

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-502 - Shreveport, Bossier/Northwest Louisiana CoC

1A-2. Collaborative Applicant Name: HOPE Connections, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: HOPE Connections, Inc.

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

19.	Mental Illness Advocates	Yes	Yes	No
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
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	Yes	Yes	Yes
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	No
27.	School Administrators/Homeless Liaisons	Yes	Yes	No
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	No
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	No
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 CoC sends out email announcements for the monthly CoC Meeting to over 280 community members. The announcements are also posted on Facebook. Each monthly announcement has an invitation to join the CoC. The email invitation includes a PDF document to download and send in to CoC Staff, and it includes a link to the CoC website, which has an electronic membership application.
2. The CoC ensures effective communication with individuals with disabilities through collaborations with local agencies such as Louisiana Association for the Blind and the Phillips Deaf Action Center, where interpreters and assistants can be called as needed. Catholic Charities provides translation services for non-English speaking individuals, the CoC Collaborative Applicant also has a Spanish speaking employee, and the CoC provides all documents in printed form and electronic form for those who use adaptive computer monitors.
3. The CoC Board has two actively involved formerly homeless people and one currently homeless person who are encouraged to bring other currently or formerly homeless people to join the CoC. The CoC was actively creating a group for people with lived experience prior to COVID. The CoC Board watched several trainings on creating such a group, and the plans will resume in January 2022.
4. The CoC makes an effort to reach out directly to any new or newly discovered relevant organization to join the CoC. Any agency that serves people with disabilities is relevant to the CoC. Our region's largest metropolitan area has a race ratio of 52% white, 39% black, and 4% Hispanic; therefore, there are many organizations that primarily serve POC. The CoC actively engages these agencies through phone introductions and/or informational emails.

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)

1. The CoC Board is comprised of two representatives from each of the following Sub-population Network Groups: Behavioral Health, Veterans, Medical/Dental, Family/Youth (includes victim service providers), Education/Employment/Benefits, Re-Entry, Lived Experience Representatives, Emergency Services, and Homeless Prevention. The Sub-Population Networks elect their own representatives to the Board. This ensures that on the Board decision-making level, opinions are considered from a broad array of organizations and individuals.

2. The CoC communicates information and solicits input at monthly public CoC Meetings, through an email list distributed to over 280 individuals, and CoC-wide surveys. This will be especially important this year as we begin our system improvements with the Built for Zero campaign.

3. Information gathered in public meetings is brought to the CoC Board when improvements are being made to the system policies and procedures which guide the way the CoC approaches preventing and ending homelessness.

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 CoC's local competition was open and accepted apps from agencies meeting the threshold criteria. The CoC sent an email to our listserve of over 280 people with a Zoom link to the CoC Competition Zoom Training, link to the HUD CoC NOFO, and link to the CoC specific RFP. The CoC also posted all of the above information in the CoC website. The email invited all interested agencies in applying to attend the Zoom Training.

2. The CoC encouraged new providers to apply for the PH Bonus Project and the DV Bonus Project in the CoC Competition email notification, at the CoC Meeting on September 22,2021 and during the CoC Competition Training.

3. The CoC issued an RFP with instructions for applicants to submit a LOI outside of eSNAPS for the PH Bonus Project and the DV Bonus Project. The RFP stated that for those two projects, previously funded and not previously funded, LOIs would be submitted in the same exact format outside of eSNAPS.

4. The CoC issued RFP, included point values assigned to each section of requested information. In the CoC Competition Training it was explained that the Scoring and Ranking Committee would receive copies of all submitted LOIs for the Bonus Projects, and would score the applications according to the RFP point values. Applicants were informed that the Committee would select the highest scoring project that meets the threshold review and meets the needs of clients within the CoC. The Committee selected a new applicant for the PH Bonus Project.

5. The CoC ensures effective communication with individuals with disabilities through collaborations with local agencies such as Louisiana Association for the Blind and the Phillips Deaf Action Center, where interpreters and assistants can be called as needed. Catholic Charities provides translation services for non-English speaking individuals and, the CoC provides all documents in printed form and electronic form for those who use adaptive computer monitors.

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	Nonexistent
2.	Head Start Program	No
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)	Nonexistent
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	No
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.		

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 CoC is located in an entitlement area, therefore, we have a close partnership with the City Department of Community Development which allocates the entitlement ESG and ESG-CV funding. The CoC and the programs operated by the CoC never closed during COVID due to high client needs, so we were able to see the local needs for ESG and ESG-CV funding during this time. As always, the CoC input was greatly valued by the entitlement ESG recipient. Additionally, there is a Statewide ESG allocation to our region. The CoCs meet frequently as a group with the Louisiana Housing Corporation, the recipient of the Statewide ESG and ESG-CV. The CoCs met weekly with the Louisiana Housing Corporation during COVID guiding the funding needs within each region. As usual, there was great deal of input from the CoCs in how ESG and ESG-CV were utilized.

2. The CoC HMIS System Administrator provides technical assistance to ESG subrecipients. She also produces quarterly and annual reporting for ESG Program recipients and subrecipients.

3. The CoC provides Point-in-Time and Housing Inventory Count data to the Consolidated Plan jurisdiction where all CoC and ESG providers are located.

4. The CoC not only provides information to the Consolidated Plan jurisdiction, but also participates in discussions on issues that need to be addressed in the Consolidated Plan update.

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.	
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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)

- Two CoC member agencies are McKinney-Vento Homeless Education providers from school districts of the two largest school districts in our region. The CoC has recently started a Youth Services Group that includes providers that serve homeless youth in our region. This group includes the representatives from both McKinney-Vento Homeless Education providers.
- The CoC projects that serve homeless families and youth have agreements with the youth education providers as requested by the CoC Governance Charter.
- The CoC does not collaborate with the State Education Agency or the Local Education Agency outside of the McKinney-Vento Homeless Education program.
- The CoC does not have formal partnerships with SEAs and LEAs.
- Two CoC member agencies are McKinney-Vento Homeless Education providers from the two largest school districts in our region. Agencies that provide family and/or youth services must collaborate with school districts according to the CoC Governance Charter.
- The CoC projects that serve homeless families and/or youth have formal MOUs with the McKinney-Vento Homeless Education programs.

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.	
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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)

The following is an excerpt directly from the CoC Governance Charter:

"XI. Responsibilities of the HUD CoC and ESG Funded Agencies
 A. HUD Regulation Compliance
 c. Agencies must ensure that all school age children or youth are connected as quickly as possible with a Homeless Program Liaison to ensure that children are able to access all of the things needed to attend the most appropriate school including transportation."

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	No	No
4.	Early Head Start	No	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6.	Head Start	No	Yes
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)

1. Every October, the CoC Coalition Meeting is led by the region's state-designated victim service provider. The entire CoC membership is re-educated on victim specific best practices utilizing trauma-informed care, victim centered services, and safety protocols. The CoC Staff also reminds providers of VAWA requirements and the CoC Emergency Transfer Plan that is part of the CoC Governance Charter.

2. Coordinated Assessment Project staff have very frequent communication with Project Celebration, the state-designated victim service provider, and the Family Justice Center, the area one-stop for all legal and financial issues related to victim services. They also have formal training on utilizing trauma-informed care, victim centered services, and safety protocols specific to Coordinated Assessment Project Policies and Procedures twice a year or whenever there is a new staff member. They are also trained to utilize the CoC Emergency Transfer Plan and the Coordinated Assessment policy to provide separate intakes for couples and families with two adults.

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)

The CoC uses de-identified aggregate data from a comparable database to determine the number of people who requested services, the number of people served, and the services they requested. This data is also compared with Coordinated Assessment data which captures information regarding intakes with those people who self-identify as fleeing domestic violence or having been a violence victim but are not in imminent danger.

This information is used on the Point-In-Time Count, the Housing Inventory Count, and to determine the need for additional services and housing.

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)

It is the policy of the Coordinated Assessment Project (CAP) to always assess couples separately and to assess adults in families separately. This policy allows any violence victims to report these issues in private. The VI-SPDAT assessment tool requests information about safety concerns, which opens the door to conversations about DV.

1. If CAP staff learns that a client is in imminent danger, they will begin offering the client housing and service to determine level of urgency the client is experiencing. The client can be escorted immediately to a more private office space where CAP can assist the client with confidential contact to the state designated DV provider, Project Celebration. Client safety is always a priority.

2. If the violence victim requests an emergency transfer plan due to safety concerns, the Housing Provider reports to need to relocate the client during the Housing Placement Committee meeting. They provide an update after the safe relocation of the violence victim.

3. The CoC Coordinated Assessment Project includes a signed confidentiality agreement to ensure the privacy of all clients experiencing homelessness. Additionally, users participating in the HMIS System sign a user agreement that includes confidentiality of all HMIS information.

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?
Housing Authority of the City of Shreveport	0%	No	No
Housing Authority of Bossier City	0%	No	No

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)

The Housing Authority of the City of Shreveport (HACS) and the Housing Authority of Bossier City are both run by the HACS. The CoC Executive Director requested a formal meeting with the HACS Executive Director to discuss these topics. She also sent HUD generated materials in advance by email. She was told that the Moving On model would never be accepted by either PHA as it provides housing for those who are already stably housed. She was also told that there was no need for a homeless admission preference because there was plenty of funding for those experiencing homelessness. The HACS Executive Director stated that the PHAs would be strictly using their waiting list.

The CoC Executive Director compiled and sent local research to the HACS Executive Director. There was no response.

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
2.	PHA	No
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
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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)

1. The CoC includes PHA funded units in the Coordinated Entry process by referring individuals and families with income to Project Based Low Income Housing complexes. These apartment complexes have much lower waiting lists than that of the Housing Choice Voucher program. And, they are well-maintained with some being new builds. This is an excellent option for those who need subsidized housing but do not need supportive services or for those who need subsidized housing and are eligible for Medicaid case management.

2. The CoC does not have a formalized written agreement with the PHAs.

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)

Not Applicable

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
The Louisiana Hou...
The Housing Autho...
The Claiborne Par...

