1A. Continuum of Care (CoC) Identification

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1A-1 CoC Name and Number: LA-504 - Baton Rouge CoC
1A-2 Collaborative Applicant Name: Capital Area Alliance for the Homeless
1A-3 CoC Designation: CA
1B. Continuum of Care (CoC) Operations

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Monthly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Monthly

1B-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Select all that apply. Volunteer, Organizational employee, Community Advocate

1B-5 Does the CoC’s governance charter incorporate written policies and procedures for each of the following:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1B-5.1 Written agendas of CoC meetings?</td>
<td>Yes</td>
</tr>
<tr>
<td>1B-5.2 Centralized or Coordinated Assessment System?</td>
<td>Yes</td>
</tr>
<tr>
<td>1B-5.3 Process for Monitoring Outcomes of ESG Recipients?</td>
<td>No</td>
</tr>
<tr>
<td>1B-5.4 CoC policies and procedures?</td>
<td></td>
</tr>
<tr>
<td>1B-5.5 Written process for board selection?</td>
<td>Yes</td>
</tr>
<tr>
<td>1B-5.6 Code of conduct for board members that includes a recusal process?</td>
<td>Yes</td>
</tr>
<tr>
<td>1B-5.7 Written standards for administering assistance?</td>
<td>No</td>
</tr>
</tbody>
</table>
1C. Continuum of Care (CoC) Committees

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

<table>
<thead>
<tr>
<th>Name of Group</th>
<th>Role of Group (limit 750 characters)</th>
<th>Meeting Frequency</th>
<th>Names of Individuals and/or Organizations Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>1C-1.1 Board of Directors</td>
<td>Responsible for policy and governance of the CoC</td>
<td>Monthly</td>
<td>Volunteers of America GBR, Mental Health Association GBR, Wilson Found., St. Vincent DePaul, Youth Oasis, O’Brien House, HOPE Ministries, Habitat for Humanity, Our Lady of the Lake Hospital, YWCA, Connections for Life, Homeless Advocates</td>
</tr>
<tr>
<td>1C-1.2 Executive Committee</td>
<td>Oversight of the CoC, Decision making between board meetings, evaluation of Executive Director</td>
<td>Monthly</td>
<td>Volunteers of America Greater Baton Rouge, Mental Health Association of Greater Baton Rouge, Wilson Foundation, Options Foundation, Society of St. Vincent DePaul</td>
</tr>
<tr>
<td>1C-1.3 Finance Committee</td>
<td>Oversight of Financial soundness, policies, and accounting best practices</td>
<td>Monthly</td>
<td>Volunteers of America Greater Baton Rouge, Mental Health Association of Greater Baton Rouge, Options Foundation, HOPE Ministries, Habitat for Humanity, East Baton Rouge Parish Housing Authority</td>
</tr>
<tr>
<td>1C-1.4 Program Committee</td>
<td>Review of all CoC programs, oversight of the SHP Competition Process, works with Project Applicants and Sponsors</td>
<td>Bi-Monthly</td>
<td>Church United for Community Development, Connections for Life, East Baton Rouge Parish Redevelopment Authority, O’Brien House</td>
</tr>
<tr>
<td>1C-1.5 Membership Meeting</td>
<td>Agency networking, Information on issues of interest to homeless agencies, and in-service training presentations</td>
<td>Monthly</td>
<td>Iris (DV program), Catholic Charities, HIV/AIDS Alllicance for Region II, LA Health and Re-hab, Maison des Ami, Start Corporation, Metro Health, HOPE Ministries, Youth Oasis Healing Place Serve, YWCA, ICNA</td>
</tr>
</tbody>
</table>

1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups. (limit 750 characters)
Board Members are homeless service leaders, formerly homeless persons/consumers of affordable housing, and community members with an interest in addressing homelessness who have been nominated by their peers. CAAH attempts to include a broad - and rotating - range of service providers as well as community members with needed skills (e.g. accountant, lawyer, development) for the advancement of the organization. Membership Meeting announcements are broadly disseminated within the community. Membership meetings are an entry point for committee and leadership roles. When new organizations emerge, CAAH reaches out to invite them to participate in the Membership Meeting and apprises them of the work and opportunities within the CoC structure.
1D. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available. 
(limit 750 characters)
CAAH has established a project scoring tool that includes narrative and objective data responses. The tool evaluates information on agency capacity (Annual budget, staff, board, audit, 990, and policies) as well as project specific information (HMIS data completion, project benchmarks, leveraging).

1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)
The program committee reviews the information collected by the ranking tool and scores each project. The scoring team consists of Board Members who do not have projects in the competition. Individual team members score each project and a spreadsheet of scores is compiled. Team members meet to discuss the projects and share information. Once each project's final score is calculated, a Project Priority list is established. The committee then considers the sub-population served by each project. The Program Committee reserves the right to move lower scoring project ahead of higher scoring projects to ensure that regardless of a person's barrier to housing a program exists to address that barrier. In making this assessment sources of funding other than CoC funding are considered. The Program Committee submits their ranking to the Board of Directors for final approval. The final ranking list is then shared with project sponsors who are given the chance to appeal their ranking.

1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.
(limit 750 characters)
Capital Area Alliance for the Homeless annually makes information available to members and the public regarding SHP and other grant opportunities. The Executive Director reports to the Membership Meeting all notices from HUD regarding the Competition. In addition, the Executive Director provides Technical Assistance prior to and after release of the NOFA to potential project sponsors. CAAH conducts a public meeting that has been well advertised. The Executive Director of the CoC also provides technical assistance to all project sponsors but particularly to first time applicants. That TA includes apprising new agencies of HUD requirements for reimbursement, an explanation of HMIS data collections requirements, and a description of necessary policies/procedures to successfully negotiate application and technical submission phases.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application.

01/14/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

01/17/2014

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes?

Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number. (limit 1000 characters)

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months?

No
1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. (limit 750 characters)
1E. Continuum of Care (CoC) Housing Inventory

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1E-1 Did the CoC submit the 2013 HIC data in the HDX by April 30, 2013?
Yes
2A. Homeless Management Information System (HMIS) Implementation

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

The CoC lead is the HMIS project sponsor and provides oversight to the HMIS staff. CAAH is part of the Louisiana statewide HMIS and participates on the statewide board of directors for the Louisiana Services Network Data Consortium. The consortium works extremely closely with our HMIS Vendor to insure that the system conforms to HUD guidance and regulations. Our HMIS is in full compliance with the interim rule, data standards requirements, and additional HUD policies.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? If yes, a copy must be attached.

