition rating factors.	6	2

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement 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.	Yes
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, data entry).	No
3.	The CoC works with organizations to create volunteer opportunities for program participants.	No
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	No
6.	Other:(limit 500 characters)	

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
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NOFO Section VII.B.1.q.

Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:

1.	unsheltered situations;
2.	congregate emergency shelters; and
3.	transitional housing.

(limit 2,000 characters)

1D-2.	Improving Readiness for Future Public Health Emergencies.	
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NOFO Section VII.B.1.q.

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
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NOFO Section VII.B.1.q

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

1D-4.	CoC Coordination with Mainstream Health.	
NOFO Section VII.B.1.q.		

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

- | | |
|----|--|
| 1. | decrease the spread of COVID-19; and |
| 2. | ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks). |

(limit 2,000 characters)

1D-5.	Communicating Information to Homeless Service Providers.	
NOFO Section VII.B.1.q.		

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:

- | | |
|----|----------------------------------|
| 1. | safety measures; |
| 2. | changing local restrictions; and |
| 3. | vaccine implementation. |

(limit 2,000 characters)

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
NOFO Section VII.B.1.q.		

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

1D-7.	Addressing Possible Increases in Domestic Violence.	
NOFO Section VII.B.1.e.		

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

1D-8.	Adjusting Centralized or Coordinated Entry System.	
NOFO Section VII.B.1.n.		

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	10/29/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	10/29/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

1. the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2. considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,000 characters)

1E-3. Promoting Racial Equity in the Local Review and Ranking Process.

NOFO Section VII.B.2.e.

Describe in the field below how your CoC:

1. obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;
2. included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;
3. rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).

(limit 2,000 characters)

1E-4. Reallocation—Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criterion below.

NOFO Section VII.B.2.f.

Describe in the field below:

1. your CoC’s reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2. whether your CoC identified any projects through this process during your local competition this year;
3. whether your CoC reallocated any low performing or less needed projects during its local competition this year;
4. why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and
5. how your CoC communicated the reallocation process to project applicants.

(limit 2,000 characters)

1E-4a. Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criterion below.

NOFO Section VII.B.2.f.

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021? Yes

1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	12/03/2021

1E-5a.	Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	12/03/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC’s Consolidated Application was posted on the CoC’s website or affiliate’s website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	12/14/2021
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2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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 - 24 CFR part 578

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	Service Point
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Statewide
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

1. have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and
2. submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.

(limit 2,000 characters)

1) All DV providers within our state have implemented the Empower DB comparable database based on recommendation by the Louisiana Council Against Domestic Violence (LCADV). This provider has not agreed to make the required updates in the HUD-published 2020 HMIS Data Standards; however the LCADV, DV Providers and CoC leads are working to identify another comparable database solution for the state. Each of the three providers operating DV projects in the region (NHC, Safe Harbor, SAFE) have requested new HMIS funding through this year's DV bonus to adequately address identifying and paying for an alternate comparable database solution. 2) The CoC Lead will include language in the CoC Partnership Agreement with the DV providers that requires them to submit de-identified aggregated system performance measures data for each project in the comparable database to the CoC and HMIS lead.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	47	18	24	82.76%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	51	0	51	100.00%
4. Rapid Re-Housing (RRH) beds	89	40	49	100.00%
5. Permanent Supportive Housing	333	0	291	87.39%
6. Other Permanent Housing (OPH)	0	0	0	

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your 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 your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

1) Of the 47 beds on the HIC, there are only five beds that are both Non-DV and not in HMIS. These are emergency motel vouchers given by a local faith-based organization that also serves as a CE community outreach location. Beginning January 2022, the Coordinated Entry Administrator for our region will begin entering these emergency motel vouchers into HMIS via an MOU agreement that has been signed by both the NHC and the provider. 2) This will ensure that our ES coverage is increased to at least 85% moving forward.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
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NOFO Section VII.B.3.c.

Enter the percentage of beds covered in comparable databases in your CoC's geographic area. 100.00%

2A-5b.1. Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b. NOFO Section VII.B.3.c.

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

- 1. steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and
2. how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

N/A

2A-6. Longitudinal System Analysis (LSA) Submission in HDX 2.0. NOFO Section VII.B.3.d.

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST? Yes

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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- 24 CFR part 578

2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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- 24 CFR part 578

2C-1.	Reduction in the Number of First Time Homeless—Risk Factors.	
	NOFO Section VII.B.5.b.	

Describe in the field below:	
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

(limit 2,000 characters)

In FY19 and FY20, 90% entering ES/TH projects were experiencing first-time homelessness. This is a decrease from 92% in FY18. When factoring in PH, there is a decrease in the # of persons experiencing first-time homelessness, from 346 to 301 (13%). Comparing FY20 to FY18, there is a substantial reduction in the number of persons experiencing first-time homelessness, from 570 to 301 – 47% in 2 yrs. 1) The NHC utilizes the Place Value Assessment (PVA) when clients enter coordinated entry. The PVA provides dynamic, meaningful scores based on a) housing type, living situation, health, LOT homeless, and risks/barriers. Risks/barriers include: no income, eviction history, ESL, housing discrimination history, foster care history, bad credit/debt, criminal justice system involvement, emergency visits in last year, and HH size of 6+. The NHC annually reviews this data for all first-time homeless clients to determine prevalent risk factors. 2) The prevalent factors resulting in first-time homelessness are income, lack of public transportation, flooding, and affordable housing. The strategy to address this is the creation of more affordable housing and public transportation. The CE system has focused on prevention and diversion activities, with all NHC and ES staff participating in Cleveland Mediation Center diversion training in 2020. CE assessments focus on diversion/problem-solving, with strengths-based assessment, reality testing of options, provision of referrals to other resources, and assistance in contacting family/friends. The NHC is seeking private foundation dollars to provide flexible funding for diversion activities to bolster these efforts. Plans to develop non-congregate shelter in the region include a diversion specialist. 3) The NHC is responsible for oversight of this strategy, with the CAAS Committee responsible for reviewing risk factors and the Performance Measurement and Evaluation Committee monitoring progress on the system performance measure.