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

Name of PHA: The Louisiana Housing Authority

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

Name of PHA: The Housing Authority of the City of Shreveport

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

Name of PHA: The Claiborne Parish Police Jury

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.	18
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.	18
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)

The CoC evaluates project commitment to a Housing First approach in several ways.

1. Projects are required to accept 100% of project participants directly from the Coordinated Assessment Program's By-Name List. This process is conducted at weekly Housing Placement Committee meetings attended by all providers. Projects are not permitted to refuse to accept a specific client based on minimum income requirements, substance abuse issues, untreated mental illness, medication compliance, criminal history, participation in services, poor credit or financial history, poor or lack of rental history, or behaviors that are interpreted as indicating a lack of "housing readiness." The Coordinated Assessment Program documents the date the CoC project accepts a client in the project and the date the client moves into a unit. The Coordinated Assessment Program staff follow up frequently on the status of a move in date.

2. CoC projects are also required to present cases at the Housing Placement Meeting of clients that are being discharged from the project or evicted. The group discusses the issues, suggests possible resources for solutions, and/or accepts the client into a different project that can better meet specific needs. This process indicates quality/knowledge of housing case managers in each project.

3. Prior to COVID, the CoC conducted on-site project monitoring which included reviewing any leases or project agreements that are signed by clients that may include language requiring service participation and/or rules that would not apply to anyone leasing a unit under normal circumstances. This was made part of the Scoring and Ranking Tool for FY2021 due to the inability to conduct on-site monitoring. Each CoC project submitted a signed lease and any project agreements from a current client selected by the CoC and a signed lease and any project agreements from a former client selected by the CoC.

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)

1. The CoC PATH Street Outreach Team makes frequent homeless camp and abandoned building visits, discovers homeless camps and abandoned building locations from other clients, and takes calls about people experiencing homelessness from citizens in the community. They consistently revisit areas known to people experiencing homelessness as "safe", and they visit parking lots that frequently have people living in their cars. Any people identified as living unsheltered are verified as homeless in the HMIS system, as allowed by the client. This begins the process of engagement during which the Outreach Team determines client needs as described by the client and begins to create a housing plan with the client.

2. The Street Outreach Team covers 100% of the CoC's geographic area. The CoC is made up of seven parishes, with five of those being rural. The Street Outreach Team provides outreach to Police Departments, Emergency Rooms, Mental Health Centers, and any governmental entities in each rural area. They leave signs to be posted and cards with phone numbers specific to the Outreach Team. If anyone is identified as being homeless or at risk of homelessness, the Street Outreach Team travels to the person, conducts an assessment, and offers available options to the person.

3. The Street Outreach Team conducts street outreach five days per week. Bi-monthly the team conducts outreach at 5 am to try to locate those experiencing homelessness that they might miss during the day. And, bi-monthly they conduct outreach until 10 pm for the same purpose.

4. The people who are least likely to request assistance are those experiencing chronic homelessness. Those are the people who have become acclimated to living unsheltered because their level of trust with those who want to "help" has diminished. The Street Outreach Team works very hard to gain their trust and build relationships. The team then begins conversations about available options and describes updated or newer services that are low barrier.

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.”	152	153

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)		
	Federally Qualified Health Centers	Yes	Yes

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)

1. Information on mainstream benefits is available on the CoC website. Those who attend the monthly CoC Meetings introduce themselves, the agency they are with, and the services provided. Many of the providers in attendance are with agencies that provide mainstream services or connect clients with mainstream services.
2. The CoC communicates information about available mainstream services on its website and at monthly CoC membership meetings.
3. As part of Coordinated Assessment, all clients are assessed on enrollment in Medicaid, Medicare, or other insurance. If the client is not enrolled, there is a designated Coordinated Assessment staff member to assist them with enrollment. Clients are able to be referred for primary healthcare Medicaid/Medicare specific doctors/clinics, our non-profit mobile medical clinic, or our regional Federally Qualified Health Center. All of those groups are represented at the CoC membership meetings to collaborate with housing projects.
4. The CoC has a listing of medical providers that accept Medicaid and other benefits. It is standard practice among CoC providers to educate clients about the benefits of having a primary healthcare provider rather than using the emergency room for regular healthcare issues.

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 CoC Coordinated Assessment Project covers 100% of the CoC geographic area. The primary location of the project is at the area's homeless one-stop which is co-located with the only soup kitchen in the area, a day shelter, and a new low barrier safe haven. However, they are able to assist people at emergency shelters, hospitals, jails, etc. The PATH Street Outreach Team is considered a mobile version of the Coordinated Assessment Project. The Team is able to conduct all assessments and gather all needed information for people living in places not meant for human habitation anywhere in the region.

2. The PATH Street Outreach Team is considered a mobile version of the Coordinated Assessment Project. The Team is able to conduct all assessments and gather all needed information for people living in places not meant for human habitation. They target those who have been living unsheltered the longest and those who are affected by health and/or behavioral health issues.

3. The Coordinated Assessment Project uses the VI-SPDAT to gauge the severity of needs and length of time homeless. The regional By-Name List changes almost daily as people are prioritized according to need. However, families, youth, and those fleeing domestic violence are prioritized for immediate solutions.

4. The people most in need of assistance will receive assistance first, but that does not mean it is timely. The CoC recently signed up the Built for Zero campaign to streamline our homeless system. One of the targeted areas of improvement is the Coordinated Assessment Project.

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.	Yes
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.	Yes
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.	Yes
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

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.	Yes
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 in its 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.	The CoC's participation in Built for Zero will include expanding our work on racial diversity.	Yes

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)

The racial disparity assessment did not identify issues related to the provision of services or outcomes, however, there is a disparity in the number of POC who become homeless.

The CoC Board is working to create a racial makeup that mimics that of the percentages of people experiencing homelessness. Additionally, the CoC is bringing attention to the CoC membership about racial diversity of agency management and board of directors. The CoC has recently signed on with the Built for Zero campaign, and racial equity is a topic they address with CoCs.

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.	3	1
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	3	1
3.	Participate on CoC committees, subcommittees, or workgroups.	3	1
4.	Included in the decisionmaking processes related to addressing homelessness.	3	1
5.	Included in the development or revision of your CoC's local competition rating factors.	0	0

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).	Yes
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).	No
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
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.	
	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)

The CoC Collaborative Applicants in each region of Louisiana were asked by the Louisiana Housing Corporation to stand up emergency shelters where possible and to create written partnerships with hotels to provide non-congregate shelter.

1. HOPE Connections was able to provide placement for every person living unsheltered who would participate to move into a low-barrier temporary shelter that met all CDC COVID emergency shelter requirements. Anyone living unsheltered that was over 60 and/or was experiencing health issues making them more susceptible to COVID complications was offered a hotel room. The Street Outreach Team also continually delivered PPE supplies and did temperature checks for anyone living unsheltered who was unwilling to accept shelter. The State created isolation locations at state parks where people experiencing homelessness could be transported to isolate if they tested positive.

2. The CoC's congregate emergency shelters implemented the CDC COVID Emergency Shelter guidance for safety which created limited capacity. The shelters communicated with the CoC on a consistent basis to report capacity levels and the number of people in COVID isolation locations. The CoC was able to place many people who could not access emergency shelters due to limited capacity by providing housing in the temporary low barrier shelter or the hotel non-congregate shelter.

3. The CoC ensured that any transitional housing projects had all available information on CDC COVID congregate living locations, which is the nature of the transitional housing in the region.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	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)

The CoC is now more closely aligned with the Louisiana Office of Public Health which will improve the speed with which the CoC is able to obtain and distribute information in the future. The CoC also created many personal relationships with staff at Oschner/LSU, our largest publicly funded hospital. And, the CoC in our region had never set up non-congregate hotel sheltering, and that will be much simpler to implement in future emergencies.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	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)

The CoC coordinated with ESG-CV recipients (both the City entitlement ESG-CV and the State funded ESG-CV) to distribute funds to address:

1. The CoC Collaborative Applicant received ESG-CV funding to immediately house every unsheltered person either in a COVID safe congregate shelter or non-congregate shelter to meet public safety concerns.
2. The CoC sub-contracted with the only provider in our region with experience providing Rapid Rehousing to provide those services with ESG-CV funding. Many people that moved into non-congregate hotel sheltering were able to utilize the ESG-CV Rapid Rehousing.
3. There were many sources of eviction prevention funding in our region including Treasury Funding, a State-wide prevention program, EFSP funding, etc. The CoC decided not to utilize any ESG-CV funding for eviction prevention.
4. The CoC used ESG-CV funding to provide limited healthcare supplies for those living unsheltered.
5. The CoC used ESG-CV funding to provide PPE and sanitary supplies to those unsheltered and living in congregate and non-congregate shelters.

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)

1. The Louisiana Office of Public Health assisted CoC providers by providing free PPE, guiding the process of transporting those experiencing homelessness who tested positive for COVID to isolation camps at State parks, and by providing a mechanism of reporting cases or outbreaks of COVID in projects or shelters.
2. The Louisiana Office of Public Health and Oschner/LSU, the largest public hospital in our area, provided guidance and signage on safety measures such as social distancing, hand washing/sanitizing, proper use of a mask, etc.

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)

1. and 2. The CoC forwarded all emails concerning safety measures and/or changing local restrictions from HUD, the CDC, the State COVID Taskforce, and the Louisiana Office of Public Health to all members of the CoC during the pandemic.

3. The CoC Collaborative Applicant led the vaccine implementation. The CoC contacted all providers that serve people who are unsheltered, emergency shelters, and CoC/ESG recipients to announce that incentives would be given to all participants in their projects who agreed to be vaccinated. The CoC also arranged locations for the mobile medical van to provide vaccines that were convenient to specific providers and their participants.

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)

The CoC Collaborative Applicant received funding from several sources to distribute incentives to those people unsheltered, emergency sheltered, or in CoC/ESG funded programs who agreed to be vaccinated. The CoC partnered with a regional healthcare non-profit that provides mobile medical services to set up locations to ensure that those who met the CoC's eligible categories were able to receive the vaccine. The mobile medical van is still going to different sites convenient to eligible people, and a CoC staff member gathers the names, gives the incentives, and scans the vaccine cards into HMIS.

