1A. Continuum of Care (CoC) Identification

**Instructions:**
The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

**CoC Name and Number (From CoC Registration):** LA-504 - Baton Rouge CoC

**Collaborative Applicant Name:** Capital Area Alliance for the Homeless

**CoC Designation:** CA
1B. Continuum of Care (CoC) Operations

Instructions:
Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

Name of CoC Structure: Capital Area Alliance for the Homeless

How often does the CoC conduct open meetings? Monthly

Are the CoC meetings open to the public? Yes

Is there an open invitation process for new members? Yes

If 'Yes', what is the invitation process? (limit 750 characters)
The CoC publicizes its work to end homelessness within the community via news articles, public announcements, a website, and a distribution list that provides regular information/announcements on matters related to homeless services/resources. Interested potential members are encouraged to attend meetings and to network with current CoC Members. Funding opportunities are announced and technical assistance is provided to existing and new service providers to enable them to submit applications.
Are homeless or formerly homeless representatives members part of the CoC structure?  Yes
If formerly homeless, what is the connection to the community?  Agency employee

Does the CoC provide

<table>
<thead>
<tr>
<th>CoC Checks</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written agendas of meeting?</td>
<td>Yes</td>
</tr>
<tr>
<td>Centralized assessment?</td>
<td>Yes</td>
</tr>
<tr>
<td>ESG monitoring?</td>
<td>No</td>
</tr>
</tbody>
</table>

If 'No' to any of the above what processes does the CoC plan to implement in the next year? (limit 1000 characters)

The CoC is currently working implemented a pilot Centralized Assessment for Homeless Service Providers in the community that we plan to expand this year. This process is guided by service providers housed at a new One Stop Homeless Services Center in conjunction with our HMIS Vendor. A common Intake form has been designed that incorporates the required data elements and client specific data that will allow for appropriate referral to member agencies across the Continuum.

ESG Monitoring is currently conducted by the City of Baton Rouge Office of Community Development as well as the State's Louisiana Housing Corporation (a re-assignment of that duty from Department of Children and Family Services). The CoC works closely with both offices providing HMIS reports to assist their monitoring.

Based on the selection made above, specifically describe each of the processes chosen (limit 1000 characters)

The CoC has presented information regarding common intake tool and the process of Centralized assessment at a CoC meeting. In addition the CoC and two member agencies have worked with the HMIS vendor to re-design the intake form. Centralized assessment will begin with the two high volume (a Day Center and an Emergency Shelter & Day Program) providers. Additional agencies will be added over the coming year.

The CoC will enter into discussions with the city and state around ESG information sharing & monitoring in order to better align resources to end homelessness.
Does the CoC have the following written and approved documents:

<table>
<thead>
<tr>
<th>Type of Governance</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC policies and procedures</td>
<td>Yes</td>
</tr>
<tr>
<td>Code of conduct for the Board</td>
<td>Yes</td>
</tr>
<tr>
<td>Written process for board selection</td>
<td>Yes</td>
</tr>
<tr>
<td>Governance charter among collaborative applicant, HMIS lead, and participating agencies.</td>
<td>Yes</td>
</tr>
</tbody>
</table>
1C. Continuum of Care (CoC) Committees

Instructions:
Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, LGBT homeless issues, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meets less than quarterly, please explain.

Committees and Frequency:

<table>
<thead>
<tr>
<th>Name of Group</th>
<th>Role of Group</th>
<th>Meeting Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership Meeting</td>
<td>Member agencies meet to network, to receive education in best practices, and to receive information on community resources</td>
<td>Monthly or more</td>
</tr>
<tr>
<td>Board of Directors</td>
<td>To set policy for the CoC, oversee lead agency staff, to review the 10 Year and Strategic Plans, and to create needed ad hoc committees</td>
<td>Monthly or more</td>
</tr>
<tr>
<td>Executive Committee</td>
<td>Acts on behalf of the Board between meetings, sets agenda for the board meeting, and identifies action items for the Board</td>
<td>Monthly or more</td>
</tr>
<tr>
<td>Finance and Governance Committee</td>
<td>Reviews all financial statements, recommends development initiatives to the board, reviews bylaws, and conducts the annual nomination/election process for the Board</td>
<td>Monthly or more</td>
</tr>
<tr>
<td>Program Committee</td>
<td>Oversees programs of the Continuum of Care and conducts the process of ranking projects for submission to HUD</td>
<td>Bi-monthly</td>
</tr>
</tbody>
</table>

If any group meets less than quarterly, please explain (limit 750 characters)
1D. Continuum of Care (CoC) Member Organizations

Click on the icon to enter information for the CoC Member Organizations.

<table>
<thead>
<tr>
<th>Membership Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Sector</td>
</tr>
<tr>
<td>Private Sector</td>
</tr>
<tr>
<td>Individual</td>
</tr>
</tbody>
</table>
### 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

**Public Sectors:** Enter the number of organizations that are represented in the CoC’s planning process. Enter the number of organizations that serve each of the subpopulations listed. Enter the number of organizations that participate in each of the roles listed.

**Private Sectors:** Enter the number of organizations that are represented in the CoC’s planning process. Enter the number of organizations that serve each of the subpopulations listed. Enter the number of organizations that participate in each of the roles listed.

**Individuals:** Enter the number of individuals that are represented in the CoC’s planning process. Enter the number of individuals that serve each of the subpopulations listed. Enter the number of individuals who participate in each of the roles listed.

---

**Type of Membership:** Public Sector

Click Save after selection to view grids

---

**Number of Public Sector Organizations Represented in Planning Process**

<table>
<thead>
<tr>
<th></th>
<th>Law Enforcement/Corrections</th>
<th>Local Government Agencies</th>
<th>Local Workforce Investment Act Boards</th>
<th>Public Housing Agencies</th>
<th>School Systems/Universities</th>
<th>State Government Agencies</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

---

**Number of Public Sector Organizations Serving Each Subpopulation**

<table>
<thead>
<tr>
<th>Subpopulations</th>
<th>Law Enforcement/Corrections</th>
<th>Local Government Agencies</th>
<th>Local Workforce Investment Act Boards</th>
<th>Public Housing Agencies</th>
<th>School Systems/Universities</th>
<th>State Government Agencies</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seriously mentally ill</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Veterans</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

---

HEARTH FY2012 CoC Consolidated Application  Page 7  01/16/2013
HIV/AIDS | 0 | 1 | 0 | 0 | 0 | 0 | 0
Domestic violence | 0 | 0 | 0 | 1 | 0 | 0 | 0
Children (under age 18) | 0 | 0 | 0 | 0 | 1 | 0 | 0
Unaccompanied youth (ages 18 to 24) | 0 | 1 | 0 | 0 | 1 | 0 | 0

### Number of Public Sector Organizations Participating in Each Role

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee/Sub-committee/Work Group</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Authoring agency for consolidated plan</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Attend consolidated plan planning meetings during past 12 months</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Attend consolidated plan focus groups/public forums during past 12 months</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Lead agency for 10-year plan</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Attend 10-year planning meetings during past 12 months</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Primary decision making group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

**Public Sectors:** Enter the number of organizations that are represented in the CoC’s planning process.
- Enter the number of organizations that serve each of the subpopulations listed.
- Enter the number of organizations that participate in each of the roles listed.

**Private Sectors:** Enter the number of organizations that are represented in the CoC’s planning process.
- Enter the number of organizations that serve each of the subpopulations listed.
- Enter the number of organizations that participate in each of the roles listed.

**Individuals:** Enter the number of individuals that are represented in the CoC’s planning process.
- Enter the number of individuals that serve each of the subpopulations listed.
- Enter the number of individuals who participate in each of the roles listed.
Type of Membership: Private Sector

Click Save after selection to view grids

### Number of Private Sector Organizations Represented in Planning Process

<table>
<thead>
<tr>
<th></th>
<th>Businesses</th>
<th>Faith-Based Organizations</th>
<th>Funder Advocacy Group</th>
<th>Hospitals/ Med Representatives</th>
<th>Non-Profit Organizations</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number</td>
<td>3</td>
<td>8</td>
<td>1</td>
<td>1</td>
<td>11</td>
<td>1</td>
</tr>
</tbody>
</table>

### Number of Private Sector Organizations Serving Each Subpopulation

<table>
<thead>
<tr>
<th>Subpopulations</th>
<th>Businesses</th>
<th>Faith-Based Organizations</th>
<th>Funder Advocacy Group</th>
<th>Hospitals/ Med Representatives</th>
<th>Non-Profit Organizations</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seriously mentally ill</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Veterans</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Children (under age 18)</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied youth (ages 18 to 24)</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

### Number of Private Sector Organizations Participating in Each Role

<table>
<thead>
<tr>
<th>Roles</th>
<th>Businesses</th>
<th>Faith-Based Organizations</th>
<th>Funder Advocacy Group</th>
<th>Hospitals/ Med Representatives</th>
<th>Non-Profit Organizations</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee/Sub-committee/Work Group</td>
<td>3</td>
<td>10</td>
<td>1</td>
<td>1</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Authoring agency for consolidated plan</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Attend consolidated plan planning meetings during past 12 months</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Attend Consolidated Plan focus groups/ public forums during past 12 months</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Lead agency for 10-year plan</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

HEARTH FY2012 CoC Consolidated Application  Page 9  01/16/2013
1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC’s planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC’s planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC’s planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Individual
Click Save after selection to view grids

Number of Individuals Represented in Planning Process

<table>
<thead>
<tr>
<th></th>
<th>Homeless</th>
<th>Formerly Homeless</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

Number of Individuals Serving Each Subpopulation

<table>
<thead>
<tr>
<th>Subpopulations</th>
<th>Homeless</th>
<th>Formerly Homeless</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seriously mentally ill</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Veterans</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Role</td>
<td>Homeless</td>
<td>Formerly Homeless</td>
<td>Other</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------</td>
<td>------------------</td>
<td>-------</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children (under age 18)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied youth (ages 18 to 24)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Number of Individuals Participating in Each Role**

<table>
<thead>
<tr>
<th>Role</th>
<th>Homeless</th>
<th>Formerly Homeless</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committee/Sub-committee/Work Group</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Authoring agency for consolidated plan</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Attend consolidated plan planning meetings during past 12 months</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Attend consolidated plan focus groups/ public forums during past 12 months</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Lead agency for 10-year plan</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Attend 10-year planning meetings during past 12 months</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Primary decision making group</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>
1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of project applications and the project application selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s). Where applicable, describe how the process works.