Yes

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

The Data Quality, Security, and Privacy Plans were created at the time that eight HMIS implementations were merged into a statewide system. Stakeholders from the regional HMIS implementations reviewed the plans previously adopted and created new plans for the new "Louisiana Services Network Data Consortium." The Data Quality Plan was approved in November of 2012. Policies around Privacy and Security were initially executed in 2008 but were revised in May of 2013.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? Applicant will enter the HMIS software name (e.g., ABC Software).

Service Point
2A-5 What is the name of the HMIS vendor? Bowman Systems
Applicant will enter the name of the vendor (e.g., ESG Systems).

2A-6 Does the CoC plan to change the HMIS software within the next 18 months? No
2B. Homeless Management Information System (HMIS) Funding Sources

2B-1 Select the HMIS implementation coverage area: Statewide

2B-2 Select the CoC(s) covered by the HMIS: (select all that apply)
- LA-508 - Houma-Terrebonne/Thibodaux CoC
- LA-507 - Alexandria/Central Louisiana CoC
- LA-506 - Slidell/Southeast Louisiana CoC
- LA-505 - Monroe/Northeast Louisiana CoC
- LA-503 - New Orleans/Jefferson Parish CoC
- LA-504 - Baton Rouge CoC
- LA-502 - Shreveport/Bossier/Northwest CoC
- LA-501 - Lake Charles/Southwestern Louisiana CoC
- LA-500 - Lafayette/Acadiana CoC

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

### 2B-3.1 Funding Type: Federal - HUD

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>CoC</td>
<td>$129,198</td>
</tr>
<tr>
<td>ESG</td>
<td>$0</td>
</tr>
<tr>
<td>CDBG</td>
<td>$0</td>
</tr>
<tr>
<td>HOME</td>
<td>$0</td>
</tr>
<tr>
<td>HOPWA</td>
<td>$0</td>
</tr>
<tr>
<td>Federal - HUD - Total Amount</td>
<td>$129,198</td>
</tr>
</tbody>
</table>

### 2B-3.2 Funding Type: Other Federal

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Education</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Health and Human Services</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Labor</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Agriculture</td>
<td>$0</td>
</tr>
<tr>
<td>Department of Veterans Affairs</td>
<td>$0</td>
</tr>
<tr>
<td>Other Federal</td>
<td>$0</td>
</tr>
<tr>
<td>Other Federal - Total Amount</td>
<td>$0</td>
</tr>
</tbody>
</table>
2B-3.3 Funding Type: State and Local

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>$0</td>
</tr>
<tr>
<td>County</td>
<td>$0</td>
</tr>
<tr>
<td>State</td>
<td>$0</td>
</tr>
<tr>
<td>State and Local - Total Amount</td>
<td>$0</td>
</tr>
</tbody>
</table>

2B-3.4 Funding Type: Private

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$0</td>
</tr>
<tr>
<td>Organization</td>
<td>$32,301</td>
</tr>
<tr>
<td>Private - Total Amount</td>
<td>$32,301</td>
</tr>
</tbody>
</table>

2B-3.5 Funding Type: Other

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation Fees</td>
<td>$0</td>
</tr>
<tr>
<td>Other - Total Amount</td>
<td>$0</td>
</tr>
</tbody>
</table>

2B-3.6 Total Budget for Operating Year

$161,499

2B-4 How was the HMIS Lead selected by the CoC?

Agency was Appointed

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.

(limit 750 characters)
2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2C-1 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</td>
<td>86%+</td>
</tr>
<tr>
<td>Safe Haven (SH) beds</td>
<td>Housing type does not exist 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>Housing type does not exist in CoC</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) beds</td>
<td>86%+</td>
</tr>
</tbody>
</table>

2C-2 How often does the CoC review or assess its HMIS bed coverage? Annually

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

One large TH provider does not receive SHP or ESG funds and therefore is not required to enter data. The CoC has approached the provider about entering data, but they have not chosen to do so. The CoC continues to work with all service providers first to encourage them to use HMIS; and, if that fails, to secure as much data as possible for the Point in Time count and other crucial reporting.

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)
2D. Homeless Management Information System (HMIS) Data Quality

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter “0”.

<table>
<thead>
<tr>
<th>Type of Housing</th>
<th>Average Length of Time in Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>3</td>
</tr>
<tr>
<td>Safe Haven</td>
<td>0</td>
</tr>
<tr>
<td>Permanent Supportive Housing</td>
<td>10</td>
</tr>
<tr>
<td>Rapid Re-housing</td>
<td>6</td>
</tr>
</tbody>
</table>

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

<table>
<thead>
<tr>
<th>Universal Data Element</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>0%</td>
</tr>
<tr>
<td>Social security number</td>
<td>1%</td>
</tr>
<tr>
<td>Date of birth</td>
<td>0%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>4%</td>
</tr>
<tr>
<td>Race</td>
<td>0%</td>
</tr>
<tr>
<td>Gender</td>
<td>4%</td>
</tr>
<tr>
<td>Veteran status</td>
<td>3%</td>
</tr>
<tr>
<td>Disabling condition</td>
<td>3%</td>
</tr>
<tr>
<td>Residence prior to program entry</td>
<td>3%</td>
</tr>
<tr>
<td>Zip Code of last permanent address</td>
<td>4%</td>
</tr>
<tr>
<td>Housing status</td>
<td>3%</td>
</tr>
<tr>
<td>Head of household</td>
<td>3%</td>
</tr>
</tbody>
</table>

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)
Our implementation of HMIS provides data for a broad range of reports including APR, CAPER, ESG, and SHP data quality. We work closely with grantees and sub-recipients to produce all the reports they need for a variety of funding sources. The Continuum of Care Competition also uses the reports in evaluating projects as required by HUD.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data?  Monthly

2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)

The CoC is lead agency is also the HMIS grantee. The CoC has monthly membership meetings, and CHO's are given a data quality report at the meeting. When agencies have low data quality the CoC/HMIS staff schedule site visits to assess problems, provide technical assistance, and deliver additional training. HMIS staff assist project sponsors in producing and assessing quality of APR data.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data?  Semi-Annually
2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measuring the performance of participating housing and service providers</td>
<td>Annually</td>
</tr>
<tr>
<td>Using data for program management</td>
<td>Annually</td>
</tr>
<tr>
<td>Integration of HMIS data with data from mainstream resources</td>
<td>Monthly</td>
</tr>
<tr>
<td>Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)</td>
<td>Monthly</td>
</tr>
</tbody>
</table>
2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached.

Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS?
(limit 250 characters)

Data Integrity is Policy 4.9 on page 21 of the Standard Operating Procedures of the Louisiana Services Network Data Consortium. LSNDC is the organization that governs the eight regional implementations for the Louisiana CoC's.

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHO's)?

Yes
2G. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 02/25/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Yes

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/30/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Observation</th>
<th>Provider Shelter</th>
<th>Client Interview</th>
<th>HMIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelters</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Safe Havens</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

There was an increase of 13% (from 588 to 677 of unsheltered homeless citizens in greater Baton Rouge. There was a corresponding 28% decrease in unsheltered homeless. The reason for the increase in sheltered homeless is due to better utilization of our housing inventory.
2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Methods

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

* 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:

- [x] Survey providers:
- [x] HMIS:
- [ ] Extrapolation:
- [ ] Other:

2H-2 If other, provide a detailed description.
(limit 750 characters)

2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 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.
2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

* 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

<table>
<thead>
<tr>
<th>Method</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMIS</td>
<td></td>
</tr>
<tr>
<td>HMIS plus extrapolation</td>
<td></td>
</tr>
<tr>
<td>Sample of PIT interviews plus extrapolation</td>
<td></td>
</tr>
<tr>
<td>Sample strategy:</td>
<td></td>
</tr>
<tr>
<td>(if Sample of PIT interviews plus extrapolation is selected)</td>
<td></td>
</tr>
<tr>
<td>Provider expertise</td>
<td>X</td>
</tr>
<tr>
<td>Interviews</td>
<td>X</td>
</tr>
<tr>
<td>Non-HMIS client level information</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

2I-2 If other, provide a detailed description. (limit 750 characters)

2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

Housing providers collect client specific data. HUD funded providers enter subpopulation 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.
2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

* 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:

| Training: | X |
| Follow-up | X |
| HMIS: | X |
| Non-HMIS de-duplication: |
| Other: |

2J-2 If other, provide a detailed description.
(limit 750 characters)

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 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 collected client identifying data in order to re-house the most medically vulnerable homeless persons. Some surveys were done directly entered into HMIS in real time and additional paper survey data collected during the count was entered into HMIS at the conclusion of the count/survey. Because the data was reported out from our HMIS System, de-duplication and previously collected information could be used to ensure the greatest accuracy.
2K. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 02/25/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Yes

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/30/2013

2K-4 Comparing the 2013 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 specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

The 2013 PiT count saw a 28% decrease in unsheltered homeless citizens even as the total number of homeless citizens grew. The decrease in unsheltered homeless citizens is attributable to a higher bed utilization rate within our Housing Inventory.
2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

* 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:

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:

2L-2 If other, provide a detailed description. (limit 750 characters)

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

CAAH interviews homeless clients at known locations using the Vulnerability Index as our 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. This approach ties collection of data to an effort to rehouse clients. The CoC has 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 used by the homeless which gives us an opportunity to build relationships. One member has an outreach to homeless persons living under the Mississippi River Bridge, a day center or homeless adults and, street outreach to homeless youth.
2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count:
A Combination of Locations

2M-2 If other, provide a detailed description.
(limit 750 characters)
2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

* 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:

| Training: | X |
| "Blitz" count: |
| Unique identifier: | X |
| Survey question: | X |
| Enumerator observation: |
| Other: |

2N-2 If other, provide a detailed description. (limit 750 characters)

2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here. (limit 750 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 deduplication occurs and sub-population counts are accurate.
3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

### 3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3A-1.1a</strong> For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.</td>
<td>132</td>
<td>140</td>
<td>150</td>
</tr>
<tr>
<td><strong>3A-1.1b</strong> For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.</td>
<td>46</td>
<td>92</td>
<td>101</td>
</tr>
<tr>
<td><strong>3A-1.1c</strong> Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.</td>
<td>82</td>
<td>91</td>
<td>101</td>
</tr>
<tr>
<td><strong>3A-1d</strong> Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.</td>
<td>62%</td>
<td>65%</td>
<td>67%</td>
</tr>
<tr>
<td><strong>3A-1.1e</strong> How many new PSH beds dedicated to the chronically homeless will be created through reallocation?</td>
<td>0</td>
<td>12</td>
<td>12</td>
</tr>
</tbody>
</table>
3A-1.2 Describe the CoC’s two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(limit 1000 characters)

Through the of Coordinated Intake, Assessment, and Referral the CoC will identify the the most at risk chronically homeless client using the VI-SPDAT assessment. The CoC will encourage members with HUD funded as well as non-HUD funded housing to prioritize their turn over and newly developed units for the identified clients.

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.
(limit 1000 characters)

The Program Committee of the Capital Area Alliance Board of Directors will be responsible for leading this effort.
Objective 2: Increase Housing Stability

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD’s goals as articulated in HUD’s Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013?  Yes

3A-2.2 Objective 2: Increase Housing Stability

<p>| 2013 Actual | 2014 Proposed | 2015 Proposed |</p>
<table>
<thead>
<tr>
<th>Numeric Achievement and Baseline</th>
<th>Numeric Achievement</th>
<th>Numeric Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:</strong></td>
<td>333</td>
<td>355</td>
</tr>
<tr>
<td><strong>3A-2.2b Enter the total number of participants that remain in CoC-funded permanent supportive housing PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded temporary supportive housing projects to a different permanent housing destination.</strong></td>
<td>299</td>
<td>313</td>
</tr>
<tr>
<td><strong>3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.</strong></td>
<td>85%</td>
<td>88%</td>
</tr>
</tbody>
</table>
3A-2.3 Describe the CoC’s two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

The CoC continued its positive performance in Permanent Housing stability. Our percentage was 76% in 2012, and we exceeded our target of 80%. Steps to continue our success include: (1) continuing to offer training to the membership to improve case management in PSH projects; (2) emphasize first 90 days a client is re-housed as this is a crucial period in which the new resident becomes invested in their new housing; (3) encourage case managers to work closely with landlords to identify problems before they reach the point of eviction; (4) and develop or obtain life skills curriculum to assist clients in becoming successfully re-housed.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