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)

The CoC one-stop, which is the location most people call first when they are experiencing homelessness, did not see an increase in calls related to domestic violence. The CoC has attempted to gather information from the state DV provider regarding calls to their office and/or calls to the DV 1-800 helpline, but they did not seem to have that data available.

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)

The Coordinated Assessment Project operated at a part-time capacity at the start of the pandemic. Upon reopening full-time, the Coordinated Assessment only conducted phone assessments. The Street Outreach Team was always available to conduct assessments outdoors while social distancing. However, CoC funded and other housing projects were having staffing and capacity issues related to the provision of services, so there were very few housing opportunities available. ESG-CV Rapid Rehousing proved to be invaluable to assist those experiencing homelessness.

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
- 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

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.	09/29/2021
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.	09/29/2021

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.	
	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)

1. The CoC reviewed and scored projects on the severity of needs and vulnerabilities by scoring the number of project participants who entered the project as direct referrals from the Coordinated Assessment Project. The Coordinated Assessment Project uses the VI-SPDAT to measure vulnerability and updates the By-Name Housing List on a weekly basis. Therefore, any referrals accepted are automatically the most vulnerable and/or chronically homeless. Applicants were awarded extra points on the Scoring and Ranking if they identified 3 or more disabilities that they would serve on the Participant Subpopulation screen.

2. All but two CoC projects serve those who score in the most vulnerable range during the Coordinated Assessment process and are placed on the regional By-Name List. The CoC has a Rapid Rehousing project and a youth project, which are both hugely important to the CoC. The CoC did not give consideration to the projects that serve those who are the hardest to serve.

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)

1. Our CoC Board is purposely diverse, and we have tried to mimic the racial makeup of the homeless population on the board. The CoC Board approves the rating factors used to review projects.
2. It proved more difficult to ensure that the Scoring and Ranking Committee matched the racial makeup of the homeless population due to the need for members who are not CoC grantees and members who were willing to serve on the committee. The committee for 2021 consisted of three white members and one black member. This will be improved for 2022, however, the backlash from providers concerning the difficult decisions this committee makes create limited willingness to serve.
3. The scored and ranked projects must accept clients as referred to them by the Coordinated Assessment Project. Every project was scored on the percentage of clients accepted into the project as referrals from Coordinated Assessment, however, if there is a racial equity issue within a project, it is related to those referred to them. The CoC will address whether or not this is an issue in the Coordinate Assessment as part of the Built for Zero campaign.

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)

1. Excerpt from CoC Governance Charter, Section X. H. Reallocation Process
 In cases where a project clings to an outdated project model, cannot meet HUD performance standards/priorities, or the housing type/population served is not shown as "high need"; the Scoring and Ranking Committee may vote to reallocate funding to a new project.

Renewal projects may choose to reallocate funding to projects that are more responsive to HUD and local priorities, or a CoC may reallocate part or all of a renewal project's funding to create one or more new projects that meet both HUD priorities and local needs by improving the CoC's outcomes and reducing homelessness more effectively than the reallocated renewal project.

Reallocation could be related to the following issues:

- projects that do not meet HUD performance standards
- projects that are underspending
- projects that no longer meet CoC needs
- projects that no longer meet the needs of people experiencing homelessness

2. The CoC conducted a survey of 100 people experiencing homelessness either unsheltered or emergency sheltered which asked them to rank the housing type they would prefer if given a choice. Out of four options, they overwhelmingly scored "own apartment" as the first choice and scored "congregate housing" as the last choice. A large CoC congregate housing project used the survey results along with the fact that the project had been turned down by 18 Coordinated Assessment participants since January 2020 to decide to reallocate half of the project to their own scattered site CoC project.

3. The only project the CoC Scoring and Ranking Committee voted to reallocate was one that submitted their application 9 days after the CoC deadline for submissions.

4. Not applicable due to communication prior to the competition.

5. The CoC Governance Charter is on the CoC website and an excerpt concerning reallocation was included in the CoC RFP.

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.	10/27/2021

1E-5a.	Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen. NOFO Section VII.B.2.g.	
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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.	10/27/2021
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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.	
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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.	11/14/2021
--	------------

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:
 - 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

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

Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky
--	---------

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC’s HMIS coverage area.	Statewide
--	-----------

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
---	------------

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. There have never been any CoC funded DV housing and service providers in our region. However, we work closely with the state designated DV provider in our area to ensure that the data they enter into their comparable database collects the same data elements as the HUD HMIS Data Standards. Due to the overload of HMIS work related to CARES Act and American Rescue Plan funding, the HMIS System Administrator has not met with the DV provider about updating data elements to the 2020 HMIS Data Standards.

2. The state designated DV provider agency will provide data as requested out of their comparable database, but they are not CoC funded, therefore, it is difficult to demand collection of information as it relates to system performance measures. The CoC is hopeful that our DV Bonus Project will be funded to create a better system of DV services. The state designated DV provider will then have incentive to collect and enter the same data.

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	196	12	184	100.00%
2. Safe Haven (SH) beds	25	0	25	100.00%
3. Transitional Housing (TH) beds	52	0	52	100.00%
4. Rapid Re-Housing (RRH) beds	153	0	153	100.00%
5. Permanent Supportive Housing	574	0	323	56.27%
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)

The CoC has a very low HMIS Bed Coverage Rate in Permanent Supportive Housing due to the inclusion of HUD VASH Vouchers on the HIC. Data regarding HUD VASH recipients is not entered on HMIS, but it is entered on a comparable VA database.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	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)

Not applicable.

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
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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:

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

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
--	-----

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:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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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)

1. The CoC considers people with any or a combination of the following issues to be at risk of homelessness: age (50-64), domestic violence, substance abuse issues, severe mental illness, physical disabilities, chronic health conditions, living in poverty, lack of income, and prior incarceration. There are other issues that could identify a person as at-risk for homelessness, but they are usually in conjunction with one of the issues listed above. The rate of people becoming homeless for the first time reduced dramatically. We expect this was COVID related due to the eviction moratorium and the amount of subsidies available to people with job loss.

2. The CoC has several big agencies that provide homeless prevention rental and utility assistance. Food assistance can also be a form of homeless prevention. All CoC member agencies know to refer people at risk of homelessness to these agencies. This was and still is especially important during COVID when so many homeless prevention resources were and are still available.

3. The CoC Board of Directors is responsible for creating strategies around homeless prevention, which has strong representation on the board.

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)

1. The CoC Board voted to join the Built for Zero campaign to shift our CoC's performance. Over the next twelve months, we will be working with their team and others from across the country to form strategies to decrease the length of time people remain homeless. The CoC had an increase in the length of time homeless in emergency shelters and the safe havens from 57 bed nights in 2019 to 78 bed nights in 2020. While a portion of that increase could be due to COVID, The CoC will create a long term strategy to reduce the timeframe.

2. The CoC uses the Coordinated Assessment process to identify individuals and families with the longest lengths of time homeless. Specifically, questions in the VI-SPDAT assist in determining who is chronically homeless and where they are ranked on the By-Name Housing List. The highest ranked chronically homeless person receives the next available housing opportunity.

3. HOPE Connections, the CoC Collaborative Applicant, also operates the Coordinated Assessment Project, the Street Outreach Team, and the low barrier Safe Haven. HOPE and Salvation Army will be the agencies who undergo the biggest changes throughout the Built for Zero campaign, therefore, they will be the most responsible for reducing the length of time people remain homeless.

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. The CoC Board voted to join the Built for Zero campaign to shift our CoC's performance. Over the next twelve months, we will be working with their team and others from across the country to form strategies to increase the number of people and the speed at which people in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing.

2. The Board has formed a Housing Case Management Workgroup to create a uniform housing case management format for our CoC. A representative from every housing provider has been invited to take part in the Workgroup. They will create suggested timelines for home visits and follow up calls. And, they will create forms that all housing case managers in CoC funded projects will use. Our hope is that creating a uniform approach to housing case management will increase housing stability and the rate that participants remain in permanent housing and decrease the rate that participants return to homelessness.

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 CoC identifies those who return to homelessness by measuring the total number of people in HMIS who exited SO, ES, TH, SH, or PH to a permanent housing destination, then measures any HMIS entries after being permanently housed in a destination that is not permanent housing in specific time periods over a 24 month period. The CoC's total rate of returns to homelessness over two years was 137 people or 22%.

2. The CoC Board voted to join the Built for Zero campaign to shift our CoC's performance, however, most of the initial work is done on the "front door" projects. So, the Board has formed a Housing Case Management Workgroup to create a uniform housing case management format for our CoC. A representative from every housing provider has been invited to take part in the Workgroup. They will create suggested timelines for home visits and follow up calls. And, they will create forms that all housing case managers in CoC funded projects will use. Our hope is that creating a uniform approach to housing case management will increase housing stability and the rate that participants remain in permanent housing and decrease the rate that participants return to homelessness.

3. The CoC Board of Directors, specifically the Housing Case Management Workgroup, will be responsible for overseeing this strategy.

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 CoC had an increase in people (40) who stayed in housing, but the exact same number of people (8) who increased earned income. However, the number of employment opportunities during 2020, was dramatically low. The CoC will continue to work with providers who help clients re-enter the workforce in whatever capacity is appropriate. The CoC will also make increasing employment income one of the top five goals when creating a new uniform housing case management model.

2. The CoC works with Goodwill Industries very frequently, but providers do rely on mainstream employment organizations such as the city of Shreveport Workforce Development programs, Louisiana Department of Labor LAWorks website, and U.S. Department of Labor funded programs.

3. The CoC Board of Directors, specifically, the Housing Case Management Workgroup, is responsible for ensuring this strategy to increase employment income.

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 number of employment opportunities during 2020, was dramatically low, and the opportunity for job fairs, outreach to employers and staffing agencies was limited by COVID. In 2021, these opportunities became active in the summer, so we expect provider promoted employment opportunities to increase.

2. The CoC will continue to work with Goodwill Industries, Bossier Parish Community College, Northwest Louisiana Technical Community College and Southern University to assist clients seeking training and education opportunities that will increase their long term income and stability.