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods (select all that apply):
- d. Outreach to Faith-Based Groups
- c. Responsive to Public Inquiries
- b. Letters/Emails to CoC Membership
- a. Newspapers
- f. Announcements at Other Meetings
- e. Announcements at CoC Meetings

Rating and Performance Assessment Measure(s) (select all that apply):
- k. Assess Cost Effectiveness
- l. Assess Provider Organization Experience
- g. Site Visit(s)
- m. Assess Provider Organization Capacity
- i. Evaluate Project Readiness
- a. CoC Rating & Review Committee Exists
- f. Review Unexecuted Grants
- e. Review HUD APR for Performance Results
- d. Review Independent Audit
- c. Review HUD Monitoring Findings

Describe how the CoC uses the processes selected above in rating and ranking project applications. (limit 750 characters)

The review committee consists of unbiased members who do not have an application under consideration. Staff gathers information about each applicant agency that is considered along with the Project Application.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community? Yes

Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds? Yes
Voting/Decision-Making Method(s) (select all that apply):

- e. Consensus (general agreement)
- a. Unbiased Panel/Review Committee
- f. Voting Members
- Abstain if Conflict of Interest

Is the CoC open to proposals from entities that have not previously received funds in the CoC process? Yes

If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)

A public hearing is held that has been publicized across the entire area covered by the CoC. Those interested are invited to a Technical Assistance workshop that explains process and introduces e-snaps. CoC staff meets one or more times with providers interested in applying. In addition, CoC staff reviews application prior to submission, identifies issues, and offers Technical Assistance to strengthen the application.

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters)
1F. Continuum of Care (CoC) Housing Inventory Count - Change in Beds Available

Instructions:
For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

Emergency Shelter: No

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable
(limit 750 characters)

HPRP Beds: Yes

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable
(limit 750 characters)

HPRP contracts varied in length (between state and city) and some sub-recipients closed out earlier than required. 2011 Point in Time was the peak of HPRP beds and by the 2012 Point in Time HPRP was decreasing.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable
(limit 750 characters)

Transitional Housing: No

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable
(limit 750 characters)

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing? No
If yes, how many transitional housing units in the CoC are considered "transition in place":

**Permanent Housing:** Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters)

Two new projects opened between the 2011 and 2012 Point in Time Survey that added 66 beds to the Housing Inventory.

**CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding:** Yes
1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:
Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24 hour period during the last ten days of January 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters)

Indicate the type of data sources or methods used to complete the housing inventory count (select all that apply):
HMIS plus housing inventory survey

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply):
Follow-up, Updated prior housing inventory information, HMIS, Confirmation

Must specify other:

Indicate the type of data or method(s) used to determine unmet need (select all that apply):
Stakeholder discussion, HUD unmet need formula

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters)
The HUD unmet need formula was used to establish a base line unmet need. Stakeholder discussions tested the results of the formula.
2A. Homeless Management Information System (HMIS) Implementation

Instructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

Select the HMIS implementation coverage area: Statewide

Select the CoC(s) covered by the HMIS (select all that apply):

- LA-508 - Houma-Terrebonne/Thibodaux CoC
- LA-505 - Monroe/Northeast Louisiana CoC
- LA-507 - Alexandria/Central Louisiana CoC
- LA-503 - New Orleans/Jefferson Parish CoC
- LA-504 - Baton Rouge CoC
- LA-506 - Slidell/Southeast Louisiana CoC
- LA-501 - Lake Charles/Southwestern Louisiana CoC
- LA-502 - Shreveport/Bossier/Northwest CoC

Is there a governance agreement in place with the CoC? Yes

If yes, does the governance agreement include the most current HMIS requirements? Yes

If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)

Does the HMIS Lead Agency have the following plans in place? Data Quality Plan, Privacy Plan, Security Plan

Has the CoC selected an HMIS software product? Yes

If 'No', select reason:

If 'Yes', list the name of the product: Service Point

Applicant: Capital Area Alliance for the Homeless
Project: LA-504 CoC Registration FY2012

HEARTH FY2012 CoC Consolidated Application Page 17 01/16/2013
What is the name of the HMIS software company? Bowman Systems

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): 06/01/2013

Indicate the challenges and barriers impacting the HMIS implementation (select all that apply):

No or low participation by non-HUD funded providers

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters)

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters)

The CoC continues to encourage non-HUD funded providers to join HMIS. We do so by offering training and support, highlighting the benefits of data collection for reporting, and now by introducing common intake and referral processes.

Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured? Yes
2B. Homeless Management Information System (HMIS): Funding Sources

In the chart below, enter the total budget for the CoC’s HMIS project for the current operating year and identify the funding amount for each source:

| Operating Start Month/Year | June | 2012 |
| Operating End Month/Year   | May  | 2013 |

<table>
<thead>
<tr>
<th>Funding Type: Federal - HUD</th>
<th>Funding Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHP</td>
<td>$135,657</td>
</tr>
<tr>
<td>ESG</td>
<td>$32,118</td>
</tr>
<tr>
<td>CDGB</td>
<td></td>
</tr>
<tr>
<td>HOPWA</td>
<td></td>
</tr>
<tr>
<td>HPRP</td>
<td></td>
</tr>
<tr>
<td>Federal - HUD - Total Amount</td>
<td>$167,775</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Funding Type: Other Federal</th>
<th>Funding Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Education</td>
<td></td>
</tr>
<tr>
<td>Department of Health and Human Services</td>
<td></td>
</tr>
<tr>
<td>Department of Labor</td>
<td></td>
</tr>
<tr>
<td>Department of Agriculture</td>
<td></td>
</tr>
<tr>
<td>Department of Veterans Affairs</td>
<td></td>
</tr>
<tr>
<td>Other Federal</td>
<td></td>
</tr>
<tr>
<td>Other Federal - Total Amount</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Funding Type: State and Local</th>
<th>Funding Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>State and Local - Total Amount</td>
<td></td>
</tr>
</tbody>
</table>
Funding Type: Private

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td></td>
</tr>
<tr>
<td>Private - Total Amount</td>
<td></td>
</tr>
</tbody>
</table>

Funding Type: Other

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation Fees</td>
<td></td>
</tr>
</tbody>
</table>

Total Budget for Operating Year $167,775

Is the funding listed above adequate to fully fund HMIS? Yes

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)

How was the HMIS Lead Agency selected by the CoC? Agency was Appointed

If Other, explain (limit 750 characters)
2C. Homeless Management Information Systems (HMIS) Bed and Service Volume Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ES) beds</td>
<td>86%+</td>
</tr>
<tr>
<td>HPRP beds</td>
<td>86%+</td>
</tr>
<tr>
<td>Safe Haven (SH) beds</td>
<td>No beds in CoC</td>
</tr>
<tr>
<td>Transitional Housing (TH) beds</td>
<td>51-64%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) beds</td>
<td>No beds in CoC</td>
</tr>
<tr>
<td>Permanent Housing (PH) beds</td>
<td>86%+</td>
</tr>
</tbody>
</table>

How often does the CoC review or assess its HMIS bed coverage?  
At least Semi-annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

We are very close to being over 64%. If one provider was added, we would achieve our goal. In addition a large provider has recently decreased its total number of beds. Verification of this would put our percentage over 64%.
2D. Homeless Management Information System (HMIS) Data Quality

Instructions:
HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC’s goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS? Yes

What is the HMIS service volume coverage rate for the CoC?

<table>
<thead>
<tr>
<th>Types of Services</th>
<th>Volume coverage percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach</td>
<td>100%</td>
</tr>
<tr>
<td>Rapid Re-Housing</td>
<td>0%</td>
</tr>
<tr>
<td>Supportive Services</td>
<td>0%</td>
</tr>
</tbody>
</table>

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

<table>
<thead>
<tr>
<th>Type of Housing</th>
<th>Average Length of Time in Housing (Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>1</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>6</td>
</tr>
<tr>
<td>Safe Haven</td>
<td>0</td>
</tr>
</tbody>
</table>

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

<table>
<thead>
<tr>
<th>Universal Data Element</th>
<th>Records with no values (%)</th>
<th>Records where value is refused or unknown (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Social security number</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Date of birth</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>1%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Applicant: Capital Area Alliance for the Homeless
Project: LA-504 CoC Registration FY2012
COC_REG_2012_063080
HEARTH FY2012 CoC Consolidated Application
Page 22
01/16/2013
<table>
<thead>
<tr>
<th>Universal Data Element</th>
<th>Records with no values (%)</th>
<th>Records where value is refused or unknown (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Gender</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Veteran status</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Disabling condition</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Residence prior to program entry</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Zip Code of last permanent address</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Housing status</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Destination</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Head of household</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

How frequently does the CoC review the quality of project level data, including ESG?  
At least Monthly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters)
On a monthly basis the System Administrator runs a report which scores each agency by a letter grade A through F for data completeness.