CoC staff and the Program Committee will be responsible for implementing the plan including identifying training opportunities and emphasizing the importance of high standards.
3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Increase project participants income

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD’s goals as articulated in HUD’s Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 1208

3A-3.2 Objective 3: Increase project participants income

<table>
<thead>
<tr>
<th>Objective 3.2a</th>
<th>2013 Actual Numeric Achievement and Baseline</th>
<th>2014 Proposed Numeric Achievement</th>
<th>2015 Proposed Numeric Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?</td>
<td>6%</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?</td>
<td>2%</td>
<td>5%</td>
<td>8%</td>
</tr>
</tbody>
</table>

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

<table>
<thead>
<tr>
<th>Cash Income Sources</th>
<th>Number of Participating Adults</th>
<th>Percentage of Total in 3A-3.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned Income</td>
<td>347</td>
<td>28.73 %</td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td>22</td>
<td>1.82 %</td>
</tr>
<tr>
<td>SSI</td>
<td>258</td>
<td>21.36 %</td>
</tr>
</tbody>
</table>
### 3A-3.4 Describe the CoC’s two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above.

(limit 1000 characters)

Through use of Coordinated Intake and Assessment being implemented and use of the VI-SPDAT, the CoC will identify homeless client who are disabled. The CoC has invested resources in a Legal Services Program that operates on the SOAR model. Expansion of this program will enable the CoC to enroll more clients in mainstream resources.

### 3A-3.5 Describe the CoC’s two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.

(limit 1000 characters)

The CoC has invested in a job training and placement program that includes vocational rehabilitation as well as a temporary employment component that helps homeless clients to quickly return to work. The CoC will work with providers to increase the volume of clients served.

### 3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit.

(limit 1000 characters)

The CoC Program committee is responsible for working with member agencies and the programs housed at the One Stop Homeless Services Center.

---

<table>
<thead>
<tr>
<th>Source</th>
<th>Participants</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSDI</td>
<td>123</td>
<td>10.18 %</td>
</tr>
<tr>
<td>Veteran’s disability</td>
<td>6</td>
<td>0.50 %</td>
</tr>
<tr>
<td>Private disability insurance</td>
<td>0</td>
<td>%</td>
</tr>
<tr>
<td>Worker’s compensation</td>
<td>0</td>
<td>%</td>
</tr>
<tr>
<td>TANF or equivalent</td>
<td>8</td>
<td>0.66 %</td>
</tr>
<tr>
<td>General Assistance</td>
<td>0</td>
<td>%</td>
</tr>
<tr>
<td>Retirement (Social Security)</td>
<td>9</td>
<td>0.75 %</td>
</tr>
<tr>
<td>Veteran’s pension</td>
<td>1</td>
<td>0.08 %</td>
</tr>
<tr>
<td>Pension from former job</td>
<td>0</td>
<td>%</td>
</tr>
<tr>
<td>Child support</td>
<td>9</td>
<td>0.75 %</td>
</tr>
<tr>
<td>Alimony (Spousal support)</td>
<td>0</td>
<td>%</td>
</tr>
<tr>
<td>Other Source</td>
<td>24</td>
<td>1.99 %</td>
</tr>
<tr>
<td>No sources</td>
<td>536</td>
<td>44.37 %</td>
</tr>
</tbody>
</table>
3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD’s Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

2013 Actual
Number of Participating Adults

<table>
<thead>
<tr>
<th>Non-Cash Income Sources</th>
<th>Number of Participating Adults</th>
<th>Percentage of Total in 3A-4.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental nutritional assistance program</td>
<td>461</td>
<td>38.16%</td>
</tr>
<tr>
<td>MEDICAID health insurance</td>
<td>214</td>
<td>17.72%</td>
</tr>
<tr>
<td>MEDICARE health insurance</td>
<td>45</td>
<td>3.73%</td>
</tr>
<tr>
<td>State children’s health insurance</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>WIC</td>
<td>1</td>
<td>0.08%</td>
</tr>
</tbody>
</table>

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

<table>
<thead>
<tr>
<th>Non-Cash Income Sources</th>
<th>Number of Participating Adults</th>
<th>Percentage of Total in 3A-4.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental nutritional assistance program</td>
<td>461</td>
<td>38.16%</td>
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<tr>
<td>MEDICAID health insurance</td>
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</tr>
<tr>
<td>MEDICARE health insurance</td>
<td>45</td>
<td>3.73%</td>
</tr>
<tr>
<td>State children’s health insurance</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>WIC</td>
<td>1</td>
<td>0.08%</td>
</tr>
</tbody>
</table>
3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)

The One Stop Homeless Services Center has developed partnerships with the State of Louisiana Department of Children and Family Services to assist in enrolling citizens in a variety of benefits. Another partnership has been formed with the local foodbank that places a staff person part-time at the One Stop Center to assist in SNAP applications. One member agency has received a contract from the state for a TANF funded services program. These partnership will enable us to increase the number of clients that access Mainstream Benefits.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit.
(limit 1000 characters)

The One Stop Management Committee will oversee the efforts to fully implement Coordinated Intake and Assessment and to more effectively manage the partnerships that provide enrollment services to our homeless clients.
3A. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD’s goals as articulated in HUD’s Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

<table>
<thead>
<tr>
<th>2013 Actual Numeric Achievement and Baseline</th>
<th>2014 Proposed Numeric Achievement</th>
<th>2015 Proposed Numeric Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.</td>
<td>36</td>
<td>40</td>
</tr>
<tr>
<td>3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.</td>
<td>36</td>
<td>48</td>
</tr>
<tr>
<td>3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.</td>
<td>44</td>
<td>60</td>
</tr>
</tbody>
</table>

3A-5.2 Describe the CoC’s two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)
CoC service providers have aggressively pursued funding sources other than HUD to better serve homeless families. During 2013, member agencies have been awarded TANF, SSVF, HOPWA, PATH, and United Way funds for homeless families with children. Those programs began operation during 2013 and have served clients for less than a year. 2014 will produce results for an entire year and will those account for non CoC funded increases. CoC funded beds for families should remain stable in 2014. In 2014 the CoC will assess Continuum of Care funded projects for the possibility of reallocation to create more RRH targeted beds.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

Randy Nichols, Executive Director of the CoC Lead Agency will work with the CoC Board of Directors and Program Committee to thoroughly assess all programs. In addition, they will update the matrix of CoC funded and non-CoC funded programs. All programs will be re-assessed using HUD Benchmarks and local community priorities and sub-population needs. CoC funded project sponsors will be brought into the conversation as well as providers with non-CoC funding.