2C-2.	Length of Time Homeless--Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

Describe in the field below:

1.	your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	how your 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 your CoC's strategy to reduce the length of time individuals and families remain homeless.

(limit 2,000 characters)

For FY20, the median length of time (LOT) persons remain homeless in ES is 77 days, an 11 day decrease from the median of 88 in FY19 (despite the fact that COVID-19 significantly increased the length of time of the housing identification process), 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 84 days with the addition of transitional housing providers, but still reflects a 25 day decrease from the median LOT of 109 in FY19. 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. 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 move-in date for each of the housing providers. This data is reviewed at a system level on a quarterly basis. 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 needs as determined by Place Value Assessment (PVA) score and length of time homeless. Outreach Navigators work in the field to locate, assess and house clients with the longest LOT homeless. The current median length of stay in the CE project is 39 days and the median self-reported LOT homeless is 94 days. Only 7% of CE project participants chronically homeless. 3) The NHC is responsible for oversight of this strategy, with the CAAS and Performance Measurement/Evaluation Committees monitoring progress.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:

1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1) When looking at FY20 SPMs in Stella, 88% of the Adult & Child (AC) HH in

our region exited to PH destinations. However, the rate for Adult Only (AO) HH is significantly lower at 63%. Our CE System reviewed the first six months of FY21 CE system data and the rate of PH outcomes for both AC HH and AO HH is significantly higher at 82%. A major factor in the increase of AO HH PH outcomes is a) we were able to operate a non-congregate shelter using ESG-CV funds, which made it significantly easier to work with AO HH that would typically be unsheltered, creating a number of barriers for moving into PH quickly; b) ESG-CV funds were also used to operate the only Men's shelter in our region, with the CE Outreach Navigators going to the shelter on a weekly basis to connect clients to housing; and c) CoC-funded RRH in our region has historically been dedicated to AC HH, but ESG-CV RRH funds were used to house 68 HH, the vast majority of which are AO HH. While ESG-CV funding ends 9/2022, we anticipate an increased need for shelter and housing solutions due to extensive damage from Hurricane Ida. For our region, FEMA determined 32,610 HH eligible for housing assistance, 61,025 HH receiving rental assistance and 177 units of housing destroyed. To meet the needs of the community and increase PH outcomes, we have identified a need for a) non-congregate shelter; b) RRH funds for AO HH; and c) development of affordable rental housing to replace damaged rental stock. In addition to dedicating our CoC bonus RRH for AO HH, we are working with local and statewide stakeholders to create a plan using a mix of HOME-ARP and local and state fiscal recovery funds to address these identified needs. 2) In FY20 SPMs, 96% of our PSH HH remained or exited to PH destinations and 91% of RRH HH exited to PH destinations. We will continue to focus on PH outcomes by monitoring RRH and PSH program performance and case conferencing when a client exits to a temporary, unknown or homeless destination.

2C-4.	Returns to Homelessness—CoC’s Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	

Describe in the field below:	
1.	how your CoC identifies individuals and families who return to homelessness;
2.	your 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 your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,000 characters)

1) The NHC utilizes the Place Value Assessment (PVA) when clients enter coordinated entry. The PVA provides dynamic, meaningful scores based on a) housing type, living situation, health, length of time homeless, and risks and barriers. Risks and barriers include: no income, eviction history, English as a second language, housing discrimination history, foster care history, bad credit/excessive debt, involvement in the criminal justice system, emergency visits in last year, and HH size of 6+. The NHC annually reviews this data for all clients that return to homelessness to determine the prevalent risk factors. 2) In FY20, 5% (337-person universe) of clients returned to homelessness in 12 months of project exit. In FY19, 5% (176-person universe) of clients returned in 12 months. Overall returns within 2 years decreased from 11% in FY19 to 9% in FY20. 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 and 2B of the scorecard evaluates

% of clients who return to homelessness within 6 months and 12 months respectively. 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. 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 and the System Performance and Evaluation Committees providing oversight.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	
	Describe in the field below:	
	1. your CoC’s strategy to increase employment income;	
	2. how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and	
	3. provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase income from employment.	

(limit 2,000 characters)

1) The NHC uses a data-driven strategy to increase employment income. In FY20, 39% of adult system leavers increased employment income (Sys PM 4.3) compared to 27% in FY19, reflecting a 12% increase. Since FY18, increased employment income has increased from 24% to 39%, a 15% increase in two years. 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. 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 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. The NHC also partners with the United Way Prosperity Center, a one-stop financial stability center offering an array of programming, including financial education, credit improvement, IDA matched savings, asset ownership programs and workforce development soft skills. 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.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
NOFO Section VII.B.5.f.		
Describe in the field below how your 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, internships, and employment opportunities for program participants.	

(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 program participants to further recovery and well-being. St. Tammany Parish Government utilizes CSBG funds in partnership with Tri-Parish Workforce solutions to create workforce development and employment opportunities for persons experiencing homelessness. The NHC also partners with the United Way Prosperity Center, a one-stop financial stability center offering an array of programming, including financial education, credit improvement, IDA matched savings, asset ownership programs and workforce development soft skills.