How frequently does the CoC review the quality of client level data?  
At least Quarterly

If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)

Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS?  
Yes

Indicate which reports the CoC submitted usable data (Select all that apply):  
2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR

Indicate which reports the CoC plans to submit usable data (Select all that apply):  
2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR
## 2E. Homeless Management Information System (HMIS) Data Usage

**Instructions:**

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following:

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

**Indicate the frequency in which the CoC uses HMIS data for each of the following:**

| Integrating or warehousing data to generate unduplicated counts: | At least Monthly |
| Point-in-time count of sheltered persons: | At least Semi-annually |
| Point-in-time count of unsheltered persons: | At least Semi-annually |
| Measuring the performance of participating housing and service providers: | At least Monthly |
| Using data for program management: | At least Monthly |
| Integration of HMIS data with data from mainstream resources: | At least Monthly |

**Indicate if your HMIS software is able to generate program-level reporting:**

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMIS</td>
<td>Yes</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>Yes</td>
</tr>
<tr>
<td>Permanent Housing</td>
<td>Yes</td>
</tr>
<tr>
<td>Supportive Services only</td>
<td>Yes</td>
</tr>
<tr>
<td>Outreach</td>
<td>Yes</td>
</tr>
<tr>
<td>Rapid Re-Housing</td>
<td>Yes</td>
</tr>
<tr>
<td>Emergency Shelters</td>
<td>Yes</td>
</tr>
<tr>
<td>Prevention</td>
<td>Yes</td>
</tr>
</tbody>
</table>

---

**Applicant:** Capital Area Alliance for the Homeless  
**Project:** LA-504 CoC Registration FY2012  
**HEARTH FY2012 CoC Consolidated Application**  
**Page 24**  
**01/16/2013**

Instructions:
In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Unique user name and password</td>
<td>At least Monthly</td>
</tr>
<tr>
<td>* Secure location for equipment</td>
<td>At least Monthly</td>
</tr>
<tr>
<td>* Locking screen savers</td>
<td>At least Monthly</td>
</tr>
<tr>
<td>* Virus protection with auto update</td>
<td>At least Monthly</td>
</tr>
<tr>
<td>* Individual or network firewalls</td>
<td>At least Monthly</td>
</tr>
<tr>
<td>* Restrictions on access to HMIS via public forums</td>
<td>At least Monthly</td>
</tr>
<tr>
<td>* Compliance with HMIS policy and procedures manual</td>
<td>At least Monthly</td>
</tr>
<tr>
<td>* Validation of off-site storage of HMIS data</td>
<td>At least Monthly</td>
</tr>
</tbody>
</table>

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards and other HMIS Notices? At least Monthly

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? At least Monthly

Does the CoC have an HMIS Policy and Procedures Manual? Yes

If 'Yes', does the HMIS Policy and Procedures manual include governance for:

- HMIS Lead Agency [X]
- Contributory HMIS Organizations (CHOs) [ ]
If 'Yes', indicate date of last review or update by CoC: 01/01/2013

If 'Yes', does the manual include a glossary of terms? Yes

If 'No', indicate when development of manual will be completed (mm/dd/yyyy):
2G. Homeless Management Information System (HMIS) Training

Instructions:
Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

<table>
<thead>
<tr>
<th>Training Activity</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Privacy/Ethics training</td>
<td>At least Monthly</td>
</tr>
<tr>
<td>* Data security training</td>
<td>At least Monthly</td>
</tr>
<tr>
<td>* Data quality training</td>
<td>At least Monthly</td>
</tr>
<tr>
<td>* Using data locally</td>
<td>At least Monthly</td>
</tr>
<tr>
<td>* Using HMIS data for assessing program performance</td>
<td>At least Monthly</td>
</tr>
<tr>
<td>* Basic computer skills training</td>
<td>At least Monthly</td>
</tr>
<tr>
<td>* HMIS software training</td>
<td>At least Monthly</td>
</tr>
<tr>
<td>* Policy and procedures</td>
<td>At least Monthly</td>
</tr>
<tr>
<td>* Training</td>
<td>At least Monthly</td>
</tr>
<tr>
<td>* HMIS data collection requirements</td>
<td>At least Monthly</td>
</tr>
</tbody>
</table>
2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:
The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community’s homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

How frequently does the CoC conduct the its sheltered point-in-time count: annually (every year)

Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/23/2012

If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012? Not Applicable

Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)

Indicate the percentage of homeless service providers supplying sheltered population and subpopulation data for the point-in-time count that was collected via survey, interview and HMIS:
Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

The 2012 Point in Time count showed an increase in homeless persons in households without children and no change in households with children. The increase in unaccompanied homeless persons maybe attributed to Louisiana’s continued high rate of unemployment and the State of Louisiana’s budget cuts which have led to the closure of a number of long term care beds in public hospitals and non-profit facilities. The continued availability of ARRA HPRP funds contributed to steadiness in the rate of homelessness among Households with children. This does not bode well for the 2013 count.

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

<table>
<thead>
<tr>
<th>Need/Gap</th>
<th>Identified Need/Gap (limit 750 characters)</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Housing</td>
<td>While there were high numbers of sheltered homeless clients, ES and TH beds were not full on the night of the count.</td>
</tr>
<tr>
<td>* Services</td>
<td>While there were available beds for the Severely Mentally Ill and Chronic Substance Abusers, a significant number remained unsheltered indicating the need for more Outreach.</td>
</tr>
<tr>
<td>* Mainstream Resources</td>
<td>While there were many low income homeless people with disabilities, many did not receive benefits indicating a need for more assistance with applications.</td>
</tr>
</tbody>
</table>
21. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in the sheltered point-in-time count is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count (Select all that apply):

- Survey providers: X
- HMIS: X
- Extrapolation:
- Other:  

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)

Housing Providers that enter HMIS data conducted their sheltered count using HMIS. Louisiana CoC HMIS providers merged Service Point implementations to create a statewide data base. The Statewide System Administrator, and the HMIS governing board (LSNDC) worked with our vendor to enable each regional implementation to gather data via HMIS. Housing providers who do not receive HUD funding and do not enter HMIS data completed interviews with housed clients. Client identifying data elements and interview data were entered into HMIS to assure an unduplicated count.
2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:
CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons. Sheltered chronically homeless persons are those living in emergency shelters only.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

- [ ] HMIS
- [X] HMIS plus extrapolation:
- [ ] Sample of PIT interviews plus extrapolation:
- [ ] Sample strategy:
- [X] Provider expertise:
- [X] Interviews:
- [ ] Non-HMIS client level information:
- [ ] None:
- [ ] Other:

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters)
Housing providers collect client specific data. HUD funded providers enter sub-population data in HMIS. Non-HUD funded providers are familiar with their clients and also have expertise in working with homeless clients that enables them to complete interviews and obtain accurate information. The Baton Rouge CoC participates in the 100,000 Homes Campaign and uses the Vulnerability Index designed to capture VI data. HMIS and CoC staff have been trained in its use.
2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:
The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

Indicate the method(s) used to verify the data quality of sheltered homeless persons (select all that apply):

- Instructions: X
- Training: X
- Remind/Follow-up
- HMIS: X

Non-HMIS de-duplication techniques:
- None:
- Other:

If Other, specify:

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters)

Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations (limit 1500 characters)

The 2012 count incorporated a survey of homeless clients. Because this year's count was part of the Common Ground 100,000 Homes Campaign, the surveys - for the first time - collected client identifying data in order to rehouse the most medically vulnerable homeless persons. Some surveys were done directly from HMIS and paper survey data was entered into HMIS. Because the data was reported out from our HMIS System, de-duplication and previously collected information could be used to ensure the greatest accuracy.
2L. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:
The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

How frequently does the CoC conduct an unsheltered point-in-time count? annually (every year)

Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy): 01/23/2012

If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012? Not Applicable

Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011 (limit 750 characters)

Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)
Instructions:
Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):

- Public places count:
- Public places count with interviews on the night of the count: X
- Public places count with interviews at a later date: X
- Service-based count:
  - HMIS: X
  - Other:
  - None:

If Other, specify:

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the unsheltered populations and subpopulations (limit 1500 characters)
The Baton Rouge CoC interviews homeless clients at locations they are known to visit. We use the Common Ground/Community Solutions Vulnerability Index as our interview instrument. This enables us to target vulnerable homeless clients for re-housing. Data is entered in our Statewide HMIS implementation to prevent duplication. We interview on multiple days always using the first night of our survey as the homeless point in time. We prefer this approach as it ties the collection of data to a real effort at rehousing the clients counted/interviewed.