3A-5.4 Describe the CoC’s written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

The policies and procedures for determining and prioritizing households for re-housing conform to first, the requirements of fair housing law. Second, eligibility regulation for each program (with an emphasis on referring households with children to a program for which they are eligible). Third, households are assessed for the likelihood of success after the end of short to medium term ESG Rapid Re-Housing assistance.

3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs? (limit 1000 characters)

RRH providers work with households intensively during the eligibility and re-housing phase meeting from multiple times weekly to daily during this period. Initial re-housing case management continues on a weekly basis during the early re-housing phase and tapers down from there over the first year that the family is re-housed.

3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends? (limit 1000 characters)
Yes. RRH providers maintain a relationship with families and work to ensure that they do not return to homelessness.
3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-1.1 Is the discharge policy in place mandated by the State, the CoC, or other?
State Mandated Policy

3B-1.1a If other, please explain.
(limit 750 characters)

3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(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.

3B-1.3 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. Youth Oasis, while operating a McKinney-Vento funded program, also has funding to serve youth aging out of Foster Care. Healing Place Serve, another CAAH member, has opened transitional housing for youth aging out of foster care.
3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-2.1 Is the discharge policy in place mandated by the State, the CoC, or other?  
State Mandated Policy

3B-2.1a If other, please explain.  
(limit 750 characters)

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homelessness and specifically state where persons routinely go upon discharge.  
(limit 1000 characters)
CAAH partners with several local hospitals to identify housing options for homeless patients prior to discharge. 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 initiated 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. The CoC has adopted the Louisiana Department of Health and Hospitals discharge plan and is working with local hospitals for its full implementation.

3B-2.3 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)
CAAH and its Member Agencies, Baton Rouge General Regional Medical Center, and Our Lady of the Lake Regional Medical Center cooperate in seeking services for patients exiting hospitals.
3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-3.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-3.1a If other, please explain. (limit 750 characters)

3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (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. Those resources include Emergency Shelters and Transitional Housing programs within CAAH's housing inventory. Many of the clients without housing are accepted into the CAAH Legal Services program for representation in applying for SSI which brings with it Medicaid enrollment.

3B-3.3 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)

Options Foundation, Medical Management Options, and Maison des Ami are sources for housing if a client has SSI/SSDI. CAAH through its Legal Services Program and Volunteers of America (Drop In Center, SHP Project staff, and PATH program case manager) work to identify housing solutions and assist clients in applying for SSI/SSDI. Short-term housing solutions are sought for the 60-90 day application period. The state of Louisiana Permanent Supportive Housing Program vouchers are another source of permanent housing. The CAAH Housing Location staff assists clients in applying.
3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-4.1 Is the discharge policy in place mandated by the State, the CoC, or other?

3B-4.1a If other, please explain.
(limit 750 characters)

3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(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 the network. The CoC is also working with the Discharge Planning Group of the Louisiana Department of Corrections.

3B-4.3 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)

Louisiana Department of Corrections, Capital Area Re-Entry Coalition, Joseph Homes (Catholic Charities) collaborate to identify housing options for those exiting jails and prisons. CAAH is offering the Department of Corrections assistance in locating additional service providers who work with re-entry clients. CAPARC received a Department of Labor grant to provide job training, placement, and case management. CAAH is an integral part of this effort.
3C. Continuum of Care (CoC) Coordination

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC’s geography include the CoC’s strategic plan goals for addressing and ending homelessness?

Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)
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 selfsufficiency 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

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC’s geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

CAAH provides technical assistance for member agencies which apply for ESG funding. The City of Baton Rouge shares its list of eventual grantees of entitlement and state awarded ESG funds. The city and state depend on the CoC’s HMIS for data on effectiveness of programs.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

CAAH as well as the city of Baton Rouge and the State of Louisina are committed to using ESG funds to end and prevent homelessness. While the jurisdictions have long commitments to funding Emergency Shelter as part of the strategy for ending homelessness, 39% of the state ESG funds were awarded in Baton Rouge went for HP & RR.
3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

The CoC has operated for two years the "One Stop Homeless Services Center" as a primary entry point for homeless client. Local service providers regularly refer residents in need of homeless prevention services to the One Stop. HP and RR designated ESG funds are leveraged within the community for additional prevention dollars. The One Stop, VOA, and SVDP work with local churches, the Christian Outreach Center, Southeast Ministries, and congregation-based Societies of St. Vincent DePaul to provide rental and utility assistance to prevent homelessness.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

The VA clinic located in Baton Rouge that serves homeless veterans deploys staff in the One Stop and participates in CoC meetings sharing information on services. The Coordinated intake process at the One Stop identifies veterans and screens for HUD-VASH eligibility. 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. The One Stop was built with a range of federal funds including LIHTC's, NSP funds, and HOME.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

A staff member of the PHA serves on the CAAH Board, and the CAAH lead staff member is chair of the Housing Authority Board of Commissioners. In 2013 the PHA completed a strategic plan that included implementing HUD guidance on cooperation between the CoC and Housing Authority to further the goals of the federal plan to end homelessness.

3C-7 Describe the CoC’s plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

The CoC and its member agencies constantly work to reduce the amount of time clients spend in homelessness due to completing eligibility requirements and overcoming barriers. Two affordable housing developments in which the CoC has a stake have reduced or eliminated the criminal background check and credit check for potential residents who are in a CoC affiliated case management program. The property manager recognizes the CoC as a reliable partner in addressing problems once a resident has been housed.
3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach.
(limit 1000 characters)

CAAH and its member agencies working at the One Stop have adopted a Housing First policy for its permanent supportive housing programs. In addition One Stop staff advocate for immediate housing of homeless clients in the most independent, sustainable housing option.

3C-9 Describe how the CoC’s centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need.
(limit 1000 characters)

The CoC’s Coordinated Intake, Assessment, and Referral system uses the Vulnerability Index/Service Prioritization Decision Assistance Tool (VI-SPDAT) for in its effort to quickly re-house clients based on acuity and need of services. The goal of every case management/client interaction is to locate housing that the client qualifies for through income or subsidy. Additionally, the housing will be the most independent that the client can sustain.