2C-5b.	Increasing Non-employment Cash Income.	
NOFO Section VII.B.5.f.		
Describe in the field below:		
1.	your CoC’s strategy to increase non-employment cash income;	
2.	your CoC’s strategy to increase access to non-employment cash sources; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.	

(limit 2,000 characters)

1) The NHC uses a data-driven strategy to increase access to mainstream resources. In FY20, 53% of adult stayers increased non-employment cash income (Sys PM 4.2) compared to 48% in FY18, representing an increase of 5%. 37% of adult system leavers increased non-employment cash income (Sys PM 4.4) in FY20 compared to 32% in FY18, representing a 5% increase on this metric. Measure 4B of the Community Benchmarks 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/ESG case managers on strategies to increase non-employment cash income, specifically

strategies for accessing mainstream resources. Additionally, NHC CE Outreach Navigators and CoC/ESG case managers will be trained to use SOAR in 2022.
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. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

3A-1.	New PH-PSH/PH-RRH Project—Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
---	----

3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	No
2.	State or local government	No
3.	Public Housing Agencies, including use of a set aside or limited preference	No
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	No

3A-2.	New PSH/RRH Project—Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	No
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	Yes

3A-3.	Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
Easter Seals RRH	RRH	16	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Easter Seals RRH

2. Select the new project type: RRH

3. Enter the rank number of the project on your CoC's Priority Listing: 16

4. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3B-1.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,000 characters)

N/A

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
--	----

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.C.	

If you answered yes to question 3C-1, describe in the field below:

- | | |
|----|---|
| 1. | how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and |
| 2. | how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act. |

(limit 2,000 characters)

N/A

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
--	-----

4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	Yes
2.	PH-RRH or Joint TH/RRH Component	Yes

4A-2.	Number of Domestic Violence Survivors in Your CoC’s Geographic Area.	
	NOFO Section II.B.11.	

1.	Enter the number of survivors that need housing or services:	95
2.	Enter the number of survivors your CoC is currently serving:	67
3.	Unmet Need:	28

4A-2a.	Calculating Local Need for New DV Projects.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and
----	--

2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,000 characters)

1) Our CoC reviewed CE data (HMIS and Comparable Database) to determine the total number of DV survivors needing housing and compared that to the number of housing referrals made for DV survivors over the course of 1 year. For services, we worked with local DV providers in the region to determine service needs. In the NNEDV 15th Annual Report, 92% of Louisiana's unmet DV needs were for housing and shelter. The American Journal of Emergency Medicine reports that the pandemic has increased Domestic Violence by 25 - 33% globally. 2) The CoC utilized HMIS Coordinated Entry data, Comparable Database service data, the NNEDV 15th Annual Report and consultation with the local DV providers in the region. 3) The lack of affordable housing availability, the loss of housing stock due to Hurricane Ida, the increase in DV after natural disasters, the fact that 3 of 5 parishes are rural, and the prevalence of financial abuse in Louisiana are major barriers in meeting the needs of all survivors. In Tangipahoa Parish, several DV safe houses as well as the hotel being used to provide emergency motel vouchers for DV survivors were damaged during Hurricane Ida. If funded, the DV bonus projects will provide transitional housing options to quickly move DV survivors to a safe location.

4A-3.	New Support Services Only Coordinated Entry (SSO-CE) DV Bonus Project–Applicant Information.	
	NOFO Section II.B.11.(c)	

Enter in the chart below information about the project applicant applying for the new SSO-CE DV Bonus project:

1. Applicant Name	Northlake Homeless Coalition
2. Project Name	NHC CAAS DV Expansion II

4A-3a.	New SSO-CE Project–Addressing Coordinated Entry Inadequacy.	
	NOFO Section II.B.11.(c)	

Describe in the field below:

1.	how the current Coordinated Entry is inadequate to address the needs of survivors of domestic violence, dating violence, sexual assault, or stalking; and
2.	how the proposed project addresses inadequacies identified in element 1. above.

(limit 2,000 characters)

The NHC CAAS DV Expansion project uses a multi-location approach in partnership with local domestic violence service providers to ensure all survivors have access to adequate danger assessment and safety planning regardless of which location they access services for housing. The DV Coordinated Entry project works to ensure that not only a survivor’s vulnerabilities to stable housing but also their safety needs are considered in prioritization for housing resources. 1)The CAAS DV Expansion II requests

funding for CE-DV database acquisition and staffing to administer the comparable database. DV providers across the state utilize Empower DB, but this comparable database will not be updated to meet requirements of the 2020 HMIS Data Standards and beyond. As such, additional funding is needed to meet the reporting requirements of this funding. 2) The NHC will utilize a comparable database for DV survivors so that no domestic violence survivors are entered into HMIS should this expansion be funded. With this database and additional staff to manage it, the project will operate more effectively, and survivors' data will be more secure.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.	
	NOFO Section II.B.11.	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects–only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
Safe Harbor
Southeast Spouse ...