The CoC has two primary service entry points for persons routinely sleeping on the streets: The Society of St. Vincent DePaul campus and the VOA Drop In Center offer services needed by the homeless (meals, medical treatment, showers, mail delivery, and communication access). These services give the CoC an opportunity to engage, build relationships, and offer services. Another member, Healing Place Serve, has to homeless persons living under the Mississippi River Bridge, a day center for homeless adults and, street outreach to homeless youth. They work in partnership with the youth shelter. Church United also operates a "Dream Center" outreach location in Baton Rouge and another in Donaldsonville (a rural area). Healing Place Serve also has a Human trafficking grant that does street outreach.
2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:
CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count:

Known Locations

If Other, specify:
20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

**Instructions:**

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

**Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count (select all that apply):**

- Training: X
- HMIS: X
- De-duplication techniques: X
- "Blitz" count:
- Unique identifier: X
- Survey question: X
- Enumerator observation:
- Other:

If Other, specify:

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters)

The Baton Rouge CoC participates in the 100,000 Homes Campaign and uses the Vulnerability Index as our survey tool. We collect identifying data on homeless clients in an effort to re-house them. Vulnerability Index data on identity and disability is entered in and reported from HMIS ensuring that de-duplication occurs and sub-population counts are accurate.
Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters)

A primary focus of the CoC has been creation of a One Stop Homeless Services Center that serves families as well as unaccompanied individuals. Outreach efforts encourage homeless clients to seek services at the One Stop, and the community refers families to the center. The CoC has a close working relationship with Homeless School Liaisons in our area. The intake process screens families for disabilities that would qualify them for a housing programs operated by one of our 35 member agencies. Families without disabilities were previously referred to HPRP providers; now they connect with ESGP grantees. The coordinated intake and referral process that is being implemented assists this process.

In addition, the CoC has several programs that focus on families. The Bishop Ott Day Program for Women and Children provides life skills and case management for women heads of household in an effort to help them obtain housing and employment. Healing Place Serve provides outreach to families, individuals, and runaway youth. Their Dream Center connects families to services. Church United for Community Development operates a similar program in Ascension Parish.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters)

The One Stop Homeless Services Center which opened October 31, 2011 was designed to attract and engage persons living on the street. By locating a range of services in one location, the CoC can better reach out to homeless clients and educate the public about services available. Street Outreach is offered by Healing Place Serve. Outreach cards have been distributed to businesses for distribution. Since opening the One Stop has averaged serving 140 clients per day with an unduplicated count of 1400 clients. Street homeless clients initially come for day services (showers, laundry, mail pick up, communications access) and primary medical care (a HRSA homeless medical clinic is located in the building). Subsequently clients are connected to a broad range of services (legal, housing location, rental subsidy, behavioral health, life skills, and job placement). The One Stop has been embraced by the community as a place to volunteer and donate goods for the homeless. Community volunteers provide art lessons, creative writing classes, yoga, and donated bicycles (repaired after donation from the Police Department).
3A. Continuum of Care (CoC) Strategic Planning

Objectives

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

How many permanent housing beds are currently in place for chronically homeless persons? 46

In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 66

In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 80

In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy? 100

Describe the CoC’s short-term (12 month) plan to create new permanent housing beds for persons who meet HUD’s definition of chronically homeless (limit 1000 characters)
The CoC is currently working with a member agency and the community to develop a Permanent Supportive Housing project for homeless clients with a mental health diagnosis. The project will provide around 20 additional beds for the chronically homeless with mental illness who face the most significant barriers to successful re-housing. The CoC is providing Technical Assistance to the member agency. The East Baton Rouge Re-development Authority is assisting with the project. Our goal is to have a LIHTC application submitted within twelve months.

The CoC also identified a new project sponsor for inclusion in this year’s application. Legacy Recovery will provide 40 Chronically Homeless beds if funded.

Describe the CoC’s long-term (10 year) plan to create new permanent housing beds for persons who meet HUD’s definition of chronically homeless (limit 1000 characters)

Within five years the CoC will successfully partner with a member agency to open a new facility with 20 beds for chronically homeless, mentally ill clients.

The CoC will continue to seek out project sponsors for new projects serving the chronically homeless.

The CoC will continue to develop its expertise in the development of affordable housing (building on its recent efforts which created 96 new beds with a significant set aside for CH clients). Partners in this effort include Gulf Coast Housing Partnership, the Louisiana Housing Alliance, the East Baton Rouge Parish Re-Development Authority, and Partners for Progress.

Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015 (limit 1000 characters)

To successfully end chronic homelessness requires combining an affordable unit, a rental subsidy or income source, and wrap around supportive services. Until recently, Baton Rouge was not developing new affordable housing that included units affordable for persons at 30% AMI and below. CoC Members have in the past five years produced 134 affordable units and included deeply affordable ones in the developments. By continuing this model, the CoC will help obtain the goal of ending chronic homelessness.
3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD’s homeless assistance programs. Each CoC-funded permanent housing project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicted on form 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 76%

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 80%

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 84%

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 88%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)
The CoC is committed to best practices in working to permanently re-house homeless clients. In the next 12 months, the CoC will:

1. Conduct training for PH provider staff in the Coordinated Intake and Referral system being implemented by the CoC. This will help connect homeless clients with the most appropriate service provider and assist providers in securing maximum services for clients,

2. Offer training for PH providers in best practices of case management as well as sponsor peer-to-peer case management exchanges, and

3. Provide quarterly progress reports for HUD sponsored PH providers and other who enter HMIS data for their clients/program. Quarterly reports will assist providers in making corrections in low performing programs.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

The CoC will continue to offer/encourage training opportunities for its members and to expand its capacity to monitor the effectiveness of projects. Currently the CoC has five Project Applicants and ten Project Sponsors. As a part of the CoC moving toward Unified Funding Applicant status, the CoC will work more closely with its Applicants and Sponsors in monitoring effectiveness of projects. Ineffective projects will be offered technical assistance designed to improve outcomes. Continue ineffectiveness will lead to reallocation of projects.
3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each transitional housing project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on form 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects for which an APR was required should enter “0” in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?

39%

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?

65%

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?

75%

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?

80%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)
The CoC has five TH projects. Three of the five are above or close to the target of 65%. One TH project serves homeless youth who face different and additional barriers in accessing permanent housing. Most youth lack experience in living independently. If they are students, they are prohibited from taking advantage of affordable units built with tax credits. The CoC Program Committee will work with the project sponsor to identify changes that can result in higher performance.

The second - and largest - underperforming project has recently undergone program changes. It is a transitional housing program for chronic substance abuse clients, and state budget cuts have led to a decrease in TH eligible time from six months to three months. The CoC Program Committee will meet with the provider to identify ways to improve outcomes in the face of these difficult changes.

Describe the CoC's long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

Currently 5 of the CoC’s 21 SHP Projects are transitional housing, and one of those has been targeted for re-allocation to a PSH project. Still, the CoC feels there is a place for TH in its inventory of projects. TH is needed for non-disabled homeless clients who do not qualify for PSH units.

The CoC Program Committee will meet with all TH providers to discuss the challenges in moving from transitional to permanent housing. Permanent Housing providers will be brought to the table to assist in connecting TH clients who need PSH with appropriate providers. TH project providers will also be encouraged to work with the CoC in identifying ways to align a range of resources to help clients make the transition to affordable housing.
Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

Instructions:
Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Cash Income.

In this section, CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter “0” in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit? 19%
In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit? 25%
In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 45%
In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit? 60%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters)
Excluding two large SSO projects, the CoC has 32% of its exiting clients employed; therefore, we need to focus on raising the employment rate for those projects. The CoC Program Committee will meet with the two project sponsors and identify ways to improve outcomes. Both projects are part of the One Stop Homeless Services Center which includes a Vocational Rehab Placement Office. This program will assist our SSO providers in qualifying their clients for employment support.
Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit 1000 characters)

1. The CoC will continue - and hopefully expand - its partnership with UpLIFTD, the Vocational Rehabilitation provider, to include homeless clients who are not disabled.

2. The CoC will convene member agencies interested in establishing Social Enterprise projects to employ clients within their agency.

3. The CoC currently has a policy to award all contracts to Social Enterprise providers employing homeless clients. We will encourage member agencies to adopt a similar policy.
3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:
Access to mainstream resources is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit? 59%

in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit? 65%

in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit? 75%

in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit? 85%

Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)
The CoC has placed great emphasis on enrollment of homeless clients in Mainstream Resources. We will continue our partnership with the Louisiana Department of Children and Family Services (DCFS) to be a location for clients to apply online for benefits. We will also continue providing assistance to clients who are applying for SSI/SSDI benefits. We will monitor outcomes on a quarterly basis.

Describe the CoC's long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

The CoC will continue its commitment to invest capital and human resources in assisting clients in obtaining Mainstream Resources by:

1. Expanding the scope of our partnership with Louisiana DCFS: Staff has been trained to assist client applications; however, this activity can be performed by qualified volunteers. Our Volunteer Coordinator will lead this effort. Partnerships with two local universities as well as a number of faith based groups give us a pool of qualified candidates.

2. Louisiana State University plans to open a Homeless Law Clinic at the One Stop Center for students to serve clients. The students will assist in expanding the number of homeless clients who receive representation at the SSI/SSDI application phase. We are currently the only Legal Services Program providing this service; other programs assist only in the Appeal phase which greatly increases the length of time clients spend in homelessness while waiting for benefits.
3A. Continuum of Care (CoC) Strategic Planning

Objectives

Objective 6: Decrease the number of homeless individuals and families:

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

What is the current total number of homeless households with children as reported on the most recent point-in-time count? 27%

In 12 months, what will be the total number of homeless households with children? 25%

In 5 years, what will be the total number of homeless households with children? 20%

In 10 years, what will be the total number of homeless households with children? 15%

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters)

The 2012 PiT count showed a surprisingly small number of homeless households with children - roughly half of the 2011 count. While the number is low, our CoC encounters many who are homeless by another Federal Agency definition but are unstably housed by HUD’s definition. We will monitor the number of HUD definition homeless households with children, screen them for disabilities that would qualify for assistance, and connect those families with appropriate service providers through our developing Coordinated Intake and Referral System.

Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters)
A fully developed Coordinated Intake and Referral System will help us decrease the number of homeless households with children. The CoCs emphasis on Mainstream Resource enrollment will extend to assist these families. The CoC will apply its growing expertise in the development of affordable housing to create affordable units for extremely low income families (in addition to its units for CH and disabled individuals).
3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

Instructions:
CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year’s competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocate it should enter ‘0’ in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

Indicate the current number of projects submitted on the current application for reallocation: 1
Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013): 0
Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition): 0
Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition): 1

If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)

At present the CoC does not intend to reallocate either of our two SSO projects. These projects are part of our Outreach to the community.
If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project (limit 750 characters)

The CoC is looking at re-developing a building in order to re-allocate one TH project to PH; however, this will not occur for several years.
3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:
The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy?

State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The Louisiana Department of Children and Family Services (DCFS) requires an in-depth Youth Transition Plan including appropriate provision for housing as a part of Discharge from Foster Care. For a number of years, DCFS has had a policy against discharging into homelessness. This policy was adopted in response to efforts by the collective Continuums of Care in Louisiana.

If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

The CoC follows and supports the State of Louisiana Department of Children and Family Services approved comprehensive discharge plan.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The effort to avoid discharge into homelessness includes the youth and their case manager, CASA workers, attorneys, Department of Children and Family Services, the Judicial Court, the fostering family, and parents/guardians working on a long term plan. Louisiana also has a program for youth exiting at age 18 to continue working with foster care on a voluntary basis while they pursue education or vocational training. This program is available up to age 21.
Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Youth Oasis, while operating a McKinney-Vento funded program, also has funding to serve youth aging out of Foster Care.
3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy?

State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

CoC member agencies work with hospital social workers to ensure patients are not routinely discharged into homelessness. This effort is successful up to a point. The One Stop Homeless Services Center has developed a relationship with several hospitals that includes appropriate referral for services to persons being discharged from hospitals who were homeless prior to admission. The CoC has attempted to initiate conversations with local hospitals to identify homeless patients without benefits prior to release. A successful collaboration will include beginning the SSI/SSDI application process on the SOAR model while the patient is still hospitalized.

If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan

The CoC has adopted the Louisiana Department of Health and Hospitals discharge plan and is working with local hospitals for its full implementation.

If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

The CoC has adopted the Louisiana Department of Health and Hospitals discharge plan and is working with local hospitals for its full implementation.
Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

Social work staff at Our Lady of the Lake Regional Medical Center and the Baton Rouge General Regional Medical Center coordinates with the patient, any families/friends, and service provider agencies to identify appropriate low-income and special needs housing for the patient in order to not discharge to the street or a place not meant for human habitation.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

If a patient has Medicaid and the placement is warranted, they go to nursing homes or other short term placements for housing needs.
3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy?

State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

CoC member agencies work with mental health facility social workers to ensure patients are not routinely discharged into homelessness. This effort is marginally successful. The One Stop Homeless Services Center has developed a relationship with several facilities that includes appropriate referral for services to persons being discharged who were homeless prior to admission. The One Stop Homeless Services Center routinely fields calls for housing options and directs mental health workers to appropriate resources.

If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

The CoC has adopted the Louisiana Department of Health and Hospitals discharge plan under Policy Number 0011999.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

Mental Health facilities work with the patients, family members, mental health treatment programs, and private psychiatrists to ensure patients being discharged from publicly funded mental health facilities are not discharged into homelessness.
Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Patients are routinely discharged to licensed facilities or mental health housing programs. The largest provider of non-McKinney-Vento funded mental health housing is Options Foundation (which does have one McKinney-Vento program).
3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:
The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)
The Baton Rouge CoC works collaboratively with Capital Area Re-Entry Coalition (CAPARC) to ensure that ex-offenders are not routinely discharged into homelessness. CAPARC is a coalition of service providers who work with and mentor those exiting Corrections. Their efforts begin prior to release and continue with supports on the outside. CoC Housing Location providers supply information about non-McKinney-Vento Housing to network. The CoC is also working with the Discharge Planning Group of the Louisiana Department of Corrections.

If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)
The CoC has adopted the Louisiana Department of Public Safety and Corrections Department Reg. No B-08-013 dated 8/13/2012 approved comprehensive discharge plan.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)
Probation and Parole Community Resource Coordinator, Reception and Diagnostic Center personnel, Transition Specialist, offenders, family members, various courts, and the CAPARC Service Providers work together as stakeholders and/or collaborating agencies to ensure the offender being released is not discharged into homelessness.

**Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)**

Offenders being released from their facilities are discharged to family homes, half-way houses, and non-McKinney-Vento funded shelter services.
3C. Continuum of Care (CoC) Coordination

Instructions:
A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?  
Yes

If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan:
1. To provide increased permanent housing
2. To provide increased housing, services and assistance to chronically homeless
3. To assist the homeless to work towards self-sufficiency and independence through collaborative partnerships
4. To increase private/public funds towards the delivery of emergency financial assistance towards homeless prevention
5. To develop permanent affordable supportive housing w/easy access to treatment and supportive services

Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s) (limit 1000 characters)

All of the HPRP providers are members of the CoC. With HPRP ended most remain active with the CoC and continue to serve those in need of re-housing. Clients who meet HUD’s definition of homelessness and are eligible to be served are connected with McKinney-Vento funded projects. However, there are more clients who need these services than there are funds available. Clients who those who are at risk of losing their housing (HP clients) are a greater challenge. One HPRP provider - The Society of St. Vincent DePaul - is a sub-recipient of ESGP funding for Homeless Prevention and currently waits for an executed contract to begin serving clients. SVDP and the CoC work with faith based groups that provide some funds for rental and utility assistance which addresses a portion of the need. The services of the One Stop Homeless Services Center that are not funded by HUD are available to most of these clients as well.
Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG? (limit 2500 characters)

There is a VA clinic located in Baton Rouge that includes a program to serve homeless veterans. The staff regularly participates in CoC meetings sharing information on services available to homeless veterans. The Coordinated intake process at the One Stop Homeless Services Center identifies veterans and screens for HUD-VASH eligibility. Social Workers with the VA Homeless Veterans office come to the One Stop Homeless Services Center to interview and work with veterans.

The CoC has provided office space at the One Stop Homeless Services Center for a member with a HOPWA contract. The staff member is on site daily screening for HOPWA eligibility and meeting with clients.

CAAH is a NSP sub-grantee. The One Stop Homeless Services Center and Housing was funded by NSP I. Two Alliance members are also NSP I sub-grantees who are completing projects.

The Baton Rouge CoC has received a CDBG Service Project Award; we are waiting for a signed contract.

Capital Area Alliance for the Homeless is an ESG sub-recipient receiving funds for HMIS. In addition approximately ten CoC members receive ESG Funds.

The CoC sends representatives to public hearings and provides comments for the Consolidated Plan and the annual updates for HOPWA, CDBG and ESG.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community? Yes

If 'Yes', describe the established policies that are in currently in place:

Programs working with homeless families with children are required to designate a staff member who monitors the McKinney-Vento Educational requirements.

Agencies working to re-house homeless families are required to ask which schools the children attend and to offer housing options in that school district.

Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services (limit 1500 characters)
The Emergency Shelter that houses Women with Children and the Homeless and Runaway Youth Shelter both work with the school system transportation office to assure that children in those shelters receive transportation to their school. Upon entry the school transportation office is notified. If transportation can not be arranged for the next school day, the emergency shelter provides transportation to school for up to two days.

Homeless Liaisons from the State office and several local school systems are invited to attend and make presentations about the legal rights of homeless school children and services available to them.

At the statewide homeless conference homeless liaisons are invited presenters and as well as conference participants. The 2010 Conference included a track of programs focusing on homeless school children.

Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)

Only two emergency shelters (with one intake process) exist in the Coc Housing Inventory. Those shelters do not accept male children over the age of twelve. Within those limitations, Emergency Shelters attempt to serve women with children and ensure they remain together. The CoC is working in support of an Emergency Shelter that is developing a family shelter program for intact families and families with older male children.

Describe the CoC’s current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future (limit 1500 characters)
Within the CoC three programs exclusively serve veterans with a number of other programs supporting their efforts.

Raven's Outreach Center is a congregate living transitional housing program for 26 homeless veterans that provides on site services as well as transportation to the Baton Rouge VA Clinic.

Volunteers of America operates Garfield Apartments a 12-24 month Transitional Housing Program where veterans receive case management and other services to move them toward permanent housing. In addition, VOA is the sub-provider of SSVF funds from the New Orleans VOA affiliate to provide homeless prevention and re-housing services to veterans.

Social workers from the BR VA Clinic provide outreach and VA services to homeless veterans. The team comes weekly to the One Stop Center to interview and qualify clients for services.

The CoC is committed to working within the framework of Baton Rouge's Ten Year Plan to End Homelessness, the draft state plan to end homeless (incomplete, not adopted), and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness. The CoC has worked with the state VA to hold a "Stand Down" event and has a good relationship with the Department.