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 percentage of adults who increased their non-employment cash income was 6% from 2019 to 2020. The CoC is working with the State to create a full-time SOAR position as part of Coordinated Assessment. One of our Coordinated Assessment staff members is SOAR trained, but she does not have adequate time to devote to enrollments. The CoC will also make increasing non-employment cash income one of the top five goals when creating a new uniform housing case management model.

2. The CoC will greatly increase access to non-employment cash sources if a full-time SOAR position is created as part of Coordinated Assessment with funding from the State.

3. The CoC Board of Directors, specifically, the Housing Case Management Workgroup, is responsible for ensuring the strategy of making this goal part of every housing case manager's planning process with participants. The CoC Executive Director will continue working the State to develop funding for a full-time SOAR staff member as part of Coordinated Assessment.

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
--	-----

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.)?	Yes
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
Start Here	PSH	17	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Start Here

2. Select the new project type: PSH

3. Enter the rank number of the project on your 17
CoC's Priority Listing:

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
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- 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)

Not applicable.

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:
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 - 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)

Not Applicable

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
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 - 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	No
2.	PH-RRH or Joint TH/RRH Component	Yes

You must click “Save” after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

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:	262
2.	Enter the number of survivors your CoC is currently serving:	78
3.	Unmet Need:	184

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. The CoC used data from three sources to determine the number of DV survivors needing housing or services. One of the data sources was the number of people requesting services who identified as needing housing from the area's Family Justice Center. The other source was our area's state designated DV provider, Project Celebration, who provides an emergency shelter and other services for DV survivors. HMIS was also used to determine the number of participants who identified as a DV survivor.

2. The data sources included data over a one year period from HMIS that identified every person that cited DV issues, the comparable database from the State designated DV provider, and the comparable database from the Family Justice Center.

3. Our CoC is unable to meet the needs of all survivors for several reasons: a. We do not have any DV specific housing options in our CoC aside from an emergency shelter with 15 units. b. Although DV survivors are prioritized through the Coordinated Assessment Project, they generally score in the range for Rapid Rehousing. Absent the ESG-CV and Veteran specific SSVF funding, our CoC only has 35 beds of Rapid Rehousing. c. Although, any CoC funded project is willing to accept DV survivors, most providers have very little expertise in this area.

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
Easter Seals Loui...

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	Easter Seals Louisiana
2.	Rate of Housing Placement of DV Survivors–Percentage	100.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	92.00%

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 project applicant has not operated a DV specific project before, so the applicant calculated the rate of housing placement and rate of housing retention based on their CoC funded PSH and RRH projects. Although, not DV specific projects, the agency has served 26 households over the past two years who reported having experienced domestic abuse.

2. The data source for these calculations was HMIS.

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. Easterseals Louisiana maintains strong relationships with more than 20 community housing partners/real estate agencies to facilitate quickly moving all participants quickly into housing that is safe, affordable, and accessible.

2. The project applicant prioritized survivors into its non-DV specific RRH project based on referrals from Coordinated Assessment. The agency was able to serve 26 violence victim households over the past two years. Critical Incident reports allow ESL to track the effectiveness of its strategy in reducing the recurrence of domestic violence. Of those participants who reported a history of DV, only one participant reported future incidents of DV during the duration of their participation in the program; they were successfully relocated invoking the emergency transfer provision of the VAWA addendum we insist all of our participating housing providers include in their lease in compliance with the VAWA provisions of the local CoC's governance charter.

3. Easter Seals LA has worked collaboratively for many years with the North Louisiana Family Justice Center, which provides legal and financial solutions for violence victims, and Project Celebration, which provides emergency shelter, counseling, and support groups for violence victims. They are currently in negotiations to formalize these relationships with memorandum of understanding for this project to provide additional services related to domestic violence, sexual assault, and intimate partner violence to program participants as needed.

4. While Easter Seals' goal is to help every participant develop financial independence and for them to maintain their housing without the need for an ongoing subsidy, sometimes, that goal is not realistic; in those cases, Easter Seals makes every attempt to link those households to permanently subsidized housing options. Forty percent of households exiting to permanent destinations were able to maintain their housing without an ongoing subsidy.

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)

Although the project applicant has not operated a violence victim specific housing program, Easter Seals has two of the highest performing CoC funded PSH and RRH projects. They have an excellent record of quickly moving participants into permanent housing, quickly research the needs of all populations served, and being able to read, understand, and follow regulations. They are able to quickly adjust policies to meet the needs of specific populations.

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)

The project applicant prioritized survivors into its non-DV specific RRH project based on referrals from Coordinated Assessment. The agency was able to serve 26 violence victim households over the past two years. Critical Incident reports allow ESL to track the effectiveness of its strategy in reducing the recurrence of domestic violence. Of those participants who reported a history of DV, only one participant reported future incidents of DV during the duration of their participation in the program; they were successfully relocated invoking the emergency transfer provision of the VAWA addendum that the agency insist all of our participating housing providers include in their lease in compliance with the VAWA provisions of the local CoC's governance charter.

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. Easter Seals Louisiana has and will continue to follow the housing first model. ESL policy specifically emphasizes participant choice and participation in the identification of housing for its participants in all its housing programs. Support Coordinators and Housing Specialists will work with participants in identifying housing that is safe, taking into consideration the location, proximity to the abuser, and crime statistics of the proposed site.

2. The applicant's aim is to provide a safe, collaborative environment, in which they can develop mutual trust with our participants, empowering them to use their own strengths for positive change in their lives.

3. The program will provide comprehensive supportive services, including, but not limited to, job readiness training, parenting, child care assistance, education, and credit counseling/money management. These supports and services will be provided with the end goal of developing the habits and skills necessary for financial and personal independence. In addition to services routinely offered to RRH participants, this program will provide training and materials specific to trauma and trauma-informed care through the Trauma Toolbox by Ron Huxley, LMFT.

4. Easter Seals utilizes a person-centered, trauma-informed approach to care and service planning, assessing each individual's strengths developing plans that work towards the participant's self-identified goals.

5. Relative to the agency's CARF Accreditation, their Quality Assurance Manager assigns training modules each quarter that focus on trauma-informed care, person-centered planning, cultural competency, harassment, discrimination, and inclusivity.

6. Project Celebration, one of the collaborating agencies with this project, provides a variety of groups specifically related to violence victims.

7. The program will provide comprehensive supportive services, including, but not limited to, job readiness training, parenting, child care assistance, education, and credit counseling/money management. These supports and services will be provided with the end goal of developing the habits and skills necessary for financial and personal independence.

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)

Although the project applicant has not operated a violence victim specific housing program, Easter Seals has two of the highest performing CoC funded PSH and RRH projects. They have an excellent record of quickly moving participants into permanent housing, quickly research the needs of all populations served, and being able to read, understand, and follow regulations.

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. Easter Seals Louisiana has and will continue to follow the housing first model. ESL policy specifically emphasizes participant choice and participation in the identification of housing for its participants in all its housing programs. Support Coordinators and Housing Specialists will work with participants in identifying housing that is safe, taking into consideration the location, proximity to the abuser, and crime statistics of the proposed site.

2. Our aim is to provide a safe, collaborative environment, in which we can develop mutual trust with our participants, empowering them to use their own strengths for positive change in their lives.

3. The program will provide comprehensive supportive services, including, but not limited to, job readiness training, parenting, child care assistance, education, and credit counseling/money management. These supports and services will be provided with the end goal of developing the habits and skills necessary for financial and personal independence. In addition to services routinely offered to RRH participants, this program will provide training and materials specific to trauma and trauma-informed care through the Trauma Toolbox by Ron Huxley, LMFT.

4. Easter Seals utilizes a person-centered, trauma-informed approach to care and service planning, assessing each individual's strengths developing plans that work towards the participant's self-identified goals.

5. Relative to the agency's CARF Accreditation, their Quality Assurance Manager assigns training modules each quarter that focus on trauma-informed care, person-centered planning, cultural competency, harassment, discrimination, and inclusivity.

6. Project Celebration, one of the collaborating agencies with this project, provides a variety of groups specifically related to violence victims.

7. The program will provide comprehensive supportive services, including, but not limited to, job readiness training, parenting, child care assistance, education, and credit counseling/money management. These supports and services will be provided with the end goal of developing the habits and skills necessary for financial and personal independence.

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.

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).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/13/2021
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Local Competition...	11/13/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/14/2021
1E-5. Public Posting—Projects Rejected-Reduced	Yes	Public Posting-Pr...	11/13/2021
1E-5a. Public Posting—Projects Accepted	Yes	Public Posting-Pr...	11/13/2021
1E-6. Web Posting—CoC-Approved Consolidated Application	Yes	Web Posting - CoC...	11/14/2021
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	11/15/2021
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting-Projects Rejected-Reduced

Attachment Details

Document Description: Public Posting-Projects Accepted

Attachment Details

Document Description: Web Posting - CoC-Approved Consolidated Application

Attachment Details

Document Description:

Attachment Details

Document Description: Healthcare Formal Agreement

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/29/2021
1B. Inclusive Structure	11/16/2021
1C. Coordination	11/16/2021
1C. Coordination continued	11/16/2021
1D. Addressing COVID-19	11/16/2021
1E. Project Review/Ranking	11/16/2021
2A. HMIS Implementation	11/14/2021
2B. Point-in-Time (PIT) Count	11/05/2021
2C. System Performance	11/16/2021
3A. Housing/Healthcare Bonus Points	11/13/2021
3B. Rehabilitation/New Construction Costs	09/29/2021

FY2021 CoC Application	Page 61	07/17/2023
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3C. Serving Homeless Under Other Federal Statutes	11/10/2021
4A. DV Bonus Application	11/16/2021
4B. Attachments Screen	11/15/2021
Submission Summary	No Input Required

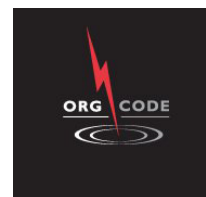
**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.0

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___:___	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters
- Transitional Housing
- Safe Haven
- Outdoors**
- Other (specify):**

- Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

2. How long has it been since you lived in permanent stable housing? _____

Refused

3. In the last three years, how many times have you been homeless? _____

Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room? _____ Refused
- b) Taken an ambulance to the hospital? _____ Refused
- c) Been hospitalized as an inpatient? _____ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused
- e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

5. Have you been attacked or beaten up since you've become homeless? Y N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

8. Does anybody force or trick you to do things that you do not want to do? Y N Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Y N Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y N Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y N Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.

SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? Y N Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y N Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Y N Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused
19. When you are sick or not feeling well, do you avoid getting help? Y N Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? Y N N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Y N Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? Y N Refused
- b) A past head injury? Y N Refused
- c) A learning disability, developmental disability, or other impairment? Y N Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? **Y** **N** Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? **Y** **N** Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

SCORE:

27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? **Y** **N** Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ___ or _____
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- legal status in country
- children that may reside with the adult at some point in the future
- ageing out of care
- income and source of it
- safety planning
- mobility issues
- current restrictions on where a person can legally reside

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

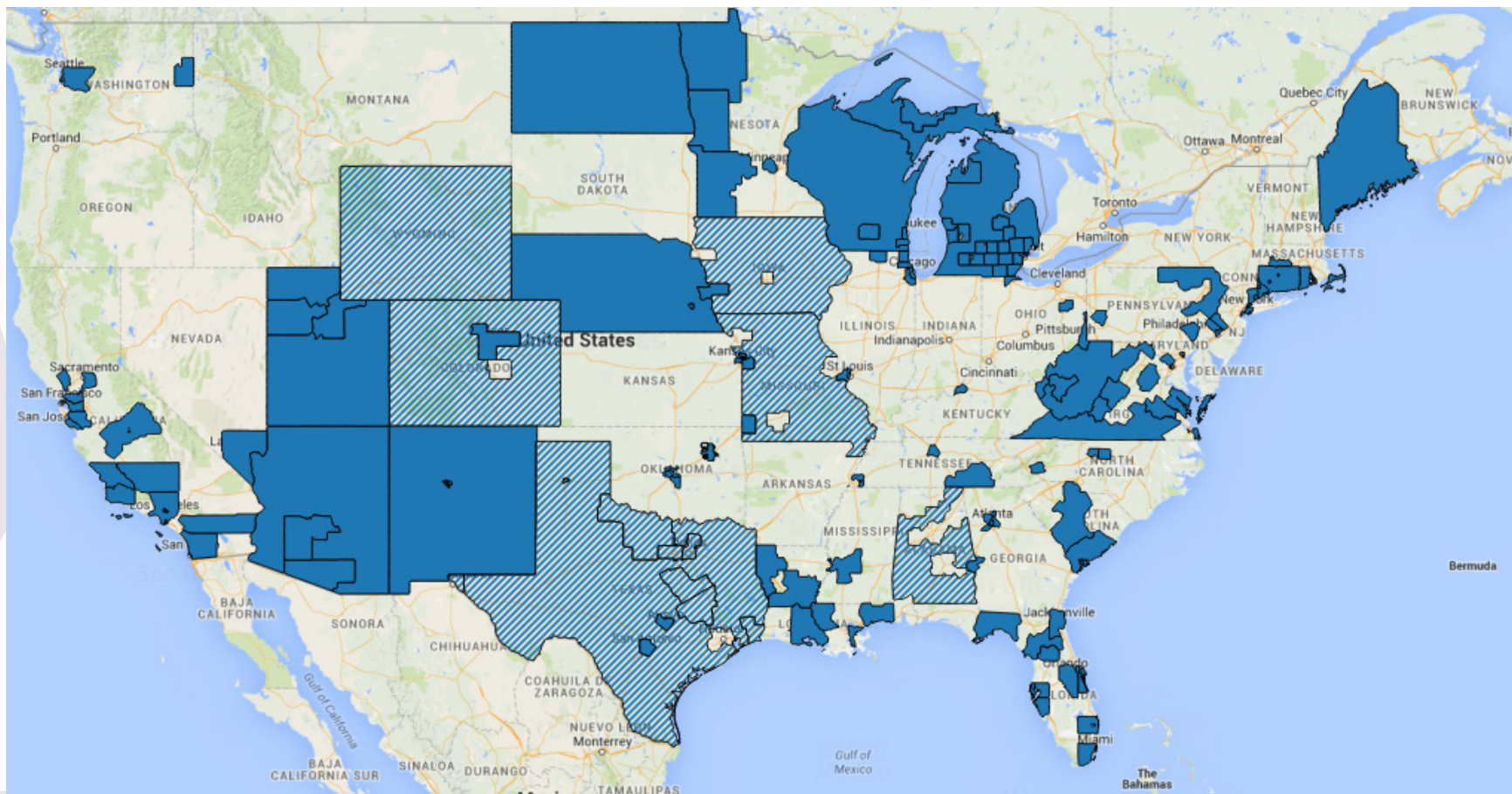
Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama

- Parts of Alabama Balance of State

Arizona

- Statewide

California

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia

- District of Columbia

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii

- Honolulu

Illinois

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

- Statewide

Minnesota

- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi

- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio

- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania

- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country
- Columbia/Midlands

Tennessee

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas

- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah

- Statewide

Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing

Local Competition Announcement

- Campaigns <
- All campaigns
- Email templates
- Reports

FY2021 HOPE HUD CoC Competition RFP

Switch report ▾

[Overview](#) [Activity](#) ▾ [Click Performance](#) [Content Optimizer](#) [Social](#) [E-commerce](#) [Inbox](#) [Analytics360](#)

285 Recipients

Audience: HOPE Connections Community News

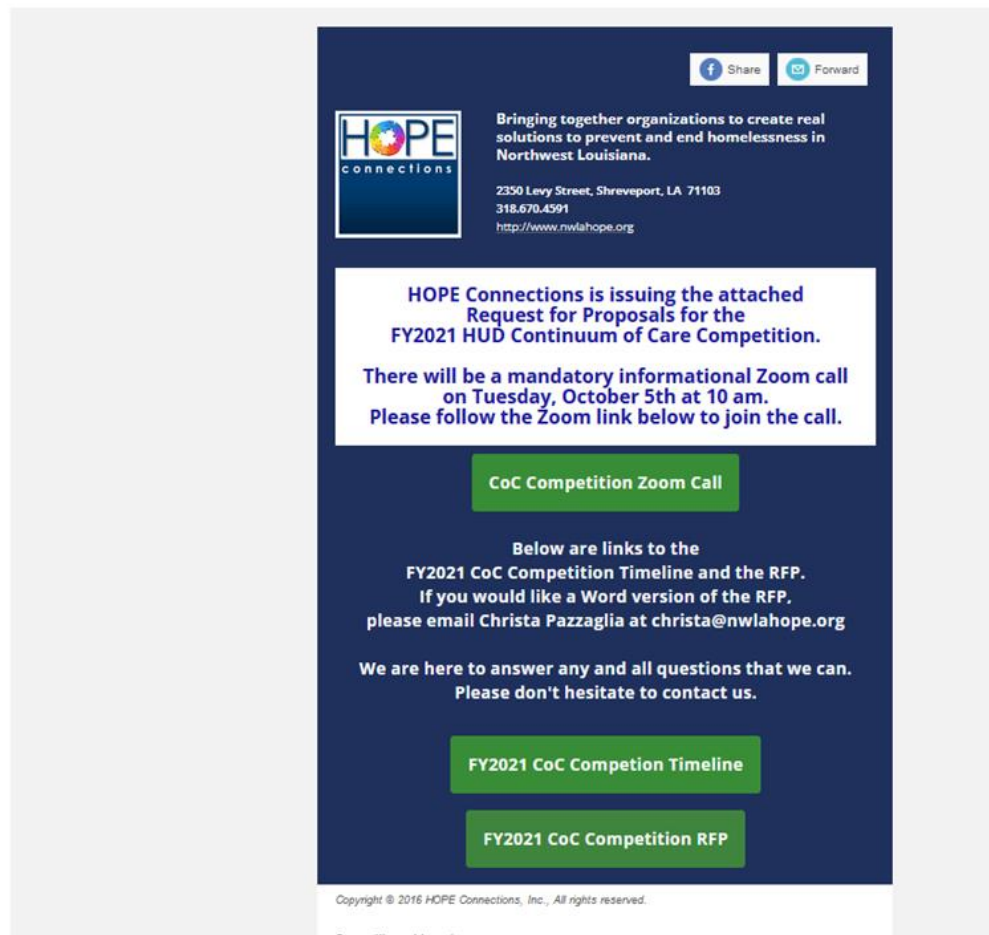
Subject: FY2021 HOPE HUD CoC Competition RFP

Delivered: Wed, Sep 29, 2021 6:40 pm


- Campaigns <
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- Christa
HOPE Connections

FY2021 HOPE HUD CoC Competition RFP

[Campaign Preview](#) [HTML Source](#) [Plain-Text Email](#) [Details](#)



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Bringing together organizations to create real solutions to prevent and end homelessness in Northwest Louisiana.

2350 Levy Street, Shreveport, LA 71103
318.670.4591
<http://www.nwlahope.org>

HOPE Connections is issuing the attached Request for Proposals for the FY2021 HUD Continuum of Care Competition.

There will be a mandatory informational Zoom call on Tuesday, October 5th at 10 am. Please follow the Zoom link below to join the call.

[CoC Competition Zoom Call](#)

Below are links to the FY2021 CoC Competition Timeline and the RFP. If you would like a Word version of the RFP, please email Christa Pazzaglia at christa@nwlahope.org

We are here to answer any and all questions that we can. Please don't hesitate to contact us.

[FY2021 CoC Competition Timeline](#)

[FY2021 CoC Competition RFP](#)

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Our mailing address is:



RFP for 2021 HUD Continuum of Care Competition

HOPE Connections, Collaborative Applicant for the HUD Homeless Continuum of Care in Northwest Louisiana, is accepting applications for CoC Renewal Project in the eSNAPS system and Letters of Intent for New/Bonus Permanent Housing Projects and DV Bonus Projects.