3C-10 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 One Stop Center has created and disseminates an Outreach Card describing services available and other pertinent information. This card is made available to businesses, churches, and individuals within the community. Our strategy is to promote services to non-homeless citizens who come into contact with the homeless daily. We have mobilized the community to reach out to our homeless population. This is in addition to the outreach done by member agencies weekly (CAAH Legal Services, VOA Outreach worker, and Healing Place Serve Mobil Team).

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community.
(limit 1000 characters)

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.
3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking 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 1000 characters)

The shelter that serves households with children has a relationship with the School System and immediately arranges for transportation to the public school the child attended. CAAH works with the Homeless School Liaison in our jurisdiction and the Early Headstart provider to address the needs of homeless households with children.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

For a number of years there has not been a family shelter for two parent households and households with boys over age 12. New non-HUD funding has been secured and a family shelter is being developed to address this gap in CoC services.

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)

Returns to homelessness are monitored by individual agencies through ongoing case management and HMIS outcomes captured for each client/household served.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 1000 characters)
3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition? No

3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC’s ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)
3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)
Housing programs within the CoC have increased significantly the number of beds dedicated and available for chronically homeless clients. Through coordinated intake veterans are identified and connected with VA and SSVP programs. We are working to expand and improve housing for clients with severe mental illness. The One Stop Center works closely with emergency shelter providers and re-houses clients directly from the street and shelters in permanent housing.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)
The CoC works closely with ESG recipients and sub-recipients. Significant ESG resources are awarded for rapid re-housing. The CoC also works with school homeless liaisons to identify and serve homeless families with children.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population. (limit 1000 characters)
One CoC provider works exclusively with victims of domestic violence, and additional housing providers serve victims as part of their program. The DV provider has recently made significant improvements in their emergency shelter that were funded locally.
3D-4 Describe the CoC’s current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24. (limit 1000 characters)

Two member agencies work with unaccompanied homeless youth. A 15 bed emergency shelter serves youth below 18 and a 10 bed TH program serves ages 18-24. Another facility is under development using local funds to serve youth; it will open this year. A CoC member does outreach to homeless youth and operates a day center. This program also has an outreach to youth who are caught in human trafficking which is funded through non-HUD sources. Re-housing youth and adults exiting from the sex trade is part of the work done by the provider.

3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation. (limit 750 characters)

CAAH and its members worked collaboratively to build the One Stop Homeless Services Center. We have co-located a range of services including a day center, legal services, job placement, behavioral health, and primary medical care. The service providers collaborate to increase income through mainstream resources and employment and to place homeless clients in permanent housing. CAAH providers reach out weekly to homeless clients inviting them to the One Stop. We promote the availability of services broadly within the community.

3D-6 Describe the CoC’s current efforts to combat homelessness among veterans, particularly those ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans. (limit 1000 characters)
Three CoC programs serve veterans with other programs supporting their efforts. Raven's Outreach Center is a congregate living transitional housing program for homeless veterans providing on site services and 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. VOA also provides SSVF for homeless prevention and re-housing services. 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 uses its monthly membership meeting to share program and eligibility information across programs.
3E. Reallocation

**Instructions:**
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

**3E-1** Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons? 
No

**3E-2** Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? 
No

**3E-2.1** If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons. (limit 1000 characters)

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified? 
Not Applicable
4A. Continuum of Care (CoC) Project Performance

Instructions
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)
A CoC Program committee monitors the HUD established performance goals throughout the year. Through HMIS data completeness reports are produced throughout the year. The Program Committee meets with project sponsors to discuss goals and outcomes. The HMIS implementation works with grantees and sub-recipients to produce a range of data reports throughout the year.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)
The CoC has made significant advances in promoting collaboration between service providers. The One Stop Homeless Services Center provides a venue for members to work together more effectively in addressing multiple service needs.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)
Monthly membership meetings provide an opportunity for training and networking. Each meeting includes presentations on services available in the community that providers can make available to their clients. The CoC provides additional training opportunities free of charge to members. Most recently, the CoC provided a two day training in Case Management led by Iain De Jong from OrgCode.

4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless? (limit 1000 characters)
The CoC encourages and provides an opportunity for service providers to pool resources in order to more quickly re-house households. Service providers work together to qualify clients for mainstream resources and housing assistance. Frequently this involves a coordinated effort between emergency shelters, legal services, job placement, and housing programs.

4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC’s geography? (limit 1000 characters)
ESG funds have been earmarked for homeless prevention within the CoC. The One Stop Center has become a clearing house for the community to direct households at risk of homelessness to available services. Churches use the One Stop Center and HMIS to serve at risk clients while ensuring that services are not duplicated.

4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families? (limit 1000 characters)

The CoC has created an Outreach Card that is distributed to homeless clients but also provided to businesses, churches, and citizens. This card includes a map, services available, and hours of operation. One member agency visits homeless camps providing a hot breakfast. The Legal Services staff visit camps also to promote enrollment in mainstream resources. The CoC hosted an inservice training on domestic violence and human trafficking outreach to inform members of these services.
4B. Section 3 Employment Policy

Instructions
*** TBD ****

4B-1 Are any new proposed project applications requesting $200,000 or more in funding? No

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (limit 1000 characters)

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:
4C. Accessing Mainstream Resources

**Instructions:**
For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at [https://www.onecpd.info/ask-a-question/](https://www.onecpd.info/ask-a-question/).

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? **Yes**

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

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<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</td>
<td>75%</td>
</tr>
<tr>
<td>* Homeless assistance providers use a single application form for four or more mainstream programs.</td>
<td>0%</td>
</tr>
<tr>
<td>* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</td>
<td>100%</td>
</tr>
</tbody>
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4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? **No**

4C-3.1 If yes, indicate the most recent training date:

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (limit 1000 characters)
The state of Louisiana did not opt for the expansion of Medicaid. The CoC assists clients in accessing health care through support of clients in making SSI/SSDI applications which then qualified the client for Medicaid. This has the additional benefit of making clients eligible for 1915(i) waiver services and the Louisiana PSH Voucher Program. While the CoC does not provide SOAR training, we do operate a Legal Services Program that operates on a SOAR model. In 2013 the State of Louisiana Department of Health and Hospitals received SAMHSA Technical Assistance to reduce chronic homelessness. A thorough review of the Medicaid eligibility process, documentation required, and length of time to complete confirmed the CoC’s decision to invest in the SSI/SSDI application process as the most effective way to assist clients in gaining healthcare coverage. The legal program initiated by Capital Area Alliance for the Homeless was examined by TA providers and deemed to be a model for other communities.