The CoC will continue to work closely with the local VA staff to assure information about services is provided to the VA as well as received from them. The CoC uses its monthly membership meeting to share program and eligibility information across programs.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters)

Youth Oasis - the CoC provider of Emergency Shelter, Transitional Housing, and Safe Place sites - leads the CoC's effort with youth. They serve a number of youth with different funding (e.g. McKinney-Vento, ESG, and RHY Basic Center) to be able to serve youth homeless by different federal definitions. In addition Healing Place Serve receives RHY funding for street outreach to homeless and runaway youth. In an important linkage, HP Serve also is the recipient of a federal human trafficking grant. Homeless and at risk youth who are assisted with a range of services that include stable, safe housing. Both programs have established partnerships with the Louisiana Department of Children and Family Services.

Given the unique needs of homeless youth the CoC refers youth under 18 to these programs. Both programs present regularly to the CoC Membership meeting about the needs and services for homeless youth. This practice will continue.
Has the CoC established a centralized or coordinated assessment system? Yes

If 'Yes', describe based on ESG rule 576.400 (limit 1000 characters)

More correctly, the CoC has a coordinated assessment system that is being rolled out over this year. The CoC began implementation with the largest outreach/day program and the largest Emergency Shelter joining to create a Coordinated Intake and Assessment project that will be expanded throughout the CoC. The Volunteers of America Day Program is located at the One Stop Center, and the Bishop Ott Shelters and Day Program for Women are located across the street from one another. They have a daily census of over 150 homeless persons (an annual unduplicated census of around 1500) who access multiple services in the two adjacent block area. Working with the HMIS vendor, the HMIS intake page has been designed as a common intake and referral source. With CoC guidance, these two programs will implement the program with additional members added gradually over time.

Describe how the CoC consults with the ESG jurisdiction(s) to determine how ESG funds are allocated each program year (limit 1000 characters)

The CoC works closely with the City of Baton Rouge Office of Community Development and the Louisiana Housing Corporation ESG Monitor. Decisions on funding currently are held by the two jurisdictional entities with the CoC as a collaborative partner.

Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach (limit 1000 characters)

The CoC and its members all operate with non-discrimination policies. Fair Housing Law is observed by all housing programs. A major point of entry for homeless services is the One Stop Homeless Services Center. The center is a comfortable, non-threatening environment where homeless clients can proceed at their own pace of comfort in seeking services. Two staff members are fluent in Spanish. A member agency has a Refugee Resettlement Program that works with Vietnamese clients and has been used to assist in housing clients. An outreach card has been designed for distribution within the community and to potential clients. In addition, the Healing Place Serve outreach team goes to several campsites and other known locations to encourage homeless clients to come in for services.
3D. Continuum of Care (CoC) Strategic Planning Coordination

Instructions:

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, “Opening Doors,” and coordination with Emergency Solutions Grants within the CoC jurisdiction.

Has the CoC developed a strategic plan?  Yes

Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)

The CoC membership works to produce a Point in Time count that identifies gaps and needs. With this information the CoC solicits project sponsors to fill gaps in service. The membership has worked to create the One Stop Homeless Services Center to make the process of receiving assistance easier for homeless clients and aligning resources easier for service providers.

Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)

The CoC provides statistical data from PiT counts, AHAR submissions, and other HMIS reports (Project APRs, HPRP data, etc.) to inform the writing of the Consolidated Plan.

Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)

The City of Baton Rouge annually requests information to complete CAPER including a report on CoC goals. The 10 Year Plan is the Mayor’s Plan which the CoC provided extensive support in preparing.

Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)

The CoC consulted the Federal Strategic Plan in preparing its strategic plan and making other decisions. CoC staff conducted a comparison of the Baton Rouge 10 Year Plan, the Open Doors Federal Plan, and the proposals for a draft state plan.
Select the activities in which the CoC coordinates with the local Emergency Solutions Grant (ESG): None

Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)

The CoC provides information when requested including HMIS data, reports, and technical assistance.

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?

If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living (limit 1500 characters)
3E. Reallocation

**Instructions:**

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system?  

Yes
3F. Reallocation - Grant(s) Eliminated

CoCs that choose to reallocate funds into new permanent supportive housing, rapid re-housing, or dedicated HMIS project(s) may do so by eliminating one or more of its expiring grants. CoCs that intend to create a new centralized or coordinated assessment system can only eliminate existing SSO project(s).

<table>
<thead>
<tr>
<th>Eliminated Project Name</th>
<th>Grant Number Eliminated</th>
<th>Component Type</th>
<th>Annual Renewal Amount</th>
<th>Type of Reallocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women's Community...</td>
<td>LA0108B6H041104</td>
<td>PH</td>
<td>$86,461</td>
<td>Regular</td>
</tr>
</tbody>
</table>

Amount Available for New Project:
(Sum of All Eliminated Projects)

$86,461
3F. Reallocation: Details of Grant(s) Eliminated

Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Women's Community Rehabilitation Center
Grant Number of Eliminated Project: LA0108B6H041104
Eliminated Project Component Type: PH
Eliminated Project Annual Renewal Amount: $86,461
3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, or dedicated HMIS project(s) may do so by reducing the grant amount for one or more of its expiring grants. CoCs that are reducing projects must identify those projects here. CoCs that intend to create a new centralized or coordinated assessment system can only reduce existing SSO project(s).

<table>
<thead>
<tr>
<th>Reduced Project Name</th>
<th>Reduced Grant Number</th>
<th>Annual Renewal Amount</th>
<th>Amount Retained</th>
<th>Amount available for new project</th>
<th>Reallocation Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3H. Reallocation - Proposed New Project(s)

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects may do so by reducing the grant amount for one or more of its expiring grants. CoCs must identify if the new project(s) it plans to create and provide requested information for each. Click on the to enter information for each of the proposed new reallocated projects.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

<table>
<thead>
<tr>
<th>Current Priority #</th>
<th>New Project Name</th>
<th>Component Type</th>
<th>Transferred Amount</th>
<th>Reallocation Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>One Stop Center</td>
<td>PH</td>
<td>$86,461</td>
<td>Regular</td>
</tr>
</tbody>
</table>

$86,461
Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing): 1

**Proposed New Project Name:** One Stop Center

**Component Type:** PH

**Amount Requested for New Project:** $86,461
3I. Reallocation: Reallocation Balance Summary

Below is a summary of the information entered on forms 3D-3G for CoC reallocated projects. The last field, "remaining reallocation balance" should indicate "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new project(s).

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reallocated funds available for new project(s):</td>
<td>$86,461</td>
</tr>
<tr>
<td>Amount requested for new project(s):</td>
<td>$86,461</td>
</tr>
<tr>
<td>Remaining Reallocation Balance:</td>
<td>$0</td>
</tr>
</tbody>
</table>
4A. Continuum of Care (CoC) FY2011 Achievements

**Instructions:**

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD’s five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter “No” to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

<table>
<thead>
<tr>
<th>Objective</th>
<th>FY2011 Proposed Numeric Achievement</th>
<th>FY2011 Actual Numeric Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create new permanent housing beds for the chronically homeless</td>
<td>49 Beds</td>
<td>46 Beds</td>
</tr>
<tr>
<td>Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%</td>
<td>70 %</td>
<td>76 %</td>
</tr>
<tr>
<td>Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%</td>
<td>55 %</td>
<td>39 %</td>
</tr>
<tr>
<td>Increase the percentage of homeless persons employed at exit to at least 20%</td>
<td>51 %</td>
<td>19 %</td>
</tr>
<tr>
<td>Decrease the number of homeless households with children</td>
<td>50 Households</td>
<td>27 Households</td>
</tr>
</tbody>
</table>

HEARTH FY2012 CoC Consolidated Application Page 76 01/16/2013
Did the CoC submit an Exhibit 1 application in FY2011? Yes

If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

The CoC came close to achieving it’s CH Bed goal missing by only 3 beds. Two new developments opened in 2011, but the second opened for occupancy in November. The process of re-housing clients in those beds occurred shortly after the end of the year.

We did not achieve the TH goal due to one large TH provider reducing the length of time in their TH program from six months to three months resulting in less than expected performance.

The employment target was just below the national benchmark but far lower than our anticipated result. In recent years, the COC has had a far better employment outcome; but in 2011 one SSO project exited a much larger number of than

How does the CoC monitor recipients’ performance? (limit 750 characters)

The CoC is also the lead HMIS agency for the Baton Rouge Continuum. In addition to technical assistance in entering client data and generating an APR, the CoC monitors performance via the APR. The CoC is implementing a policy of generating quarterly APRs to be more proactive in correcting deficiencies.

How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)

The CoC provides monthly HMIS data quality reports. While these have not included outcomes measures, it did indicate if there was a problem with entering data. The new quarterly APR will bolster the CoCs efforts to encourage better outcomes. Also, the CoC provides TA, training, and peer-to-peer interaction to educate applicants as to best practices.

How does the CoC assist poor performers to increase capacity? (limit 750 characters)

The CoC regularly offers TA to poor performing projects.

Does the CoC have any unexecuted grants awarded prior to FY2011? Yes

If 'Yes', list the grants with awarded amount:

<table>
<thead>
<tr>
<th>Project Awarded</th>
<th>Competitio n Year the Grant was Awarded</th>
<th>Awarded Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shekinah Glory</td>
<td>2010</td>
<td>$80,000</td>
</tr>
</tbody>
</table>
What steps has the CoC taken to track the length of time individuals and families remain homeless? 
(limit 1000 characters)

At present the CoC does not track length of time households remain homeless. The CoC is working with our Statewide HMIS System Administrator and our HMIS Vendor about the possibility of such tracking.

What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC’s geography? 
(limit 1000 characters)

The CoC does not have a HMIS report or a program generated system to capture additional occasions of homelessness.