Due date is Friday, October 15th at 5:00 p.m. for the following:

Renewal Projects submitted in eSNAPS

Letter of Intent and attachments for New/Bonus Projects to Christa Pazzaglia at christa@nwlahope.org

Bonus Projects available as new/expansion projects

- Domestic Violence Rapid Rehousing Project for individuals/families experiencing homelessness due to domestic violence, dating violence, sexual assault, or stalking in the amount of \$370,597.
 - Applicants must describe how participants will be assisted to obtain and remain in permanent housing: New projects applying for DV Bonus funds must tailor the description to include how survivors of domestic violence, dating violence, sexual assault, or stalking as defined in paragraph (4) at 24 CFR 578.3 will be assisted to obtain and remain in permanent housing that addresses their particular needs, including safety, and includes trauma-informed, victim-centered approaches.
- Permanent Housing Bonus Project for Rapid Rehousing or Permanent Supportive Housing in the amount of \$199,991.
 - This can be used for new projects that utilize healthcare resources to help individuals and families experiencing homelessness. This must be demonstrated through a written commitment from a health care organization that the value of assistance being provided is at least 25% of the funding being requested for the project will be covered by the healthcare organization. A formal written agreement must be provided that includes the value of the commitment and the dates the healthcare resources will be provided.

Other relevant information:

- HUD CoC Projects have a 25% match requirement for all line items except leasing which has no match requirement.
- Applicants can request up to 10% in Administrative Funds.
- Applicants must be members of the HOPE Homeless Coalition.
- Projects that are awarded will be required to pay 3% of their award amount minus administrative funds as a fee for Service to HOPE Connections.
- Existing and new HUD CoC Projects are required to enter data directly into and produce all reporting out of the LSND Homeless Management Information System database.

- HUD CoC Projects are required to utilize the Coordinated Assessment Project for all referrals.

Preliminary selection of projects locally does not guarantee award by HUD; it only gives the applicants the opportunity to submit application to HUD. Applicants should expect to learn which project(s) will be allowed to submit electronically to HUD by Thursday, October 28th. HUD generally makes award announcements in January/February.

HUD Priorities

HUD has identified the following policy priorities in the 2021 NOFA (page 9):

- Ending homelessness for all persons
- Use a Housing First Approach
- Reducing Unsheltered Homelessness
- Improving System Performance
- Partnering with Housing, Health, and Service Agencies
- Racial Equity
- Persons with Lived Experience

Local Priorities

The HOPE Scoring/Ranking Committee has identified the following local priorities that are applicable to eligible uses of CoC funds:

- Maximize dollars available to the CoC to effectively address homelessness.
- Prioritize projects that enable and assist with the essential functions of the CoC, including participation in HMIS data collection, coordinated entry, and CoC general membership and CoC Board.
- Prioritize projects that demonstrate strong performance in permanently housing homeless households.
- Prioritize high performing projects that meet both HUD priorities and local needs by improving the CoC's outcomes and reducing homelessness, projects that are utilizing HUD funding in a timely way, and projects that meet the needs of and are appealing to people experiencing homelessness.
- Prioritize projects that provide permanent housing.

Renewal Projects

Scoring/Ranking Elements:

- Performance measures including:

length of stay	exits to permanent housing
returns to homelessness	new or increased income/earned income
- Serves high-need populations including:

% of participants accepted with no income	% of participants with multiple disabilities
---	--
- Project effectiveness:

% of participants referred through Coordinated Assessment Project
% of participants reviewed through Housing Placement Committee prior to program discharge

Costs are within 5% of average CoC cost per positive housing exit for project type
% of participant survey answers that indicate Housing First Model is being implemented
% project utilization rate
Participant housing type preference

Extra points will be awarded to renewal projects for the following:

(10 points) Projects that serve more than 90% individuals categorize themselves as 100% Dedicated (Screen 3C), meaning that units are 100% dedicated to those who are chronically homeless (Screen 4B)

OR

(10 points) Projects that serve more than 10% families categorize themselves as HousingPLUS (Screen 3C), but dedicate the units for individuals to those who are chronically homeless (Screen 4B)

(10 points) Projects that select 3 or more disabilities on the Participant Subpopulation screen, with one of these being Physical Disability (Screens 3B and 5B)

The HOPE CoC Scoring/Ranking Committee reserves the right to reallocate low scoring projects according the CoC Governance Charter.

Agencies reserve the right to request reallocation to all or part of their existing projects.

New/Expansion DV and Bonus Permanent Housing Projects

Your application must be formatted as outlined below. Proposals that are not submitted in the following format will not be reviewed. This section shall not exceed four pages in a 12-inch font. To be considered for funding, each Letter of Intent will be scored as follows:

Legal name of agency: _____

Agency address: _____

Phone number: _____ Cell number of submission contact: _____

Tax ID Number: _____ DUNS Number: _____

Submitted by: _____ Title: _____

Email Address: _____

I CERTIFY THAT ALL OF THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.

Signature of the Authorized Representative

Date

Print Name of Authorized Representative

Email Address

Experience

- (10 Points) Describe agency experience working with the proposed sub-population to be served and experience with the proposed housing type.
- (15 points) Describe agency experience with the Housing First approach.
 - Must demonstrate that there are not pre-conditions to entry, allowing entry regardless of untreated mental illness, current or past substance abuse, income, marital status, familial status, actual or perceived sexual orientation, gender identity, and criminal history when allowable by law
 - Must demonstrate that the project uses best practice approaches to address issues that could jeopardize housing and/or project participation and that project participation is terminated only in the most severe cases
- (10 points) Describe agency experience in utilizing Federal funds

Design of Housing and Supportive Services

- (30 points) Describe the following:
 - How will the type of housing proposed, including the number and configuration of units, fit the needs of the program participants (e.g., two or more bedrooms for families)

- What is the plan to assist participants to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and appropriate for their needs
- How will the type of supportive services that will be offered to program participants ensure successful retention in permanent housing, including all supportive services regardless of funding source
- How will participants be assisted in obtaining mainstream resources (including Medicare, Medicaid, SSI, Food Stamps, etc.)
- How will participants be assisted to increase employment and/or income to maximize their ability to live as independently as possible
- Describe the agency understanding of the performance benchmarks expected by HUD

Timeliness

(10 points) Describe the plan for rapid implementation of the program, documenting how the program will begin housing the first program participant. Provide a schedule of proposed activities 60 days, 120 days, and 180 days after grant is awarded.

Financial

- (5 points) Project is cost-effective in relation to projected cost per person served.
- (5 points) Submit a copy of your agency's most recent financial audit.
- (15 points) Provide a total project budget including all sources of funding that will be used for the project on the attached form, ensuring that HUD funded line items are reasonable and allowable. Identify sources of match.

<p>Housing Type</p> <p><input type="checkbox"/> Permanent Supportive Housing</p> <p><input type="checkbox"/> Rapid Rehousing</p> <p>Population Served</p> <p><input type="checkbox"/> Domestic Violence Survivors</p> <p><input type="checkbox"/> Chronically Homeless</p> <p><input type="checkbox"/> Families with Children</p>	<p>Grant Term* (Check only one box)</p> <p style="text-align: right;"><input checked="" type="checkbox"/> 1 Year</p> <p>Is this proposal an expansion of an existing project?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	--

Proposed Activities	HUD Funding Requested	Cash Match (25%)	Totals
1. Rental Assistance			
2. Leasing			
3. Supportive Services			
4. Operations			
5. Subtotal lines 1 through 4			
6. Administrative Costs (Up to 10%)			
7. Total Request		Total Cash Match	Total Budget (HUD Request + Cash Match)

FY2021 HOPE CoC Competition Scoring/Ranking Form

Project: _____ Ranking: _____

Project Budget: _____ # of Units: Singles _____ Families _____

Rating Element	Data	Possible Points	Points
<u>Performance Measures:</u>			
>90% Exit to Permanent Housing		20	
>180 days Length of Stay		10	
Conducted Annual Income Assessment		10	
>10% New or Increased Earned Income/Non- Employment Income for Leavers		10	
<u>Serves High-Need Participants:</u>			
100% participants enter project from Coordinated Assessment referrals from the local housing list in order of vulnerability		10	
100% of participants reviewed through Housing Placement Committee prior to discharge		10	
Number of elements within both leases that do not reflect the Housing First Model		10	
<u>Project Effectiveness:</u>			
Cost are within local average cost per positive housing exit for project type		10	
95% project utilization rate (Sample date 4x per year measuring utilization/total # of units.)		10	
<u>Local Criteria</u>			
Project Housing Type is desirable to participants according to the ranking in the 2021 Participant Survey		10	
>90% HMIS Data Quality		10	
	Total Points		
	Bonus Points		
	Total Points Possible	120	
	Score		

Bonus Points			
Project selected HousingPlus for all family units and 100% Dedicated for all single units		10	
Project selected 3 or more disabilities to serve, with one of those being Physical Disabilities		10	

FY2021 HOPE CoC Competition Scoring/Ranking Form

Project: _____ Ranking: _____

Project Budget: _____ # of Units: Singles _____ Families _____

Rating Element	Data	Possible Points	Points	
Performance Measures:				
>90% Exit to Permanent Housing	9 of 16	56%	20	11.2
>180 days Length of Stay	42 of 45	93%	10	9.3
Conducted Annual Income Assessment	Yes	10	10	
>10% New or Increased Earned Income/Non-Employment Income for Leavers	44%	10	10	
Serves High-Need Participants:				
100% participants enter project from Coordinated Assessment referrals from the local housing list in order of vulnerability	100%	10	10	
100% of participants reviewed through Housing Placement Committee prior to discharge	2 of 17	12%	10	1.2
Number of elements within both leases that do not reflect the Housing First Model	4 elements	10	10	5
Project Effectiveness:				
Cost are within local average cost per positive housing exit for project type	18% lower	10	10	
95% project utilization rate (Sample date 4x per year measuring utilization/total # of units.)	30 of 33	91%	10	9.1
Local Criteria				
Project Housing Type is desirable to participants according to the ranking in the 2021 Participant Survey	1 st Choice	10	10	
>90% HMIS Data Quality	99.69%	10	10	
	Total Points			95.8
	Bonus Points			20
	Total Points Possible	120		839.
	Score			115.8

Bonus Points			
Project selected HousingPlus for all family units and 100% Dedicated for all single units	Yes	10	
Project selected 3 or more disabilities to serve, with one of those being Physical Disabilities	Yes	10	

Final Renewal and New Project Scores and Ranking

*The CoC Board voted to rank the Coordinated Assessment Program and the NWLA HMIS Project #1 and #2 automatically.