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC’s FY 2021 Priority Listing:

1.	Applicant Name	Safe Harbor
2.	Rate of Housing Placement of DV Survivors–Percentage	100.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	33.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2. the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,000 characters)

1) The CoC used Safe Harbor's most recent APR to determine the rate of housing placement and housing retention. There were only three exits in the program during this time so the rate of housing retention is 33% (100% Rapid Rehousing - 1 client; 0% Transitional Housing - 2 clients). Preliminary data from the second year of grant operation show increased rates of housing retention and positive outcomes. The TH/RRH project served 18 persons during the first grant year, but many did not exit until the second year of operation. 2) The CoC reviewed APR data in SAGE. The data was compiled by Safe Harbor using Empower DB, a comparable database.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

1. ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2. prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;
3. connected survivors to supportive services; and
4. moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,000 characters)

1) Safe Harbor has assisted survivors to relocate to safety for 30+ years. In 2019, it received HUD funding to provide TH and RRH housing and services to survivors. Safe Harbor works to house survivors quickly by providing case management, housing advocacy, and building relationships with landlords. Safe Harbor has fostered a long-standing partnership with NHC. It provides an access point for survivors in its service area for NHC staff to meet and assess survivors' housing needs. 2) Safe Harbor partnered with NHC and other area victim service providers to develop CE policies and procedures so survivors are prioritized by barriers to housing stability as well as their safety needs. Survivors are assessed using the Place Value Assessment (PVA) and the Campbell Danger Assessment. When an opening occurs, the DV CE working group meets to discuss referrals. A de-identified spreadsheet is used to collect and manage survivor data (until a comparable database can be purchased; DV providers currently utilize Empower DB but this database does not meet HMIS Data Standards). This spreadsheet is stored and accessed in compliance with VAWA confidentiality requirements. Survivors are prioritized first according to PVA and secondly according to their Danger Assessment weighted score. Other factors such as family size and length of homelessness can also be used for prioritization. 3) Housing Advocates offer supportive services in home or at program facilities per survivors' preferences. Survivors are offered referrals and transportation for services outside of Safe Harbor's scope. 4) Safe Harbor staff work with survivors to provide case management services on a voluntary basis to ensure that survivors have an opportunity to identify barriers to stable housing and to develop a goal plan to address those barriers. Survivors work on self-identified goals, such as employment, and staff link survivors to mainstream benefits to achieve housing stability.

4A-4c.	Ensuring DV Survivor Safety--Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:	
1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

(limit 5,000 characters)

1) Safe Harbor recognizes that safety is the cornerstone of all domestic violence services. As a member program of the Louisiana Coalition Against Domestic Violence, Safe Harbor is required to provide 40 hours of initial staff training and 30 hours of annual staff training. Safety planning is a recurrent training topic. Staff are trained in safety planning through multiple media, including in-person trainings, webinars, and written materials provided to staff. All safety planning trainings utilize the safety plan model developed by Barbara Hart and Jane

Stuehling. Safe Harbor advocates conduct safety planning with all crisis callers and with survivors during an initial intake process. Safety plans are updated monthly and particularly when changes occur in survivors' lives that are known to increase risk from an abusive partner. 2) Physical space inside the program's facilities is designed to ensure privacy and survivors' confidentiality. Staff have separate office spaces with closing doors to meet with survivors privately. White noise machines are used for additional privacy protections. Private office spaces are also provided for staff receiving crisis calls in the same manner. 3) Safe Harbor does not currently provide any services for couples and as such has no need of policies or practices to ensure that couples are interviewed and assessed separately. 4) Safe Harbor's housing advocates are trained to assist survivors to develop a housing plan that prioritizes safety. This safety planning is conducted as a survivor-lead conversation to identify their primary safety concerns in housing, which may include housing location and needs for security devices. Safe Harbor leverages other funding sources to assist survivors to purchase security items, such as door locks and camera systems, when needed to enhance survivors' safety. Survivors assisted through rapid rehousing prioritize safety in choosing their own housing locations. Transitional housing units are scattered throughout the service area to ensure that survivors can select a site that meets their safety as well as other needs. 5) Safe Harbor also operates a congregate shelter facility in a safe and secure manner. The confidential location is monitored through security cameras placed throughout the grounds to ensure coverage of the entire facility. The housing facilities are located behind a privacy fence that can only be accessed through a secure and locked gate. Survivors are able to park their vehicles behind the locked gate as needed for additional security and safety. The grounds are well-lit for safety. Safe Harbor also contracts for monitored alarm systems for all its facilities. All staff procedures for facility maintenance include protocols for checking safety features daily for any issues in functioning or need for repair. Repairs related to security devices are prioritized for immediate service. 6) All program locations, including congregate shelters and transitional housing units, are kept confidential. No locations are published, and no signage is present on the outside of facilities. All vendors, staff, board members, survivors, and any other parties doing business with Safe Harbor, including landlords who have leased transitional units, are required to sign confidentiality agreements with the program to ensure confidentiality of program locations.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety--Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

Safe Harbor evaluates the safety of its facilities and grounds primarily through maintenance logs and records. Protocols for daily checks of facility safety equipment are required to be documented by staff and checked by management. Management ensures that timely repairs are completed around the facilities. Repairs related to security devices are prioritized for immediate service. Safe Harbor policy and procedures also require the use of fire and other emergency drills to prepare staff and resident survivors in case of any

emergency. These drills are also documented. Management also reviews staff training records and documentation, including safety planning training. Staff are required to utilize their private office spaces to meet with survivors and to conduct crisis calls. Records of completed safety plans are stored in the agency’s database (Empower DB). Supervisors oversee all services provided to survivors through file review processes, including ensuring that survivors have been offered safety planning services. The number of safety plans completed by survivors is reported by the agency to its domestic violence funders. Participation in all domestic violence services, including safety planning, is voluntary. However, management provides oversight and support to ensure that at least 95% of survivors receive safety planning services. The agency also surveys survivors regarding their satisfaction with services and their knowledge of safety. Survivors are asked if they feel they have increased knowledge about planning for their own safety. These surveys are conducted monthly in a confidential manner and are reviewed by management. The results of these surveys are reported to the agency’s domestic violence funders.