What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families? 
(limit 1500 characters)

The CoC worked collaboratively to create a One Stop Homeless Services Center that draws homeless individuals and families to a central location for engagement and service delivery. Street Outreach programs within the CoC work to encourage clients to come to the center where the homeless can access services. Because the center offers Day Services desired by street homeless clients as well as Primary Medical Care on a walk in basis, homeless clients come to the center. On site, clients may access behavioral health, legal services, housing location, and employment services. All homeless service providers have access to office or meeting space to meet with potential clients.

What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans? 
(limit 1500 characters)

The CoC participated in the writing of the city of Baton Rouge's Ten Year Plan to End Homelessness and continues to monitor our success in meeting the goals of the plan. The CoC has participated annually in City of Baton Rouge and State of Louisiana hearings on Consolidated Plans and Amendments to those Plans. The CoC offered leadership on the state level to have the Louisiana Inter-Agency Council on Homelessness reauthorized as well as assisted state officials in preliminary drafts of a yet to be completed state plan to end homelessness. The CoC re-visited the Local, state draft and Federal Plan to End Homelessness in 2012 incorporating portions of each in completing the CoC Check Up process and a new CoC Strategic Plan.
Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes?

No

If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living (limit 1500 characters)
4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD tracks each CoC's progress toward ending chronic homelessness.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2010, FY2011, and FY2012:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of CH Persons</th>
<th>Number of PH beds for the CH</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>77</td>
<td>24</td>
</tr>
<tr>
<td>2011</td>
<td>107</td>
<td>36</td>
</tr>
<tr>
<td>2012</td>
<td>76</td>
<td>46</td>
</tr>
</tbody>
</table>

What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)

During the Point in Time count (which is conducted annually for both Sheltered and Unsheltered persons), the CoC interviews all homeless persons. The survey screens for chronic homelessness, and this data is entered into HMIS.

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012:

13

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters)
Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2011 and January 31, 2012:

<table>
<thead>
<tr>
<th>Cost Type</th>
<th>HUD McKinney-Vento</th>
<th>Other Federal</th>
<th>State</th>
<th>Local</th>
<th>Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Operations</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$193,000</td>
</tr>
<tr>
<td>Total</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$193,000</td>
</tr>
</tbody>
</table>
4C. Continuum of Care (CoC) Housing Performance

Instructions:
HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click “Save” which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing projects for which an APR was required should select “No” to the question below. This only applies to CoCs that do not have any CoC-funded permanent housing projects currently operating within their CoC that should have submitted an APR.

<table>
<thead>
<tr>
<th>Does the CoC have any permanent housing projects for which an APR was required to be submitted?</th>
<th>Yes</th>
</tr>
</thead>
</table>

Participants in Permanent Housing (PH)

| a. Number of participants who exited permanent housing project(s) | 99 |
| b. Number of participants who did not leave the project(s) | 195 |
| c. Number of participants who exited after staying 6 months or longer | 76 |
| d. Number of participants who did not exit after staying 6 months or longer | 148 |
| e. Number of participants who did not exit and were enrolled for less than 6 months | 39 |
| TOTAL PH (%) | 76 |

Instructions:
HUD will assess CoC performance in moving participants from transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click “Save” which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing projects for which an APR was required should select “No” to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

<table>
<thead>
<tr>
<th>Does the CoC have any transitional housing projects for which an APR was required to be submitted?</th>
<th>Yes</th>
</tr>
</thead>
</table>

HEARTH FY2012 CoC Consolidated Application | Page 82 | 01/16/2013
### Participants in Transitional Housing (TH)

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Number of participants who exited TH project(s), including unknown destination</td>
<td>292</td>
</tr>
<tr>
<td>b. Number of SHP transitional housing participants that moved to permanent housing upon exit</td>
<td>113</td>
</tr>
<tr>
<td>TOTAL TH (%)</td>
<td>39</td>
</tr>
</tbody>
</table>
4D. Continuum of Care (CoC) Cash Income Information

Instructions:
HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of cash income. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 878

<table>
<thead>
<tr>
<th>Cash Income Sources (Q25a1.)</th>
<th>Number of Exiting Adults</th>
<th>Exit Percentage (Auto-Calculated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned income</td>
<td>171</td>
<td>19%</td>
</tr>
<tr>
<td>Unemployment insurance</td>
<td>6</td>
<td>1%</td>
</tr>
<tr>
<td>SSI</td>
<td>98</td>
<td>11%</td>
</tr>
<tr>
<td>SSDI</td>
<td>42</td>
<td>5%</td>
</tr>
<tr>
<td>Veteran's disability</td>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>Private disability insurance</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Worker's compensation</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>TANF or equivalent</td>
<td>9</td>
<td>1%</td>
</tr>
<tr>
<td>General assistance</td>
<td>9</td>
<td>1%</td>
</tr>
<tr>
<td>Retirement (Social Security)</td>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>Veteran's pension</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Pension from former job</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Child support</td>
<td>10</td>
<td>1%</td>
</tr>
<tr>
<td>Alimony (Spousal support)</td>
<td>3</td>
<td>0%</td>
</tr>
<tr>
<td>Other source</td>
<td>4</td>
<td>0%</td>
</tr>
<tr>
<td>No sources (from Q25a2.)</td>
<td>186</td>
<td>21%</td>
</tr>
</tbody>
</table>

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? No
4E. Continuum of Care (CoC) Non-Cash Benefits

Instructions:
HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of non-cash benefits. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

<table>
<thead>
<tr>
<th>Non-Cash Benefit Sources (Q26a1.)</th>
<th>Number of Exiting Adults</th>
<th>Exit Percentage (Auto-Calculated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental nutritional assistance program</td>
<td>209</td>
<td>24%</td>
</tr>
<tr>
<td>MEDICAID health insurance</td>
<td>85</td>
<td>10%</td>
</tr>
<tr>
<td>MEDICARE health insurance</td>
<td>22</td>
<td>3%</td>
</tr>
<tr>
<td>State children’s health insurance</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>WIC</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>VA medical services</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>TANF child care services</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>TANF transportation services</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Other TANF-funded services</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Temporary rental assistance</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Section 8, public housing, rental assistance</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Other source</td>
<td>17</td>
<td>2%</td>
</tr>
<tr>
<td>No sources (from Q26a2.)</td>
<td>157</td>
<td>18%</td>
</tr>
</tbody>
</table>

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes
4F. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:
HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on the Energy Star Initiative go to: www.energystar.gov.

A "Section 3 business concern" is one in which: 51% or more of the owners are Section 3 residents of the area of services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; or within three years of their date of hire with the business concern were Section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The Section 3 clause can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes
Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

If 'Yes' to above question, click save to provide activities
If yes, are the projects requesting $200,000 or more?
4G. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs:
The CoC analyzes projects annually for success rates. The membership meets monthly with education and/or training being offered at each meeting. In 2012 the One Stop Homeless Services Center became a Gold Level Partner with the Louisiana Department of Children and Family Services. Staff received training on mainstream resource enrollment and became a location for homeless clients to apply for benefits.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If 'Yes', indicate all meeting dates in the past 12 months:

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes
If 'Yes', identify these staff members: Both

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff: Yes

If 'Yes', specify the frequency of the training: Bi-monthly

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

If 'Yes', indicate for which mainstream programs HMIS completes screening:

Has the CoC participated in SOAR training? Yes

If 'Yes', indicate training date(s):
November 6-7, 2008
## 4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
</table>
| 1. Case managers systematically assist clients in completing applications for mainstream benefits.  
  1a. Describe how service is generally provided:                         | 100%       |
| The One Stop Homeless Services Center houses multiple service providers at one location and works collaboratively with our largest Emergency Shelter Provider which is located adjacent to the service center. Together we use a common intake form that identifies needed mainstream resources. Staff have been trained by the Louisiana Department of Children and Family Services to complete applications for a range of services. In addition, groups of volunteers have been trained specifically to assist with SNAP applications expanding the number of persons available to assist. |            |
| 2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs: | 80%        |
| 3. Homeless assistance providers use a single application form for four or more mainstream programs:  
  3a Indicate for which mainstream programs the form applies:            | 100%       |
| SSI/SSDI, TANF, Food Stamps, Medicaid                                   |            |
| 4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received: | 90%        |
| 4a. Describe the follow-up process:                                     |            |
| Monthly meetings with clients to review applications and results. Most programs collect data on applications and outcomes. |            |
4I. Unified Funding Agency

Instructions
CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area?

Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects within the geographic area?