*Harbor 1 was not scored or ranked. The project was submitted into eSNAPS 9 days after the final CoC established submission date for renewals.

*Each member of the Scoring and Ranking Committee was given a full packet on each project which included all scoring resources used. Each member filled out a Scoring and Ranking Form on each project. They then calculated the scores and used percentages instead of points to account for elements not applicable to specific projects. Bonus Projects were scored by points using the CoC Request for Proposals guide.

Project Name	Project Score	Ranking Number
Renewal Projects		
Intensive Community Engagement	100%	3
Pathways	93%	4
Crossroads	92%	5
Level Up	91%	6
GAPS	90%	7
Impact	89%	8
REACH II	87%	9
SHOC	83%	10
Greater Beginnings	82%	11
New Projects		
SHOC Expansion – voluntary reallocation from GAPS due to undesirable housing type		12
Reallocated funding from Harbor I project was awarded as expansions to projects that would be able to transition residents from the rejected project. The project expansions are ranked according to the ranking of the renewal project.		
Intensive Community Engagement Expansion		13
Level Up Expansion		14
IMPACT Expansion		15
REACH II Expansion		16
Bonus Projects		
Start Here – PH Bonus Project	93 points of 100	17
Living in Freedom Effectively (LIFE) DV Bonus	96 points of 100	18

Projects Rejected/Reduced – Public Posting

Reply Reply All Forward



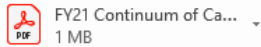
Wed 10/27/2021 4:49 PM

Christa Pazzaglia <christa@nwlahope.org>

Harbor 1 HUD CoC Submission

To Bobby Collins; Corey Franklin; Alexandra West

Cc Yulonda Lane; Monique Bryant



Bobby, the CoC Scoring and Ranking Committee met today, and they followed the instructions in the NOFO for FY 2021 Continuum of Care Competition, Section VI, F., 2 on page 55 of 92. This document is attached for your convenience.

I am writing on behalf of the Scoring and Ranking Committee to inform you that the Harbor 1 CoC Application has been rejected due to failure to submit the application by the due date of October 15th, 2021. The application had not been submitted by 1:51 pm on October 26th as evidenced by a screenshot of the submitted applications. As you can see below, the only decision the committee made today was to follow HUD regulations and the very clear instructions in the NOFO. Additionally, the CoC has saved copies of all communications regarding the FY 2021 Competition documenting that the Housing Authority of the City of Shreveport was included in all communications. This written notification is a courtesy only, the CoC is not required to notify the HACS in writing since the application was not submitted by the local CoC established deadline.

The CoC will contact your office regarding a smooth transition for those residents in the Harbor units to the projects that will be providing their housing.

Sincerely,
Christa

F. Submission Dates and Times.

1. Completed applications must be submitted to HUD on or before 8:00 PM EST on November 16, 2021. 2. 24 CFR 578.9 requires CoCs to design, operate, and follow a collaborative process for the development of an application in response to a NOFO issued by HUD (which, under this NOFO includes applications for noncompetitive YHDP renewal and YHDP replacement projects). As part of this collaborative process, CoCs must implement internal competition deadlines to ensure transparency and fairness at the local level. The implementation of deadlines that meet the standards outlined below for FY 2021 project applications are part of the scoring criteria as detailed in Section VII.B.2.g of this NOFO.

- (a) Project Application. All project applications are required to be submitted to the CoC no later than 30 days before the application submission deadline to HUD of November 16, 2021 by 8:00 PM EST. CoCs failing to establish this deadline for local project application(s) will receive 0 points under Section VII.B.2.g of this NOFO.
- (b) CoC Notification to Project Applicants. The CoC is required to notify, in writing outside of e-snaps, all project applicants who submitted their project applications to the CoC by the local CoC-established deadline whether their project application(s) will be accepted and ranked on the CoC Priority Listing, rejected, or reduced by the CoC no later than 15 days of the FY 2021 application submission deadline.

Where a project application is being rejected or reduced, the CoC must provide the project applicant with the reason(s) for the rejection or reduction. CoCs failing to provide this information to a project applicant that submits its project application by the local competition deadline will receive 0 points under Section VII.B.2.g of this NOFO.

Christa Pazzaglia
Executive Director



2350 Levy Street
Shreveport, LA 71103

Office 318-670-4591
Cell 318-208-7445
www.nwlahope.org

Projects Accepted – Public Posting

Reply Reply All Forward

Wed 10/27/2021 5:41 PM



Christa Pazzaglia <christa@nwlahope.org>


FY2021 HUD Application Ranking

To Alexis Youngblood; Chris Miciotto; David Bennett; Hershey Krippendorf; Jason Seaux; Jeannie Kanode; Jenesis Gibson; Monique Bryant ; Rhonda Jones; Veronica Glover; Yulonda Lane
Cc Addie Duval; Casey Guidry; Laura Martinez; Catherine Broussard

i You replied to this message on 11/2/2021 5:52 PM.

Grantees and New Applicants, the CoC Board Scoring and Ranking Committee met today to establish the ranking of this year's applications. Additionally, due to a reallocation, the following projects will

Intensive Community Engagement – Easter Seals LA
Impact – Community Support Programs
REACH II - Community Support Programs
SHOC – VOA North LA
Level Up – VOA North LA



**FY2021 HUD Continuum of Care Competition
Project Applicant Ranking**

Ranking #	Agency Name	Project Name	Grant Amount
1	HOPE Connections	Coordinated Access Project	\$127,585
2	HOPE Connections	NWLA HMIS Project	\$70,499
3	Volunteers of America NL	SHOC	\$640,392
4	Easter Seals Louisiana	Intensive Community Engagement	\$309,944
5	Easter Seals Louisiana	Pathways to Independence	\$229,222
6	Community Support Programs	Crossroads II	\$349,331
7	Volunteers of America NL	Level Up	\$204,855
8	Volunteers of America NL	GAPS	\$221,982
9	Community Support Programs	Impact	\$377,329
10	Community Support Programs	Reach II	\$547,824
11	Philadelphia Center	Greater Beginnings	\$187,631
12	Start Corporation	Permanent Housing Bonus Project	\$199,991
13	Easter Seals Louisiana	Domestic Violence Bonus Project	\$370,597

- All projects were rated and ranked by the NWLA CoC Board Scoring and Ranking Committee using the CoC Scoring and Ranking Tool.
- Scoring was comprised of 13 elements including performance measures, determination of serving high-needs populations, and project effectiveness.
- Data input for rating was pulled from the HMIS Exit Destination Outcomes Report, HMIS Project APRs run for the 2020 calendar year, Sample leases submitted by each program, 2020 Data Completeness Report Card, Project Cost Effectiveness Calculations, and FY2021 HUD CoC Project Applications.

Thank you to the Scoring and Ranking Committee for their commitment to transparency and data-based scoring.

Christa Pazzaglia
Executive Director

Web Posting – CoC-Approved Consolidated Application

www.nwlahope.org/coc-resources.html

120%



HOPE Connections

Bringing people together to prevent and end homelessness in Northwest Louisiana

HOME

WHO ARE WE?

CLIENT SERVICES

HOPE COALITION

COC RESOURCES

STATISTICS/RESOURCES

CONTACT US

FY2021 HUD CoC Competition Information

FY2021 CoC Consolidated Application

FY2021 CoC Project Priority Submission

FY2021 HUD CoC NOFO

FY21 HOPE CoC Competition RFP

FY2021 HOPE CoC Dates & Timelines

FY21 HOPE Local CoC Ranking Policy

FY21 HOPE CoC Training Slides

FY21 CoC Scoring Ranking Tool

FY21 Survey of People Experiencing Homelessness

Essential Links for CoC and ESG Providers

CoC HUD Exchange

<https://www.hudexchange.info/programs/coc/>



**Office of State Procurement
PROACT Contract Certification of Approval**

**This certificate serves as confirmation that the Office of State Procurement
has reviewed and approved the contract referenced below.**

Reference Number: 2000490467 (1)
Vendor: START Corporation
Description: Permanent Supportive Housing Assistance
Approved By: Toni Gordon
Approval Date: 8/28/2020

Your amendment that was submitted to OSP has been approved.

AMENDMENT TO
AGREEMENT BETWEEN STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF HEALTH

Amendment #: 1

LAGOV#: 2000490467

LDH #: 320

OAAS Office of Aging and Adult Services
(Regional/ Program/ Facility) Permanent Supportive Housing Program
AND
START Corporation
Contractor Name

Original Contract Amount \$ 6,204,045.00
Original Contract Begin Date 07-01-2020
Original Contract End Date 06-30-2023
RFP Number: 3000013849

AMENDMENT PROVISIONS

Change Contract From: From Maximum Amount: \$6,204,045.12 Current Contract Term: 07/01/2020-06/30/2023

Block 9: Contractor will serve Regions 1, 2, 3, 6, 7, 8, and 9.
Block 13: FY21 \$2,068,015.04; FY22 \$2,068,015.04; FY23 \$2,068,015.04
Attachment B: As approved

Change Contract To: To Maximum Amount: \$3,442,224.21 Changed Contract Term: N/A

Block 9: Contractor will serve Regions 1, 2, 3, 6, 7, and 8.
Block 13: FY21 \$1,147,408.07; FY22 \$1,147,408.07; FY23 \$1,147,408.07
Attachment B: As revised

Justifications for amendment:

An amendment is needed to reduce the amount of the contract due to a calculation error in the overall budget that was made when the contract was executed.

This Amendment Becomes Effective: 07-01-2020

This amendment contains or has attached hereto all revised terms and conditions agreed upon by contracting parties.

IN WITNESS THEREOF, this amendment is signed and entered into on the date indicated below.