4A-4d.	Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of the project applicant’s experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

1) Safe Harbor is a member program of the Louisiana Coalition Against Domestic Violence. It is required by Louisiana law to provide its services in a trauma-informed manner using victim-centered approaches. Safe Harbor prioritizes survivor choice in housing by offering all available housing options to survivors in need of housing. Housing advocates explain available housing options to survivors who then may choose from shelter, transitional housing, or rapid rehousing services depending on their assessment of their needs and availability. 2) Safe Harbor follows the housing first model and ensures that the program does not impose barriers that prevent a survivor from receiving the type of housing assistance they have identified best fits their needs. Safe Harbor does not require that survivors have income or participate in any treatment or services to receive housing assistance. Housing advocates offer additional services, including case management and linkage to mainstream benefits, to assist survivors to move rapidly into the housing of their choice and

to progress toward maintaining that housing independently. Safe Harbor designs spaces used to meet with survivors with the intent to minimize power differentials and to create emotional and physical safety. Supportive services are separated from housing assistance, and participation in services is voluntary. Agency policy and procedures prohibit any punitive measures taken against a survivor who does not wish to participate in services. Staff are trained to work with survivors as their collaborative partners in escaping abusive homes and working toward self-identified goals to achieve stability and safety. 3) Shelter and housing advocates are trained to provide domestic violence counseling both individually and in support group settings. This counseling includes information on the impact of trauma as required by the state’s domestic violence program requirements. Staff are trained in this topic by state and national domestic violence partners as part of their initial and annual training requirements. Staff provide information on trauma to survivors through individual counseling, support group, and written materials available to survivors throughout the program’s facilities. 4) Safe Harbor staff use a strengths-based approach in their work with survivors, including assisting survivors to identify their own strengths through the development of individualized goal plans. Survivors identify their own goals and receive assistance to achieve them. 5) To ensure that Safe Harbor is a culturally responsive and inclusive organization, staff receive training, both initially and annually, in cultural competency, equal access, and the agency’s nondiscrimination policies. These trainings are primarily provided through the Louisiana Coalition Against Domestic Violence or nationally recognized domestic violence organizations. The program provides written materials in several languages prominent in its service area, including English, Spanish, and Vietnamese. Safe Harbor has followed the tenets of HUD’s Equal Access Rule even before receiving HUD funding. All survivors are provided the same services, including residential services, regardless of sexual orientation or gender identity. The program attempts to fill staff and board vacancies to represent the cultural and ethnic diversity of its community, including persons with lived experiences in domestic violence and homelessness. The agency has nondiscrimination policies in place in hiring, board recruiting, and in provision of all services. These policies are published on all written materials, including employee handbooks and brochures, as well as the agency’s website. 6) Healing from trauma is often achieved through building relationships and social supports. Safe Harbor provides survivors with opportunities to build relationships with others through support groups and events in congregate living facilities. Staff assist survivors to celebrate holidays and birthdays. Residential staff plan fun and enriching activities that survivors and their children can choose to participate in. Survivors are also encouraged to build their support networks throughout the community. Survivors are assisted to attend any religious activities they wish to observe and may invite spiritual advisors of their choosing to counsel them at program facilities. 7) Family relationships are also impacted by trauma. Safe Harbor offers services with a specially trained child advocate to assist survivors in their parenting and to provide a modicum of childcare. The child advocate offers parenting classes or counseling to survivors both individually and through group sessions. They also conduct a Children’s Support Group during adult group times to ensure that childcare is not a barrier for survivors wishing to attend support group. The child advocate is available to provide short-term childcare for survivors who need to attend various appointments.

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
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NOFO Section II.B.11.

Describe in the field below:

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| 1. | supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and |
| 2. | provide examples of how the project applicant provided the supportive services to domestic violence survivors. |

(limit 5,000 characters)

1) Safe Harbor advocates provide services to survivors and their children even while moving them into the housing of their choice. Many survivors have need of legal advocacy services and receive assistance with protective orders or participation in the civil and/or criminal justice systems while looking for housing. Survivors can access all other agency services such as safety planning, domestic violence counseling, support group, and children advocacy services. Safe Harbor has provided security devices to enhance survivors' safety until they can safely relocate. The agency has leveraged other funding sources to purchase new door locks or low-cost security cameras for survivors. The agency has also placed survivors into hotels at times for their safety until an opening in housing becomes available. Many survivors also need assistance to get other basic needs met, such as clothing, food, and hygiene and baby care items, while they work to become housed. Safe Harbor advocates provide many of these items at no cost to survivors primarily through goods donated to the program, or advocates may link survivors with ongoing needs to community partners, such as food banks, in order to assist them on a long-term basis. Safe Harbor's child advocate has often assisted survivors to register children in new schools and to obtain needed school uniforms and supplies for their children. Housing advocates also work with survivors who have been referred to a housing opening to provide case management services. They assist survivors with housing searches, including transportation assistance. During the housing search, they work with survivors to identify other barriers that may delay their access to housing. They encourage survivors to develop an individualized goal plan to work on these barriers. 2) For example, many survivors have outstanding utility bills that must be paid before they can obtain services in a new location. Advocates work with these survivors to find resources to pay these arrearages while survivors are looking for their new housing location. Other survivors have been assisted to apply for disability benefits for themselves or their children or to obtain employment. Flex funds have been used to pay for childcare for survivors who are employed before other childcare assistance becomes available. Advocates help survivors to apply for mainstream benefits such as food stamps and childcare assistance. The agency has also provided funds to pay for moving services and furnishings for survivors. Through the use of the Allstate Financial Empowerment curriculum and financial safety planning, many survivors are assisted to clear credit issues or take other financial steps, such as opening their own banking accounts, prior to becoming housed.