What experience does the CoC have with managing federal funding, excluding HMIS experience? (limit 1500 characters)

Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)

Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)

What is the CoC's process for issuing concerns and/or findings to HUD-funded projects? (limit 1500 characters)

Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD. (limit 1500 characters)
## Attachments

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification of Consistency with the Consolidated Plan</td>
<td>Yes</td>
<td>HUD Form 2991</td>
<td>01/14/2013</td>
</tr>
<tr>
<td>CoC-HMIS Governance Agreement</td>
<td>No</td>
<td>Governance Agreement</td>
<td>01/16/2013</td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: HUD Form 2991

Attachment Details

Document Description: Governance Agreements

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
## Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Identification</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1B. CoC Operations</td>
<td>01/16/2013</td>
</tr>
<tr>
<td>1C. Committees</td>
<td>01/16/2013</td>
</tr>
<tr>
<td>1D. Member Organizations</td>
<td>12/29/2012</td>
</tr>
<tr>
<td>1E. Project Review and Selection</td>
<td>01/16/2013</td>
</tr>
<tr>
<td>1F. e-HIC Change in Beds</td>
<td>01/16/2013</td>
</tr>
<tr>
<td>1G. e-HIC Sources and Methods</td>
<td>01/16/2013</td>
</tr>
<tr>
<td>2A. HMIS Implementation</td>
<td>01/16/2013</td>
</tr>
<tr>
<td>2B. HMIS Funding Sources</td>
<td>12/29/2012</td>
</tr>
<tr>
<td>2C. HMIS Bed Coverage</td>
<td>12/29/2012</td>
</tr>
<tr>
<td>2D. HMIS Data Quality</td>
<td>01/16/2013</td>
</tr>
<tr>
<td>2E. HMIS Data Usage</td>
<td>01/07/2013</td>
</tr>
<tr>
<td>2F. HMIS Data and Technical Standards</td>
<td>01/07/2013</td>
</tr>
<tr>
<td>2G. HMIS Training</td>
<td>01/07/2013</td>
</tr>
<tr>
<td>2H. Sheltered PIT</td>
<td>01/14/2013</td>
</tr>
<tr>
<td>2I. Sheltered Data - Methods</td>
<td>01/12/2013</td>
</tr>
<tr>
<td>2J. Sheltered Data - Collections</td>
<td>01/12/2013</td>
</tr>
<tr>
<td>2K. Sheltered Data - Quality</td>
<td>No Input Required</td>
</tr>
<tr>
<td>2L. Unsheltered PIT</td>
<td>01/07/2013</td>
</tr>
<tr>
<td>2M. Unsheltered Data - Methods</td>
<td>01/12/2013</td>
</tr>
<tr>
<td>2N. Unsheltered Data - Coverage</td>
<td>12/29/2012</td>
</tr>
<tr>
<td>2O. Unsheltered Data - Quality</td>
<td>01/14/2013</td>
</tr>
<tr>
<td>Objective 1</td>
<td>01/14/2013</td>
</tr>
<tr>
<td>Objective 2</td>
<td>01/14/2013</td>
</tr>
<tr>
<td>Objective 3</td>
<td>01/14/2013</td>
</tr>
<tr>
<td>Objective 4</td>
<td>01/14/2013</td>
</tr>
</tbody>
</table>
Objective 5 01/14/2013
Objective 6 01/14/2013
Objective 7 01/14/2013
3B. Discharge Planning: Foster Care 01/14/2013
3B. CoC Discharge Planning: Health Care 01/14/2013
3B. CoC Discharge Planning: Mental Health 01/14/2013
3B. CoC Discharge Planning: Corrections 01/14/2013
3C. CoC Coordination 01/16/2013
3D. CoC Strategic Planning Coordination 01/15/2013
3E. Reallocation 01/11/2013
3F. Eliminated Grants 01/12/2013
3G. Reduced Grants No Input Required
3H. New Projects Requested 01/12/2013
3I. Reallocation Balance No Input Required
4A. FY2011 CoC Achievements 01/14/2013
4B. Chronic Homeless Progress 01/14/2013
4C. Housing Performance 01/07/2013
4D. CoC Cash Income Information 01/12/2013
4E. CoC Non-Cash Benefits 01/14/2013
4F. Section 3 Employment Policy Detail 01/12/2013
4G. CoC Enrollment and Participation in Mainstream Programs 01/12/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs 01/12/2013
4I. Unified Funding Agency No Input Required
Attachments 01/16/2013
Submission Summary No Input Required
Certification of Consistency with the Consolidated Plan

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: Capital Area Alliance for the Homeless

Project Name: Multiple Projects - See attached

Location of the Project: See attached

Name of the Federal Program to which the applicant is applying: HUD Supportive Housing Program

Name of Certifying Jurisdiction: State of Louisiana

Certifying Official of the Jurisdiction:
Name: Carol Newton
Title: Director, CDBG Program
Signature: [Signature]
Date: January 10, 2013
Form 2991 Project List state
Project List - Form 2991 Certification of Consistency with the State Consolidated Plan

<table>
<thead>
<tr>
<th>Applicant/Project</th>
<th>Req. Amt.</th>
<th>Term</th>
<th>Comp.</th>
<th>N/R</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAAH/CoC Planning Project</td>
<td>153 North 17th Street, Baton Rouge, LA 70802</td>
<td>31,266</td>
<td>1 Year</td>
<td>Plan</td>
</tr>
<tr>
<td>CAAH/Scott Housing</td>
<td>900 N. 19th Street, Baton Rouge, LA 70802</td>
<td>58,693</td>
<td>1 Year</td>
<td>PH</td>
</tr>
<tr>
<td>CAAH/Service Net</td>
<td>153 North 17th Street, Baton Rouge, LA 70802</td>
<td>129,198</td>
<td>1 Year</td>
<td>HMIS</td>
</tr>
<tr>
<td>CAAH/VOA Home at Last</td>
<td>Scattered Site Housing</td>
<td>89,276</td>
<td>1 Year</td>
<td>PH</td>
</tr>
<tr>
<td>CUCD/Dream Homes Permanent</td>
<td>10617 Airline Highway, Gonzales, LA 7073</td>
<td>25,169</td>
<td>1 Year</td>
<td>PH</td>
</tr>
<tr>
<td>CUCD/Dream Homes Transitional</td>
<td>10617 Airline Highway, Gonzales, LA 70737</td>
<td>107,311</td>
<td>1 Year</td>
<td>TH</td>
</tr>
<tr>
<td>Housing Baton Rouge Families First</td>
<td>Scattered Site Housing</td>
<td>183,945</td>
<td>1 Year</td>
<td>PH</td>
</tr>
<tr>
<td>Legacy Recovery/Legacy Recovery</td>
<td>168 W. Washington St., Baton Rouge, LA 70802</td>
<td>102,915</td>
<td>1 Year</td>
<td>PH</td>
</tr>
<tr>
<td>VOA/One Stop Homeless Services Center</td>
<td>153 North 17th Street, Baton Rouge, LA 70802</td>
<td>86,461</td>
<td>1 Year</td>
<td>PH</td>
</tr>
<tr>
<td>VOA/Rural Supportive Housing</td>
<td>Scattered Site Housing</td>
<td>125,249</td>
<td>1 Year</td>
<td>PH</td>
</tr>
</tbody>
</table>

| Total                              | 939,483 |      |      |     |
Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction’s current, approved Consolidated Plan.

(Type or clearly print the following information:)

Applicant Name: City of Baton Rouge & Parish of East Baton Rouge

Project Name: Multiple Projects - list attached

Location of the Project: City of Baton Rouge & Parish of East Baton Rouge

Name of the Federal Program to which the applicant is applying: McKinney-Vento Supportive Housing Program

Name of Certifying Jurisdiction: City of Baton Rouge & Parish of East Baton Rouge

Certifying Official of the Jurisdiction Name: Melvin L. "Kip" Holden

Title: Mayor-President

Signature: [Signature]

Date: 1-1-12

[Approved by Parish Attorney's Office]
## 2012 SHP Application
### Project List for the City of Baton Rouge

<table>
<thead>
<tr>
<th>Projects</th>
<th>EXT AD</th>
<th>Term</th>
<th>Comp.</th>
<th>N/R</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAART-Helping Han</td>
<td>Scattered Sites</td>
<td>87,311</td>
<td>1 TH</td>
<td>R</td>
</tr>
<tr>
<td>HAART-Homes from</td>
<td>Scattered Sites</td>
<td>85,402</td>
<td>1 PH</td>
<td>R</td>
</tr>
<tr>
<td>HAART-Hope/Healing</td>
<td>Scattered Sites</td>
<td>201,149</td>
<td>1 PH</td>
<td>R</td>
</tr>
<tr>
<td>Maison des Ami</td>
<td>1050 Convention Street, Baton Rouge, LA 70802</td>
<td>147,766</td>
<td>1 TH</td>
<td>R</td>
</tr>
<tr>
<td>Myriam's House Step I &amp; II Program</td>
<td>Scattered Sites</td>
<td>99,281</td>
<td>1 PH</td>
<td>N</td>
</tr>
<tr>
<td>OBH-Main St Shelter</td>
<td>1220 Main Street, Baton Rouge, LA 70802</td>
<td>47,174</td>
<td>1 TH</td>
<td>R</td>
</tr>
<tr>
<td>OBH-Permanent Housing</td>
<td>1220 Main Street, Baton Rouge, LA 70802</td>
<td>20,848</td>
<td>1 PH</td>
<td>R</td>
</tr>
<tr>
<td>Options Villa</td>
<td>544 North Foster, Baton Rouge, LA 70806</td>
<td>181,115</td>
<td>1 PH</td>
<td>R</td>
</tr>
<tr>
<td>St. Anthony's House</td>
<td>Undisclosed Location</td>
<td>40,660</td>
<td>1 PH</td>
<td>R</td>
</tr>
<tr>
<td>SVDP-B Ott Day C</td>
<td>1623 Convention Street, Baton Rouge, LA 70802</td>
<td>94,939</td>
<td>1 SSO</td>
<td>R</td>
</tr>
<tr>
<td>VOA Outreach</td>
<td>153 North 17th Street, Baton Rouge, LA 70802</td>
<td>64,627</td>
<td>1 SSO</td>
<td>R</td>
</tr>
<tr>
<td>Youth Oasis</td>
<td>West Drive, Baton Rouge, LA 70806</td>
<td>64,874</td>
<td>1 TH</td>
<td>R</td>
</tr>
</tbody>
</table>

**Total**: 1,135,146