CONTRACTOR
START Corporation
DocuSigned by: Casey Guidry
CONTRACTOR SIGNATURE 8/21/2020 DATE
PRINT NAME Casey R. Guidry
CONTRACTOR TITLE Executive Director

STATE OF LOUISIANA
LOUISIANA DEPARTMENT OF HEALTH
Secretary, Louisiana Department of Health or Designee
SIGNATURE [Signature] DATE
NAME Sherlyn Sullivan
TITLE Interim Assistant Secretary
OFFICE Office of Aging and Adult Services

PROGRAM SIGNATURE DATE
NAME

STATEMENT OF WORK

Goal/Purpose

The Office of Aging and Adult Services (OAAS) has contracted with Start Corporation, herein after referred to as "Contractor", to provide Housing Support Services to Permanent Supportive Housing (PSH) households in Regions 1, 2, 3, 6, 7, and 8 that are currently receiving Community Development Block Grant (CDBG) funded tenancy support services. Over the term of this contract, many of these households will be transitioned to funding through the Medicaid program. It is expected that the contractor will make every effort to transition households served under this procurement from CDBG funding to more sustainable funding sources for services, particularly Medicaid.

The services will focus on the skills needed by participants to obtain and maintain stable housing, including but not limited to: education on tenant's rights and responsibilities, assistance with effectively responding to or avoiding identified precursors or triggers that would put continued tenancy at risk, and assistance with developing daily living skills specific to managing one's own home. Services will be delivered by the contractor and will be provided in the participant's home or community rather than in a provider's office. Because the PSH program serves people with any type of significant disability, the contractor will need to have expertise in the needs of several different disability populations and will be expected to have extensive knowledge of other service resources in the surrounding community to assist with the participant's overall care.

The purpose of this service is to provide the individualized community based housing supports needed for program participants to live successfully in the community and avoid institutionalization or homelessness as referenced in the RFP Section 2.2.

Deliverables

The contractor shall provide housing based supports services that are provided in the home or other natural setting and encompass the awareness of: cultural sensitivity; belief in personal choice; individual dignity; and encompass the concept of team approach to service provision. Services must be based on the assessed needs and requests of the individual. Service delivery as referenced in the RFP section 2.2.3 should incorporate the best practice principles of motivational interviewing and harm reduction and must follow the Housing First model.

OUTCOME 1

PSH households will receive community-based housing supports and services that meet program eligibility criteria as outlined within the Permanent Supportive Housing (PSH) program Policy and Procedure Manual. Community-based housing supports and services includes (a) conducting assessments and planning for each participant, (b) the development of an individualized written housing support plan, (c) the collaboration with existing service providers, (d) maintaining files on all households receiving CDBG funded services and, (e) the implementation of best practices such as motivational interviewing, harm reduction and housing first.

Service Planning – Service planning will be conducted by the contractor under the supervision of either an LCSW or an LPC.

- The contractor will develop an individualized service plan for each participant household. Some households may have more than one family member in need of services. PSH serves the whole family, not just the Head of Household. If more than one member of the household needs individual services, a separate service plan must be developed. The plan will be developed with the participant, members of the participant's family and/or support network and any participant requested community service provider providing services to the participant. All service planning shall be documented and become a part of the participant's case record. Participants may decline services but the contractor must develop a plan that outlines the amount of contact the provider will maintain with the participant and the continued attempts to engage the participant in services.

Crisis Planning – The contractor will conduct Crisis Prevention, Intervention and Stabilization planning, to assess for and address service needs to maintain household and personal safety, as required. The format for the crisis planning document shall be submitted to LDH for approval within 30 calendar days from the start date of the contract. The contractor crisis plan must address 24/7 coverage for after-hours emergencies,

Individualized Housing Support Plan (IHSP) –The contractor shall develop and update an IHSP to plan for service goals needed, as determined by service assessments, as required and according to the time frame designated. The format for the IHSP shall be submitted to LDH for approval within 30 calendar days from the start date of this contract.

Disaster Planning – The contractor shall develop in conjunction with the participant a plan to follow in the event of a natural or manmade disaster. The plan must include the activities the contractor will conduct to assist the participant in carrying out the plan. Planning will be simultaneous with that of the IHSP and Crisis Plans. The format for the plan shall be submitted to LDH for review within 30 calendar days from the start date of the contract.

Operations Requirements

Contractor shall maintain at least one office in proximity to CDBG recipients currently being served. Contractor shall provide space sufficient for staff to perform their duties, maintain locked confidential participant files, and conduct confidential interviews and meetings.

Contractor shall provide equipment sufficient for staff to perform their duties including computers, cell phones, portable scanners, office supplies and, if staff vehicles are not used for participant transport, they will have access to vehicles to transport clients.

Contractor shall maintain all certifications, enrollments, credentialing and contracts necessary to provide PSH supportive services as a cross-disability service under Community Choices Waiver, New Opportunities Waiver, Children's Choice Waiver, Supports Waiver, Residential Options Waiver, and as a component of Community Psychiatric Support Team (CPST) and Psychosocial Rehab (PSR) services.

Contractors who lack experience providing CDBG services in the PSH program must attend LDH-delivered training on authorization and billing of CDBG.

Staffing Requirements/Qualifications

Contractors will have staff members comprised of individuals who have experience with several types of disabilities, including behavioral health, substance abuse, HIV/AIDS, developmental disabilities, age related.

Supervision must be provided by an LCSW or LPC.

Contractors shall each have the capacity to provide: staff supervision, Community Support Specialists, and Peer Support Services.

Performance Measures:

For 100% of the households there is a file containing assessments and plans completed within the required timeframes and documentation of service delivery.

Monitoring Plan:

The contract will be monitored by the Housing Manager B or designee. Susan Garner currently serves as the Contract Monitor. The Contract Monitor will conduct on site monitoring and quality of service reviews to ensure services are delivered within contract guidelines.

OUTCOME 2

Contractor shall provide a copy of their updated policy and procedures that incorporate PSH principles and approach to service delivery, and shall be modeled from the Permanent Supportive Housing (PSH) program Policy and Procedure Manual. Contractor policy and procedure shall be presented to LDH contract monitor. within 60 calendar days of the start of the contract.

Performance Indicators:

Policy and procedures manual shall incorporate PSH principles and approach to service delivery, outline how staff orientation and training will be conducted and include personnel policies and procedures for hiring.

Monitoring Plan:

The PSH Program Monitor will evaluate the manual for program compliance.

OUTCOME 3

The Contractor shall maintain a case record on each participant receiving housing based support services through the program. Case records will be retained as required by Community Development Block Grant regulations as stated in the OMB circular, OMB Circulars A-122/133. At a minimum, this case record shall consist of:

- Demographic and identifying information
- Referral form
- Initial PSH assessment
- Comprehensive Housing Assessment
- Individualized Housing Support Plan
- Crisis Prevention, Intervention and Stabilization plan
- Collection of relevant client record information from agencies from whom the resident has received services;
- Copies of all items or expenses paid with E&P funds
- Participant Incident reports
- Service logs completed for each service contact with or about a tenant

- Closing summary, including summary of program outcomes based on life areas and related to service plan, current needs, community referrals, and reason for case closure
- Information releases, waivers of confidentiality
- All records shall be made available for inspection by OAAS/PSH

Performance Indicators:

100% of the participant files will be in compliance as stated in the OMB circular, OMB Circulars A-122/133, as determined by annual on-site monitoring and Monitoring Summary which are provided to Contractor following every on-site monitoring visit.

Monitoring Plan:

The PSH Contract Monitor will conduct on-site monitoring at each regionally based office and quality of service reviews on an annual basis and /or as needed to ensure services are delivered within contract guidelines. Additionally, on a monthly basis, the fiscal monitor will request progress notes for randomly selected participants billed for during that month.

Payment Terms and Invoicing

The total amount of this contract shall not exceed \$3,442,224.21. Upon completion of deliverables and any requested reports, payment will be made based on the chart below:

TASK/DELIVERABLE	UNIT COST	NO. OF UNITS	TOTAL/YEAR
Community-based housing support services	\$15.11	75,937/FY21	\$1,147,408.07/FY21
		75,937/FY22	\$1,147,408.07/FY22
		75,937/FY23	\$1,147,408.07/FY23
TOTAL	UNIT=15 MINUTES	227,811	\$3,442,224.21

Contractor shall submit billing monthly to the LDH PSH Fiscal Monitor or designee. Caroline Messenger currently serves as the LDH PSH Fiscal Monitor. Invoices are due by the 10th of the following month of service delivery. The Contractor must use the preapproved template provided by LDH as a part of this contract. This cost reimbursement is a fixed rate of \$15.11 per unit and a unit consists of 15 minutes. Sixteen units per month per household approved for CDBG services is allowed.

Final invoice will be paid upon completion of all deliverables and approval by the PSH Fiscal Monitor.

Fiscal

- Services will be reimbursed on a per unit basis and there must be documentation to establish that all units billed have been delivered.
- Contractor shall employ record keeping / receipt procedures, which will provide an audit trail for expenditures and income received. Fiscal and record-keeping procedures must follow Community Development Block Grant (CDBG) requirements. Appropriate financial documentation for reimbursement must be submitted monthly to OAAS/PSH by the 20th day of the subsequent month in which the charges were incurred, utilizing OAAS approved forms. OAAS will provide technical assistance in establishing financial and record keeping procedures. Failure to establish and retain adequate documentation may result in disallowance of such expenditures and represents a contractual breach.
- Funds may only be spent on eligible activities and for eligible costs according to CDBG requirements. The contractor shall use accepted accounting procedures to document expenditures. The OAAS/PSH will utilize the services of the OAAS contract monitor to monitor contracted services and outcomes and the OAAS accountant to monitor contract invoices and finances. The contractor shall have an annual audit (A133) conducted according to state requirements and submit a copy of the audit to OAAS within 30 calendar days of receipt of the final report.
- The contractor must comply with all CDBG standards and related requirements, including, but not limited to, the following:
 - financial management;
 - procurement;
 - labor;
 - use of debarred contractors;
 - conflict of interest;
 - discrimination; and
 - other areas referenced and covered by 24 CFR Part 570 (CDBG regulations), 24 CFR Part 84/85 (financial management) as well as OMB Circulars A-122/133.

Reporting and Monitoring Requirements

The contractor shall submit data which may include demographic information, service delivery information CDBG funded services as requested by the PSH office.

All incident reports shall be sent within 24 hours to the designated PSH program staff for review as outlined in the PSH Policy and Procedure Manual. This will be submitted via email. Any email containing participant identification shall be encrypted.