4A-4f.	Trauma-Informed, Victim-Centered Approaches–New Project Implementation.	
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NOFO Section II.B.11.

Provide examples in the field below of how the new project will:

1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

1) The expansion of Safe Harbor's joint transitional and rapid rehousing project will enable the program to provide housing to more survivors and to target services in underserved areas of its community. Safe Harbor's housing advocates will continue to provide services that prioritize survivors' choice in housing. However, the addition of two transitional housing units in underserved areas will allow for greater choice for survivors who choose to reside in transitional housing. This will increase both their safety and their ability to stay connected to community supports. Safe Harbor will serve 2-4 more households in its rapid rehousing project with this expansion as well. 2) In keeping with its current practices, the agency will continue to offer its services in a manner that creates an environment of mutual respect and one that minimizes power differentials between staff and participants. Safe Harbor will continue to follow the voluntary services model in keeping with the requirements of all domestic violence programs in Louisiana. The provision of supportive services will remain separate, in both time and space, from housing assistance. 3) Safe Harbor advocates will continue to receive training on the impact of trauma and will share that information with survivors through both individual counseling and support groups. Written materials regarding the impact of trauma are also regularly distributed to survivors. Advocates will continue to use victim-centered and strengths-based approaches to case management. 4) Survivors will be encouraged to develop an individualized goal plan with a focus on identifying their own strengths to tackle barriers to housing stability. These goals may include employment, education, and building community supports. 5) The expansion of Safe Harbor's housing program will increase the agency's capacity to be culturally responsive to its community. While much of its service area is suburban, there are many rural and remote areas within the agency's service region. By offering additional transitional housing units in these underserved areas, the agency can more effectively ensure that all survivors will have access to safe housing within the parts of the community of their choice. Survivors from the region's underserved areas will be able to choose from housing options that can assist them to remain physically closer to schools, jobs, and community supports if that is what they desire. 6) Advocates will also continue to assist survivors to build relationships with others through activities and events such as support group. Advocates may plan activities for group participation or may provide transportation for survivors to events in the larger community. 7) Survivors who are participating in the housing program have access to the agency's child advocacy services. These services include parenting classes or counseling as well as assistance with children's needs,

such as connections to new schools or mental and physical healthcare providers.

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC’s FY 2021 Priority Listing:

1.	Applicant Name	Southeast Spouse Abuse Program dba SAFE
2.	Rate of Housing Placement of DV Survivors–Percentage	100.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	87.50%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,000 characters)

1) The CoC used SAFE’s most recent APR to determine the rate of housing placement and housing retention. 7 of the 8 exits in the previous grant year ending 7/31/2021 had permanent housing outcomes. 2) The CoC reviewed APR data in SAGE and the Community Benchmarks Scorecard. The data for both the APR and the scorecard were generated by SAFE using a comparable database.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;

3.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,000 characters)

1) SAFE has assisted survivors to relocate to safety since 1982. In 2000, it received HUD funding to provide TH to survivors. The program changed to a RRH model several years ago in keeping with its' scattered site program model. SAFE works to house survivors quickly by providing case management, housing advocacy, and building relationships with landlords. SAFE has fostered a long-standing partnership with NHC. It provides an access point for survivors in its service area to assess survivors' housing needs. 2) SAFE partnered with NHC and other area victim service providers to develop CE policies and procedures that allow for survivors to be prioritized in a manner that assesses their barriers to housing stability and their safety needs. Survivors are assessed using the Place Value Assessment (PVA) and the Campbell Danger Assessment. When openings occur, the DV CE working group meets to discuss referrals. A de-identified spreadsheet is used to collect and manage survivor data (until a comparable database can be purchased; DV providers currently utilize Empower DB but this database does not meet HMIS Data Standards). This spreadsheet is stored and accessed in compliance with VAWA confidentiality requirements. Survivors are prioritized first according to their Place Value score and secondly according to their Danger Assessment weighted score. 3) Housing Advocates offer supportive services in home or at program facilities per survivors' preferences. Survivors are offered referrals, linkage, and transportation assistance for services outside of SAFE's scope. 4) SAFE's staff work with survivors to provide case management services on a voluntary basis to ensure that survivors have an opportunity to identify barriers to stable housing and to develop a goal plan to address those barriers. Survivors work on self-identified goals, such as employment, and staff link survivors to mainstream benefits to achieve housing stability and self-sufficiency.

4A-4c.	Ensuring DV Survivor Safety—Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:

1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

(limit 5,000 characters)

1) SAFE recognizes that safety is the cornerstone of all domestic violence services. As a member program of the Louisiana Coalition Against Domestic Violence, SAFE is required to provide 40 hours of initial staff training and 30

