

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Northlake Homeless Coalition

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

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

Other:(limit 50 characters)		

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

1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or 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 NHC website, via the NHC mailing list comprised of 210 persons, and at monthly service provider meetings held within the region. In addition to the announcement of meetings, 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 (proposed by committees of of the CoC), the NHC PSA are provided with proposed policies and procedures and a public comment period is established to ensure ample participation and 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 Providers and Stakeholders Association 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.

1B-2.Open Invitation for New Members. Applicants must describe:

- (1) the invitation process;**
 - (2) how the CoC communicates the invitation process to solicit new members;**
 - (3) how often the CoC solicits new members; and**
 - (4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.**
- (limit 2,000 characters)**

- 1) The NHC Providers and Stakeholders Association meets on a bi-monthly basis, with meetings that are open to the public and are advertised via public notices in the newspaper, on the NHC website, the mailing list comprised of 210 stakeholders, and at monthly social services meetings held throughout the region. At these social services meetings, which include the St. Tammany Commission on Families and the Tangipahoa Social Services Coalition, the NHC invites all members of the community to attend the NHC PSA meetings as new members, to participate on committees and subcommittees and to be a part of the decision-making process. The NHC website has a page dedicated to the Providers and Stakeholders Association, <http://northlakehomeless.org/nhcpsamembership>, with the NHC PSA membership agreement available at all times.
- 2) The CoC membership invitation process is communicated via the following methods: public notices in the newspaper prior to each of the NHC PSA meetings; via the NHC website, <http://northlakehomeless.org/nhcpsamembership>; via the NHC mailing distribution list comprised of 210 stakeholders; via the NHC facebook page; and at monthly social service provider meetings in the region.
- 3) The NHC solicits new members on a bi-monthly basis.
- 4) Homeless and formerly homeless persons are encouraged to join the CoC throughout the coordinated entry outreach navigation process. Additionally, homeless service providers are asked to identify current and former clients that can participate in the Providers and Stakeholders Association.

1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals. (limit 2,000 characters)

The CoC notified the public that it would accept and consider proposals from all eligible organizations, including ones that have not previously received CoC funding, beginning on July 3, 2018 when it advertised the NHC Providers and Stakeholders Association Meeting, which was held on July 11, 2018. The meeting (held to discuss the CoC Application and available funding) was advertised on the NHC website, via public notice in the newspaper and with four emails sent to the NHC mailing distribution list of 210 stakeholders (sent on the following dates: July 3, July 5, July 9, July 11). The NHC released two Requests for Proposals for new projects in the 2018 CoC Competition on July 16, 2018. The requests for proposals were posted to the NHC website, via public notice in the newspaper and with four emails sent to the NHC mailing distribution list (sent on the following dates: July 16, July 24, August 8, August 13). The NHC also held two RFP informational web conferences on July 25 and August 7 to respond to any questions respondents may have. The web conferences were advertised on the NHC website, via the mailing list and in the RFPs. Two organizations that have not previously received CoC Program funding were selected as project sponsors in the current application.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

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

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

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

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:

- (1) objective criteria;**
- (2) at least one factor related to achieving positive housing outcomes;**
- (3) a specific method for evaluating projects submitted by victim services providers; and**
- (4) attach evidence that supports the process selected.**

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

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:

- (1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and**
 - (2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.**
- (limit 2,000 characters)**

1) In 2017, the NHC implemented a Community Benchmarks Scorecard and Community Evaluation process that considers the severity of needs and vulnerabilities experienced by project participants. The specific needs and vulnerabilities considered in the evaluation process are: client with zero income at entry; domestic violence survivors; chronic homelessness; veterans; youth aged 18-24; and literal homelessness.

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

particularly in a rural geography.