4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs? (limit 1000 characters)

The CoC office serves as a clearing house for Grant announcements. When RFP's are issued, the CoC office distributes either as a general announcement or sub-population specific notification to eligible service providers. The CoC has conducted grant writing workshops and offers agency networking opportunities. Capital Area Alliance for the Homeless regularly provided Technical Assistance to non-profit agencies seeking funding for new homeless initiatives. CAAH also maintains a strong relationship with local funders providing information and statistics to those funders. CAAH currently has contracted with a consulting firm to conduct a search of governmental and foundation funding to support the work of the Alliance. The firm is preparing a list of funding sources as well as template documents for multiple applications.
## Attachments

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<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
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<td>HUD Form 2991</td>
<td>01/28/2014</td>
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<td>CoC Governance Agreement</td>
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<tr>
<td>CoC Rating and Review Document</td>
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<td>CoCs Process for Making Cuts</td>
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<td>FY2013 Chronic Homeless Project Prioritization List</td>
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<td>FY2013 HUD-approved Grant Inventory Worksheet</td>
<td>Yes</td>
<td>2013 GIW</td>
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<td>FY2013 Rank (from Project Listing)</td>
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Attachment Details

Document Description: HUD Form 2991

Attachment Details

Document Description: CoC Governance Bylaws

Attachment Details

Document Description: HMIS Governance Agreement

Attachment Details

Document Description: CoC Rating and Review Document

Attachment Details

Document Description:
Document Description: 2013 GIW

Attachment Details

Document Description:

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Document Description: Public Announcement
# Submission Summary

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<tr>
<td>2F. HMIS Policies and Procedures</td>
<td>01/22/2014</td>
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<tr>
<td>2G. Sheltered PIT</td>
<td>01/29/2014</td>
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<tr>
<td>2H. Sheltered Data - Methods</td>
<td>01/22/2014</td>
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<tr>
<td>2I. Sheltered Data - Collection</td>
<td>01/22/2014</td>
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<tr>
<td>2J. Sheltered Data - Quality</td>
<td>01/30/2014</td>
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<tr>
<td>2K. Unsheltered PIT</td>
<td>01/29/2014</td>
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<tr>
<td>2L. Unsheltered Data - Methods</td>
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<td>2M. Unsheltered Data - Coverage</td>
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<td>2N. Unsheltered Data - Quality</td>
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<tr>
<td>Objective 1</td>
<td>01/30/2014</td>
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<tr>
<td>Objective 2</td>
<td>01/28/2014</td>
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<td>Objective 3</td>
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<td>Objective 4</td>
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<td>Objective 5</td>
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<td>3B. CoC Discharge Planning: Foster Care</td>
<td>01/22/2014</td>
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<tr>
<td>3B. CoC Discharge Planning: Health Care</td>
<td>01/31/2014</td>
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<tr>
<td>Section</td>
<td>Description</td>
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<td>3B.</td>
<td>CoC Discharge Planning: Mental Health</td>
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<td>3B.</td>
<td>CoC Discharge Planning: Corrections</td>
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<tr>
<td>3C.</td>
<td>CoC Coordination</td>
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<tr>
<td>3D.</td>
<td>Strategic Plan Goals</td>
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<td>3E.</td>
<td>Reallocation</td>
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<td>4A.</td>
<td>Project Performance</td>
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<tr>
<td>4B.</td>
<td>Employment Policy</td>
</tr>
<tr>
<td>4C.</td>
<td>Resources</td>
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<td>Attachments</td>
<td></td>
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<tr>
<td>Submission Summary</td>
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</tbody>
</table>
Date: 01/22/2019

Signature: [Signature]

Title: [Title]

Name of the Institution: [Name]

Certificate of Institution: [Certificate of Institution]

City of Baton Rouge & Parish of East Baton Rouge: [City of Baton Rouge & Parish of East Baton Rouge]

Name of the Federal Program to Which the Application is Submitted: [Name of the Federal Program to Which the Application is Submitted]

Location of the Project: [Location of the Project]

Project Name: [Project Name]

Applicant Name: [Applicant Name]

(See attached list)

Various Projects - List Attached: [Various Projects - List Attached]

I certify that the projects listed in the application are consistent with the Consolidated Plan and that the Plan is consistent with the Community Development Block Grant Program.

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

[Signature]

[Date]
Date: January 8, 2014

Signature: [Signature]

Title: Director, CDBG Program

Name: Carol Newton

Certifying Official

State of Louisiana

Certifying Jurisdiction: State of Louisiana

Program to which the continuum of Care Program (FR-5700-N-31B) is applying: Name of the Federal

Address: Baton Rouge, LA 70802

Location of the Project: 153 North 17th Street

Project Name: Multiple Projects - See attached

Applicant Name: Capital Area Alliance for the Homeless

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
<table>
<thead>
<tr>
<th>Projects</th>
<th>Req. Amt. Term</th>
<th>Comp.</th>
<th>NR</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Stop Homeless Services Center</td>
<td>153 North 17th Street, Baton Rouge, LA</td>
<td>63,723</td>
<td>Year PH</td>
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<tr>
<td>Scott Housing</td>
<td>900 N. 15th Street, Baton Rouge, LA</td>
<td>98,108</td>
<td>1 Year PH</td>
</tr>
<tr>
<td>UCDC Dream Homes Transitional</td>
<td>10617 Airline Hwy, Gonzales, LA</td>
<td>107,311</td>
<td>1 Year PH</td>
</tr>
<tr>
<td>UCDC Dream Homes Permanent</td>
<td>10617 Airline Hwy, Gonzales, LA</td>
<td>26,181</td>
<td>1 Year PH</td>
</tr>
<tr>
<td>Service Net</td>
<td>163 North 17th Street, Baton Rouge, LA</td>
<td>129,405</td>
<td>1 Year HMIS</td>
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<tr>
<td>VOA Rural Supportive Housing</td>
<td>153 North 17th Street, Baton Rouge, LA</td>
<td>129,563</td>
<td>1 Year PH</td>
</tr>
<tr>
<td>Housing Baton Rouge Families First</td>
<td>153 North 17th Street, Baton Rouge, LA</td>
<td>190,661</td>
<td>1 Year PH</td>
</tr>
<tr>
<td>VOA Home at Last</td>
<td>153 North 17th Street, Baton Rouge, LA</td>
<td>94,0661</td>
<td>1 Year PH</td>
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<tr>
<td>CoC Planning Grant</td>
<td>153 North 17th Street, Baton Rouge, LA</td>
<td>312,166</td>
<td>1 Year PH</td>
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<tr>
<td>Total</td>
<td>1,141,375</td>
<td></td>
<td></td>
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</tbody>
</table>
Service Network Data Consortium (LSNDC) to participate in a state-wide HMIS database.