hours of annual staff training. Safety planning is a recurrent training topic. Staff are trained in safety planning through multiple media, including in-person trainings, webinars, and written materials provided to staff. All safety planning trainings utilize the safety plan model developed by Barbara Hart and Jane Stuehling. SAFE advocates conduct safety planning with all crisis callers and with survivors during an initial intake process. Safety plans are updated intermly and particularly when changes occur in survivors' lives that are known to increase risk from an abusive partner. 2) Physical space inside the program's facilities is designed to ensure privacy and survivors' confidentiality. Staff have separate office spaces with closing doors to meet with survivors privately. White noise machines are used for additional privacy protections. Private office spaces are also provided for staff receiving crisis calls in the same manner. 3) 3) SAFE does not currently provide any services for couples and as such has no need of policies or practices to ensure that couples are interviewed and assessed separately. 4) SAFE's housing advocates are trained to assist survivors to develop a housing plan that prioritizes safety. This safety planning is conducted as a survivor-lead conversation to identify their primary safety concerns in housing, which may include housing location and needs for security devices. Safe Harbor leverages other funding sources to assist survivors to purchase security items, such as door locks and low-cost camera systems, when needed to enhance survivors' safety. Survivors assisted through rapid rehousing prioritize safety in choosing their own housing locations. Transitional housing units are scattered throughout the service area to ensure that survivors can select a site that meets their safety as well as other needs. 5) SAFE also operates a shelter program through 3 separate single-family residents throughout its service area and through the use of hotels. These confidential locations are monitored through security cameras placed to ensure coverage of the entire facility. Security cameras are monitored 24/7. All doors at shelter and program facilities have coded access. The grounds are well-lit for safety. SAFE also contracts for monitored alarm systems for all its facilities. All staff procedures for facility maintenance include protocols for checking safety features daily for any issues in functioning or need for repair. Repairs related to security devices are prioritized for immediate service. 6) All program locations are kept confidential. No locations are published, and no signage is present on the outside of facilities. All vendors, staff, board members, survivors, and any other parties doing business with Safe Harbor, including hotel management and landlords who have leased homes used for shelter, are required to sign confidentiality agreements with the program to ensure confidentiality of program locations.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety--Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

SAFE evaluates the safety of its facilities and grounds primarily through maintenance logs and records. Protocols for daily checks of facility safety equipment are required to be documented by staff and checked by management. Management ensures that timely repairs are completed around

the facilities. Repairs related to security devices are prioritized for immediate service. SAFE’s policy and procedures also require the use of fire and other emergency drills to prepare staff and resident survivors in case of any emergency. These drills are also documented. Management also reviews staff training records and documentation, including safety planning training. Staff are required to utilize their private office spaces to meet with survivors and to conduct crisis calls. Records of completed safety plans are stored in the agency’s database (Empower DB). Supervisors oversee all services provided to survivors through file review processes, including ensuring that survivors have been offered safety planning services. The number of safety plans completed by survivors is reported by the agency to its domestic violence funders. Participation in all domestic violence services, including safety planning, is voluntary. However, management provides oversight and support to ensure that at least 95% of survivors receive safety planning services. The agency also surveys survivors regarding their satisfaction with services and their knowledge of safety. Survivors are asked if they feel they have increased knowledge about planning for their own safety. These surveys are conducted monthly in a confidential manner and are reviewed by management. The results of these surveys are reported to the agency’s domestic violence funders.

4A-4d.	Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of the project applicant’s experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

1) SAFE is a member program of the Louisiana Coalition Against Domestic Violence. It is required by Louisiana law to provide its services in a trauma-informed manner using victim-centered approaches. SAFE prioritizes survivor choice in housing by offering all available housing options to survivors in need of housing. Housing advocates explain available housing options to survivors who then may choose from shelter, transitional housing, or rapid rehousing services depending on their own assessment of their needs and availability. 2) SAFE also follows the housing first model and ensures that the program does not impose barriers that prevent a survivor from receiving the type of housing assistance they have identified best fits their needs. SAFE does not require that survivors have income or participate in any treatment or services to receive

housing assistance. Housing advocates offer additional services, including case management and linkage to mainstream benefits, to assist survivors to move rapidly into the housing of their choice and to progress toward maintaining that housing independently. SAFE designs spaces used to meet with survivors with the intent to minimize power differentials and to create emotional and physical safety. Supportive services are separated from housing assistance, and participation in services is completely voluntary. Agency policy and procedures prohibit any punitive measures taken against a survivor who does not wish to participate in services. Staff are trained to work with survivors as their collaborative partners in escaping abusive homes and working toward self-identified goals to achieve stability and safety. 3) Shelter and housing advocates are trained to provide domestic violence counseling both individually and in support group settings. This counseling includes information on the impact of trauma as required by the state’s domestic violence program requirements. Staff are trained in this topic by state and national domestic violence partners as part of their initial and annual training requirements. Staff provide information on trauma to survivors through individual counseling, support group, and written materials available to survivors throughout the program’s facilities. 4) SAFE’s staff use a strengths-based approach in their work with survivors, including assisting survivors to identify their own strengths through the development of individualized goal plans. Survivors identify their own goals and receive assistance to achieve them. 5) To ensure that SAFE is a culturally responsive and inclusive organization, staff receive training, both initially and annually, in cultural competency, equal access, and the agency’s nondiscrimination policies. These trainings are primarily provided through the Louisiana Coalition Against Domestic Violence or nationally recognized domestic violence organizations. The program provides written materials in several languages prominent in its service area, including English, Spanish, French, and Vietnamese. SAFE follows the tenets of HUD’s Equal Access Rule. All survivors are provided the same services, including housing services, regardless of sexual orientation or gender identity. The program attempts to fill staff and board vacancies to represent the cultural and ethnic diversity of its community, including persons with lived experiences in domestic violence and homelessness. The agency has nondiscrimination policies in place in hiring, board recruiting, and in provision of all services. These policies are published on all written materials, including employee handbooks and brochures, as well as the agency’s website. 6) Healing from trauma is often achieved through building relationships and social supports. SAFE provides survivors with opportunities to build relationships with others through support groups and events in the community. Staff assist survivors to celebrate holidays and birthdays. Survivors are also encouraged to build their support networks throughout the community. Survivors are assisted to attend any religious activities they wish to observe and may invite spiritual advisors of their choosing to counsel them at program facilities. 7) Family relationships are also impacted by trauma. SAFE offers services with a specially trained youth advocate to assist survivors in their parenting. The youth advocate offers parenting classes or counseling to survivors both individually and through group sessions. They also conduct a Children’s Support Group during adult group times to ensure that childcare is not a barrier for survivors wishing to attend support group.