- 1E-3. Public Postings.** Applicants must indicate how the CoC made public:
- (1) objective ranking and selection process the CoC used for all projects (new and renewal);**
 - (2) CoC Consolidated Application—including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and**
 - (3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.**

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	<input type="checkbox"/>	CoC or other Website	<input type="checkbox"/>
Email	<input type="checkbox"/>	Email	<input type="checkbox"/>
Mail	<input type="checkbox"/>	Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>	Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>	Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>	Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC’s ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: Yes

- 1E-5. Local CoC Competition.** Applicants must indicate whether the CoC:
- (1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline—attachment required;**
 - (2) rejected or reduced project application(s)—attachment required; and**
 - (3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline—attachment required. :**

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
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(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

2A-1a. Applicants must: (1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA). (1) Pages 4-7 specify the roles and responsibilities of the 3 parties identified in the LSND/CoC/HMIS Joint Governance Agreement, (2) the attached document is an Memorandum of Agreement

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required. Yes

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

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

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	49	12	27	72.97%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	126	0	119	94.44%
Rapid Re-Housing (RRH) beds	221	48	173	100.00%
Permanent Supportive Housing (PSH) beds	372	0	295	79.30%
Other Permanent Housing (OPH) beds	0	0	0	

2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months. (limit 2,000 characters)

Bed coverage does not meet the standard of 85% in two of the reporting project types – Emergency Shelter and Permanent Supportive Housing. Of the 37 non-DV ES beds, 10 of the beds are operated by a ministry with limited capacity and resources. The CoC lead has received ESG funding that is being used to provide case management and HMIS data entry services, as part of coordinated entry processes. The HMIS lead will partner with the coordinated entry staff to record shelter data as well. With the implementation of these services, the CoC anticipates increases in the HMIS coverage rates for ES beds to 100%.

The gap in PSH bed coverage is reflective of the three public housing authorities that hold HUD-VASH vouchers but do not participate in HMIS. There are no direct allocations of HUD-VASH vouchers to any of the PHAs within the CoC, and all vouchers are the result of veterans who have ported to one of seven housing authorities that operate within the CoC’s jurisdiction. The HMIS lead has been successful in garnering participation by one of the PHAs (23 of the 100 reported VASH voucher beds), primarily as they also use HMIS for managing client data for three of their other federally-funded projects. The CoC is looking to solicit better integration with the remaining PHAs that are hosting VASH vouchers to manage housing data in the HMIS, as part of efforts to expand partnerships with veterans’ homeless services providers.

It is important to note that the strategies discussed above are a continuation of successful efforts to increase HMIS bed coverage in the region. In 2017, bed coverage for Emergency Shelter was 56.25% and current bed coverage is 72.97%, an increase of 16.72% in the past year. Similarly, in 2017 bed coverage for Transitional Housing was 66.94% and current bed coverage is 94.44%, an increase of 27.5% in the past year.

**2A-6. AHAR Shells Submission: How many 12
2017 Annual Housing Assessment Report
(AHAR) tables shells did HUD accept?**

2A-7. CoC Data Submission in HDX. 04/30/2018

**Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).
(mm/dd/yyyy)**

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy). 01/22/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy). 04/30/2018

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC’s sheltered PIT count results.
 (limit 2,000 characters)**

The 2018 sheltered PIT count deviated from the timing of surveying that was standard for all previous PIT counts. Prior to 2018, including 2017, sheltered counts were conducted throughout the 4 days following the night of the PIT, with surveyed persons being asked where they resided on the specific night of the count. This year, the PIT planning team were able to recruit volunteer surveyors to conduct interviews with all willing residents in the 6 non-DV shelter facilities within the CoC on the actual night of the PIT count. This change to the methodology ensured full participation from residents. In previous counts, there were occasions when shelter residents left facilities before the PIT count was conducted and other data sources were used to provide adequate data to include these persons in the count. The need for using other non-HMIS data sources to glean information about persons who did not participate in the survey but were included in the PIT count was significantly reduced from 2017. In addition, the HMIS lead staff were able to cross-reference surveyed persons with enrollments of sheltered persons per provider to improve data quality for the count and to address any discrepancies to client responses to the HMIS data elements.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? Yes

2C-2a. If “Yes” was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	7
Beds Removed:	28
Total:	-21

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, No

transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC’s 2018 sheltered PIT count?