- Contract with any organizations that will improve delivery of HMIS-related services and enable
  - Meet all the responsibilities of a HMIS Lead in addition to being the COC Lead

HMIS software tool is the ServicePoint™ package by Bowman Systems of Shreveport, Louisiana.

- Identify and designate an HMIS software tool for use by the participating agencies. The designated
  - Policies, procedures, and plans related to the HMIS project and the COC Program.
  - Work with the HMIS Staff and the LSNDC to read and interpret any and all regulations, notices and

Capital Area Alliance for the Homeless (CACH)

RESPONSIBILITIES OF THE COC

- Housing and Urban Development (HUD).
  - Agrees to better comply with federal regulations and the expectations of the US Department of
    - The designated HMIS software tool is the ServicePoint™ package by Bowman Systems of Shreveport.

Desegregation:

- HMIS system.
  - Purpose of this document is to serve as a governance charter for the oversight of

Capital Area Alliance for the Homeless (CACH), and to serve as a governance charter for the oversight of

PURPOSE:

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) GOVERNANCE CHARTER

- HMIS database operated by the Louisiana Service Network Data Consortium (LSNDC). The HMIS database is used to
  - Maintain a subsistence of the state-wide homeless management information system (HMIS).

Capital Area Alliance for the Homeless, the COC Lead for the Louisiana - Baton Rouge Continuum of Care (COC)
The HNLS staff shall:

- Assist in reviewing and ranking projects for the HNLS Program NOW competition.
- Gather reports from the HNLS Program NOW competition.
- Develop and maintain all electronic and paper-based reports and applications.
- Work with COC participating agencies and the HNLS staff to develop performance benchmarks for projects.
- Collaborate with the HNLS staff in all appropriate ways to ensure that the agency goals developed by the COC are met.

- Work with COC participating agencies and the HNLS staff to develop performance benchmarks for projects.
- Develop and maintain all electronic and paper-based reports and applications.
- Collaborate with the HNLS staff in all appropriate ways to ensure that the agency goals developed by the COC are met.

- Other HNLS Reporting that the HNLS Lead produces on behalf of COC and its members.
- Webinars and other forms of training and education for COC staff.
- Development of policies and procedures that establish guidelines and responsibilities of all involved parties.
- Monitoring and evaluation of the HNLS Program results.
- In consultation with participating agencies, establish guidelines and operating policies that are in compliance with federal regulations.
- In consultation with participating agencies, provide feedback and guidance to the HNLS staff in regards to its performance.
Collaborate with the HND to ensure compliance with all HND regulations, notices and other
participating agencies as they occur.

- Develop and implement procedures and policies that ensure compliance with applicable
  regulations, and will monitor compliance and work with the HND to enforce sanctions for
  non-compliance.

- Develop policies and procedures for all participating agencies in accordance with applicable HND
  regulations and working with the HND and the participating agencies to address any deficiencies in data
  collection.

- Execute a written HHIS participation agreement with each participating agency which defines the
  obligations whose participation would benefit CCAH, the IOM, and the organization.

- Promote use of the HHIS through regular contact with users, participating agencies, and similar
  meetings, and any additional training sessions will be offered at the HHIS administrator's discretion.

- HHIS if the current vendor fails to conform to HND regulations.

- Provide technical support for the entire CCAH and all participating agencies, including assisting
  with the HHIS lead agency will

- Ensure that all participating agencies have the basic equipment needed to use the HHIS.

- Provide technical support for the entire CCAH and all participating agencies, including assisting
  with the HHIS lead agency with technical issues related to the HHIS project.

- Develop and implement procedures and policies that ensure compliance with all HND regulations, notices and other
Providing Reporting to the C4C Standards Committee for measurement against established

Security and/or data quality plans.

The HMDA Lead Administrator for direction and to appropriately revise/add the impacted Privacy,

the HMDA read amendment for direction and to appropriately revise/add the impacted Privacy.

or local laws within the participating agencies is required to obey the participating agencies must consider

confidentiality concerns should there be a conflict between such standards and other federal, state


Complying with all Federal, state, and local laws regarding client and data privacy, security, and

Regulations Regulating HMDA

Complying with all HMDA policies and procedures approved by C4C, and all applicable Federal

Complying with Federal, State, and local laws about privacy and security of data.

Complying with HMDA Policy and Procedures approved by C4C

The participating agencies are responsible for:

RESPONSIBILITIES OF PARTICIPATING AGENCIES:

Continuum-wide programs:

Continuum of Care Program NOFA applications, HIC, and AHIC reports, and other any other

Continuum of Care in a such a way to provide the requested information for such purposes as the

HMDA and participating agencies. These reports shall document collection data from the entire

HMDA, and participating agencies. These reports shall document collection data from the entire

and/or request data from the C4C, HMDA, participating agencies, and other entities seeking this

general, appropriate reports that reflect the continuum of care as needed.


Safeguards policies, regulations, and procedures:

Monitor the participating agencies for compliance with all applicable security, privacy and data

monitor the participating agencies to the participating agencies to how to correct them. As well, the HMDA staff will

lead, identify, and analyze data to identify areas of concern and/or weakness and make

improvements to the data entered into the HMDA system, ensuring that the data

The LNSDC is also responsible for communicating these plans to all C4C participating agencies

the LNSDC on these topics.

HMDA Lead Staff will also seek and provide feedback from the C4C and the participating agencies to

months after the effective date of any HMDA read amendment. If a new policy is created, the LNSDC will work with the C4C to create a

communications related to these topics. The HMDA Lead Staff must work with the LNSDC to create a
Approved By:

Date: 11/14/2014

HMIS System Administrator
Corey Dyer

Date: 11/14/2014

CAAH Staff
Handy Nicholas

Working with the HMIS lead Agency staff to maintain complete and correct data in the ServicePoint

benchmarks.