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.

(limit 5,000 characters)

1) SAFE’s advocates provide services to survivors and their children even while moving them into the housing of their choice. Many survivors have need of legal advocacy services and receive assistance with protective orders or participation in the civil and/or criminal justice systems while looking for housing. Survivors are able to access all other agency services such as safety planning, domestic violence counseling, support group, and youth advocacy services. SAFE has provided security devices to enhance survivors’ safety until they can safely relocate. 2) The agency has leveraged other funding sources to purchase new door locks or inexpensive security cameras for survivors. Flex funds have also been used for low-cost vehicle repairs. Many survivors also need assistance to get other basic needs met, such as clothing, food, and hygiene and baby care items, while they work to become housed. SAFE advocates provide many of these items at no cost to survivors primarily through goods donated to the program, or advocates may link survivors with ongoing needs to community partners, such as food banks, in order to assist them on a long-term basis. SAFE’s youth advocate has often assisted survivors to register children in new schools and to obtain needed school uniforms and supplies for their children. Housing advocates also work with survivors who have been referred to a housing opening to provide case management services. They assist survivors with housing searches, including transportation assistance. During the housing search, they work with survivors to identify other barriers that may delay their access to housing. They encourage survivors to develop an individualized goal plan to work on these barriers. For example, many survivors have outstanding utility bills that must be paid before they can obtain services in a new location. Advocates work with these survivors to find resources to pay these arrearages while survivors are looking for their new housing location. Other survivors have been assisted to apply for disability benefits for themselves or their children or to obtain employment. Advocates help survivors to apply for mainstream benefits such as food stamps and childcare assistance. The agency has also provided funds to pay for moving services and furnishings for survivors. Through the use of the Allstate Financial Empowerment curriculum and financial safety planning, many survivors are assisted to clear credit issues or take other financial steps, such as opening their own banking accounts, prior to becoming housed.

4A-4f.	Trauma-Informed, Victim-Centered Approaches–New Project Implementation.	
	NOFO Section II.B.11.	

	Provide examples in the field below of how the new project will:
1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;

4.	place emphasis on program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

1) SAFE has assisted survivors to relocate to safe housing using trauma-informed and victim-centered approaches for many years. Survivors of domestic violence have need of transitional housing options for many reasons. Due to the impact of economic abuse, a very common abuse tactic particularly among persons experiencing domestic violence in rural communities, survivors frequently have bad credit, poor rental histories, and unstable work histories. They may not be able to lease an apartment until they have had time and opportunity to work on these issues. They may fear being found by their abusive partner if they were to have a lease and/or utilities in their own name. Hurricane Ida decimated many of our communities’ affordable housing units, and survivors may be unable to find an apartment to lease that they feel they can afford when assistance ends. If funded, SAFE will lease two transitional housing units through a clustered site apartment model to increase survivors’ options in housing. SAFE will also serve an additional 3-4 families in the successful rapid rehousing program it has operated for many years. The addition of transitional housing and an increase in rapid rehousing resources will help SAFE to better serve survivors experiencing homelessness in our service area which consists primarily of rural, underserved communities. SAFE will continue to use the same practices in allowing survivors to chose among available housing options the housing type that they think best fits their needs. 2) SAFE’s advocacy practices are trauma-informed and victim-centered, as required of all domestic violence service providers by Louisiana law. SAFE works to design and implement advocacy policies that create a professional relationship with survivors based on mutual respect and empowerment, a relationship in which advocates and survivors are equal, collaborative partners working together to increase survivors’ safety and security. Supportive services and housing assistance are treated separately, and SAFE will continue to follow the voluntary services model. No punitive measures will be taken against a survivor who does not wish to participate in supportive services. 3) SAFE will continue to train its staff on the impact of trauma through both initial and annual training. Advocates share information about trauma with survivors through individual counseling, support groups, and written materials available to survivors throughout the program’s facilities. 4) SAFE housing advocates will continue to offer case management and other services intended to assist survivors to identify their own strengths to address barriers to housing stability. Advocates will encourage and assist survivors to develop individualized goal plans with a focus on identifying strengths to address barriers to housing stability. Examples of these personalized goals often include employment, education, and linkage to mainstream benefits and community supports. 5) SAFE is an organization that is culturally responsive and inclusive. Staff and board members are recruited with consideration for equal representation among our communities’ populations. All Staff and board members receive initial and annual training on equal access, cultural competency, and the agency’s nondiscrimination policies. The additional of transitional housing and rapid rehousing resources will allow the agency to be more responsive to the cultural needs of survivors. By

increasing choice in housing throughout its service area, SAFE will be able to serve survivors in these underserved areas in locations that are better suited to their safety and personal needs. 6)Survivors are offered opportunities for connection through weekly support group services. Housing advocates also assist survivors to build their connections and support systems within the community through referrals and transportation assistance for such needs as mental and physical healthcare appointments and spiritual counseling. 7) SAFE will also continue to offer its full array of services, including youth advocacy, to all survivors participating in its housing programs. Survivors will be able to access youth advocacy for parenting classes or counseling, assistance with connections to local schools, and for youth group activities.