2C-3a. If “Yes” was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable. No

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count? Yes

2C-5a. If “Yes” was selected for question 2C-5., applicants must describe: (1) how stakeholders serving youth experiencing homelessness were engaged during the planning process; (2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and (3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count. (limit 2,000 characters)

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

police officer who suspected they were occupied by persons younger than age 24. (3) To assist with identifying other locations, the few persons who were unsheltered and age 24 or younger were asked about other possible locations where outreach staff may be able to engage youth experiencing homelessness.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:

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

(limit 2,000 characters)

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

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	409
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3A-1a. Applicants must:

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

In FY 16, there were 300 persons entering ES, SH and TH projects with no prior enrollments in HMIS versus 264 persons in 2017, representing a 12% decrease in persons entering ES and TH for the first time. There were 135 persons who entered PH in FY 16, with 76% (103) experiencing homelessness for the first time. In FY 17, there were 164 persons entering PH, with 88% (145) experiencing homelessness for the first time. Both the 21% increase in overall clients entering PH in FY 17 and the increase of the % of those experiencing homelessness for the first time are attributed to flooding in Livingston, St. Helena and Tangipahoa, Parishes with homeless PH resources being utilized by flood victims after the federally declared disaster.

1. The NHC utilizes the VI-SPDAT tool along with a housing barriers assessment form when clients enter coordinated entry. The VI-SPDAT looks at the factors related to the history of housing/homelessness, risks, socialization/daily functioning, and wellness to generate the VI-SPDAT score. The housing barriers assessment examines additional factors that may influence a person’s ability to access housing, including previous rental history, criminal record and income. The NHC annually reviews the data of all clients that became homeless for the first time to determine the prevalent risk factors.
2. The most prevalent factors resulting in first-time homelessness are income, lack of public transportation, flooding disasters and affordable housing access. Our long-range strategy to address this is the creation of more affordable housing and public transportation resources. Currently, the NHC is seeking CRA funds to create additional homeless prevention resources for those at risk of homelessness.
3. The NHC is responsible for oversight of this strategy, with the CAAS Oversight Committee responsible for reviewing prevalent risk factors and the

Performance Measurement and Evaluation Committee monitoring progress on the system performance measure.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC’s strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

1) For FY 17, the avg length of time persons remain homeless in emergency shelters is 65 days, an increase from 23 in FY 16. This is due to a decrease in the usage of motel vouchers (1-2 nights per voucher) in FY 17. The avg length of time persons remain homeless increases to 134 days with the addition of transitional housing providers, which includes a non-funded provider that requires a 1 yr commitment for entry into the program. 2) The NHC employs a data-driven strategy to reduce the length of time persons remain homeless via the Community Benchmarks Scorecard. The scorecard monitors and evaluates systemwide and individual project performance on the System Performance Measures. Measure 1A of the scorecard evaluates the time it takes from assessment by the coordinated entry system until the client’s homeless status is certified. The current median for Measure 1A (days between entry and certification) is 5 days for individuals and 3 days for families. Measure 1A assesses the efficiency of the coordinated entry system. This data is reviewed by the CAAS Committee at twice-monthly meetings. Measure 1B of the scorecard evaluates length of time between the referral date and the housing date for each of the housing providers. The current median for Measure 1B (days between referral and housing move in date) is 24 days. This data is reviewed at a system level on a quarterly basis. Additionally, Measure 1B is one of the metrics used to evaluate individual project performance during the annual project ranking process. 3) The NHC has adopted HUD CPD Notice 16-11 and prioritizes clients into housing based on severity of needs as determined by VI-SPDAT score and length of time homeless as verified via coordinated entry. Outreach Navigators work in the field to locate, assess and house clients with the longest lengths of time homeless. 4) The NHC is responsible for oversight of this strategy, with the CAAS and Performance Measurement/Evaluation Committees monitoring progress.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

Percentage

Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	47%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	97%

3A-3a. Applicants must:

(1) describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and (2) describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1) In FY17, the CoC increased the rate at which persons in ES, TH and PH-RRH exit to permanent housing destinations by 3%. Our strategy to increase exits to PH destinations is two-fold. For persons exiting CoC-funded PH-RRH, exits to PH destinations is 96% across all programs, with the lowest performing project at 85% and the highest performing project at 100%. Our strategy to increase exits to PH destinations from PH-RRH projects is to work with the lower performing project to address issues impacting PH outcomes and replicate strategies for successful PH outcomes from the higher performing projects, where applicable. For persons in ES and TH programs, our strategy is to improve PH outcomes via the coordinated entry process, with outreach navigators on-site at ES and TH locations on a weekly basis to assist clients. Additionally, the CoC is working to create additional resources that will increase housing opportunities for those exiting ES and TH locations. In this year’s application, the CoC applied for a joint transitional housing and RRH project to provide RRH resources and operational support to an existing TH provider, with the goal of decreasing the length of time that clients reside in the TH program and to provide a PH resource for those clients exiting the TH program. The NHC is also seeking CRA funds to create additional PH-RRH resources in the community. These strategies will be monitored by CAAS Oversight and Performance Measurement/Eval Committees. 2) Successful exits and retentions in PH Projects (excluding PH-RRH) remains at 97% for our region. The NHC will continue to work with PH housing providers to ensure that PH exits and retentions remains above 95% for our region via a data-driven process comprising community benchmarks scorecard reporting and monitoring of this measure on a quarterly basis as well as case conferencing required via the CAAS Committee that occurs when a client exits a PH program to a destination other than permanent housing.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

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

3A-4a. Applicants must:

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(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the CoC’s strategy to reduce the rate of additional returns to homelessness; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the rate individuals and persons in families returns to homelessness.
(limit 2,000 characters)

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

2) In FY 16, 4% of clients returned to homelessness within 6-12 months versus 1% of clients returning to homelessness within 6-12 months in FY 17. The NHC employs a data-driven strategy to reduce returns to homelessness via the Community Benchmarks Scorecard. The scorecard monitors and evaluates systemwide and individual project performance on the System Performance Measures. Measure 2A of the scorecard evaluates the percentage of clients who return to homelessness within 6 months and Measure 2B evaluates the percentage of clients who return to homelessness within 12 months. Systemwide data for these measures is monitored and evaluated on a quarterly basis to identify any issues to be addressed at both the individual project and system levels. Additionally, Measures 2A and 2B are used to evaluate individual project performance regarding returns to homelessness during the annual project ranking process. The NHC also utilizes the common factors that cause returns to homelessness in our region to provide training and technical assistance to housing providers so that factors contributing to returns to homelessness can be effectively addressed via client case management planning.

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

3A-5. Job and Income Growth. Applicants must:

(1) describe the CoC’s strategy to increase access to employment and non-employment cash sources;
(2) describe how the 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 the CoC’s strategy to increase job and income growth from employment.
(limit 2,000 characters)

1) The NHC uses a data-driven strategy to increase access to employment and mainstream benefits. In FY 17, 44% of adult stayers increased total income (Sys PM 4.3) compared to 15% in FY 16, representing a 29% increase on this metric. 45% of adult system leavers increased total income (Sys PM 4.6) in FY 17 compared to 29% in FY 16, representing a 16% increase on this metric. The

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

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

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

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy) 05/30/2018

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:**
- (1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and**
 - (2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.**

Total number of beds dedicated as DedicatedPLUS	
Total number of beds dedicated to individuals and families experiencing chronic homelessness	
Total	0

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required. Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

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

3B-2.2. Applicants must:

- (1) describe the CoC’s current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;**
 - (2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and**
 - (3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.**
- (limit 2,000 characters)**

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

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

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

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input type="checkbox"/>
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	<input type="checkbox"/>

CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

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

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

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

**3B-2.6. Applicants must describe the CoC's strategy to increase:
 (1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
 (2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
 (limit 3,000 characters)**

1) In the LA-506 region, there have been no households that have been identified as comprised solely of children (unaccompanied youth) and the NHC identified a total of 11 persons ages 18-24 in the 2018 PIT Count. The number of youth ages 18-24 included in the 2018 PIT Count represents a 39% decrease in comparison to the 2017 PIT Count. Our strategy to address youth ages 18-24 has been to prioritize these households in our coordinated entry process, particularly youth households with children, through the available RRH programs targeted for families with children and to provide intensive case management centered on life skills, budgeting and employment and income growth for this population. Additionally, The NHC works very closely with the local emergency shelters, Family Promise St. Tammany and the Caring Center Slidell, so that case management and navigation services are offered in the

emergency shelter on a weekly basis to quickly rehouse persons experiencing homelessness, with an emphasis on struggling young families ages 18-24. The NHC is seeking private funds to expand RRH resources in the community, which will also benefit this population.

2) In the LA-506 region, there have been no households that have been identified as comprised solely of children and the NHC identified a total of 3 unsheltered homeless persons ages 18-24 in the 2018 PIT Count. The number of unsheltered homeless youth ages 18-24 represents a 63% decrease in comparison to the 2017 PIT Count. Our strategy to address unsheltered youth ages 18-24 has been to prioritize these households in our coordinated entry process. While there are no projects dedicated specifically to house unsheltered youth ages 18-24, this population comprises 22% of the households that received assistance through CoC-funded RRH projects in 2017. The NHC is seeking private funds to expand RRH resources in the community, which will also benefit this population.

3B-2.6a. Applicants must:

(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;

(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and

(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC’s strategies.

(limit 3,000 characters)

1)The evidence the CoC uses to measure both strategies in question 3B-2.6 are: the reductions in youth homelessness (18-24) when comparing PIT Counts; and the increases in the percentage of youth (18-24) being served in CoC-funded programs. In 2016, the median percentage of youth clients being served in RRH programs was 19%, while in 2017, the median percentage of youth clients being served in RRH programs increased to 22%.

2)In addition to comparing youth homeless counts in successive PIT Counts and comparing the share of RRH resources being used to assist youth ages 18-24, the NHC will also conduct an analysis of clients who were assessed via coordinated entry over the year to determine whether youth are effectively accessing resources via the homeless services system. This analysis will include the number of youth clients who were assessed, the percentage of youth clients who were able to successfully access CoC resources and the percentage of youth clients who had permanent housing outcomes. This will be compared with the same metrics described above for the overall homeless population to determine any disparities and/or barriers preventing youth from accessing housing and services.

3) The NHC has believes these measures are an appropriate way to determine effectiveness because the measures evaluate:

a. progress in reductions of youth homelessness at a standard point in time from year to year (PIT Count);

b. Effectiveness of coordinated entry processes to increase availability of housing and services for the youth population by effectively targeting more existing resources to serve this population; and

c. Analysis of youth homelessness over the course of a year and a comparison with the overall homeless population to determine disparities and barriers to housing.

These various measures give a complete picture of both who is being served and what gaps in services remain.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:

- (1) youth education providers;**
 - (2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);**
 - (3) school districts; and**
 - (4) the formal partnerships with (1) through (3) above.**
- (limit 2,000 characters)**

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

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

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

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

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services. (limit 2,000 characters)

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

their eligibility for educational services at intake and as necessary thereafter.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”. Applicants must select “Yes” or “No”, from the list below, if the CoC has written formal agreements, MOU/MOA’s or partnerships with providers of early childhood services and support.

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

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 2,000 characters)

Currently, the NHC outreach team identifies Vets and assesses their levels of engagement with VA services, based upon clients’ self-disclosures, as part of coordinated entry. Coordinated entry clients are referred to the local VAMCs for eligibility determinations. The NHC formed a Committee to End Veteran Homelessness, with the first meeting held July 2016 and SSVF providers, the GPD provider and VA staff agreeing to participate. Since the committee was formed, our region has decreased veteran homelessness by 16% and unsheltered veteran homelessness by 33%. Additionally, a new veterans provider opened in St. Tammany Parish in summer 2018, bringing additional veteran resources to which did not previously have a housing program dedicated to serving homeless veterans. The GPD program began participating in HMIS effective 10/1/2017 and the NHC outreach navigation team provides case management services onsite on a weekly basis to further facilitate coordination of services.

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

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

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? Yes

3B-5. Racial Disparity. Applicants must: Yes
 (1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
 (2) if the CoC conducted an assessment, attach a copy of the summary.

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	<input checked="" type="checkbox"/>
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	<input type="checkbox"/>
There are no racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	<input type="checkbox"/>
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	<input type="checkbox"/>
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	<input type="checkbox"/>
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	<input type="checkbox"/>
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	<input type="checkbox"/>
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	<input type="checkbox"/>
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	<input type="checkbox"/>
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	<input type="checkbox"/>

The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	<input type="checkbox"/>
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.	<input type="checkbox"/>
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

- 4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:**
- (1) assists persons experiencing homelessness with enrolling in health insurance; and**
 - (2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.**

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

- 4A-1a. Mainstream Benefits. Applicants must:**
- (1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;**
 - (2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and**
 - (3) provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits. (limit 2,000 characters)**

1) The NHC works to provide annual training to service providers in assisting clients access mainstream resources such as Medicaid, Medicare, SSI/SSDI, TANF and SNAP. Service providers receive training from Medicaid health plan providers to educate service providers to provide enrollment assistance as necessary and the CoC partners with DHH to help clients access the appropriate state plan or waiver services. The state's Medicaid Director has created a "presumptive eligibility" process for Medicaid, whereby an applicant can gain coverage on the date of application for SSI/SSDI. This streamlines coverage for health and behavioral health services. The NHC Director completed SOAR Lead training, with a SOAR training cohort scheduled in the region beginning March 2019.

2) CoC projects are responsible for ensuring that clients are enrolled in mainstream resources and receive annual training regarding changes and updates in mainstream resources processes. The NHC has also hired staff to go into each of the emergency shelters and assist clients in accessing mainstream resources including, Medicaid, Medicare, SSI, and SSDI and TANF.

3) The NHC is responsible for this strategy.

4A-2.Housing First: Applicants must report:

- (1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and**
- (2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.**

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	14
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach—meaning that the project quickly houses clients without preconditions or service participation requirements.	14
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:

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

1) The NHC coordinated entry project conducts outreach at eight service locations (one additional service location added since 2017) in the community on a weekly basis. These locations are geographically dispersed throughout the region and well-known in the community for providing many services to low-income and at-risk persons. Additionally, coordinated entry outreach navigation teams perform street-based outreach on a twice-weekly basis, utilizing a GIS canvassing approach to identify and locate persons who are vulnerable and living in more rural or remote locations.

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

3) The outreach team conducts outreach at service-based locations five days per week (Monday-Friday) at eight service locations (churches, feeding

locations, community action agencies etc.) and canvasses the geographic area on at least a twice weekly basis, including early morning outreach aimed at finding persons while sleeping to conduct third party homeless verification.

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

4A-4. Affirmative Outreach. Applicants must describe:

(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and

(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above. (limit 2,000 characters)

1) The CoC’s partnership agreements with CoC-funded agencies require HUD-funded projects to affirmatively further fair housing by complying with 24 CFR 578.93(c). On-site monitoring of CoC-funded agencies ensures compliance. The CoC’s coordinated entry process increases access for those least likely to apply.

2) As the lead agency for coordinated entry, the NHC utilizes interpretation services to serve people with limited English proficiency (LEP), including people who are deaf. The NHC outreach plan, which utilizes both service-based locations and GIS-based canvassing street outreach methodologies, helps to ensure that persons not seeking mainstream resources are identified and prioritized. CoC-funded agencies incorporate client rights, fair housing info, and grievance policies in their application and intake information, and refer clients to legal services when fair housing/civil rights law questions arise. The CoC also works with consolidated plan jurisdictions to address fair housing impediments and has participated in two AFFH planning meetings this year.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	79	221	142

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

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