

## Before Starting the Exhibit 1 Continuum of Care (CoC) Application

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

- CoC Consolidated Application - CoC Project Listings

CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

Please Note:

- Review the FY2012 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the information in e-snaps.
- As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

For Detailed Instructions click [here](#).

## 1A. Continuum of Care (CoC) Identification

### Instructions:

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

**CoC Name and Number (From CoC Registration): (dropdown values will be changed)** LA-503 - New Orleans/Jefferson Parish CoC

**Collaborative Applicant Name:** UNITY of Greater New Orleans

**CoC Designation:** CA

## 1B. Continuum of Care (CoC) Operations

### Instructions:

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

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

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

**Name of CoC Structure:** UNITY Service Providers and Professionals Association

**How often does the CoC conduct open meetings?** Monthly

**Are the CoC meetings open to the public?** Yes

**Is there an open invitation process for new members?** Yes

**If 'Yes', what is the invitation process? (limit 750 characters)**

Annually, UNITY sends letters to a broad-based list of non-profits, government agencies, and other stakeholders requesting that they join the CoC. UNITY regularly advertises that the CoC meetings are open to the public. UNITY invites agencies to join on the homepage of its website.

**Are homeless or formerly homeless representatives members part of the CoC structure?** Yes

**If formerly homeless, what is the connection to the community?** Community Advocate

**Does the CoC provide**

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	Yes
ESG monitoring?	No

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

The CoC is working with the City of New Orleans to develop joint performance criteria and will offer monitoring assistance to the City for its ESG projects in 2013. UNITY and CoC agencies participate in the New Orleans Interagency Council on Homelessness (ICH), which is implementing the 10-year plan to end homelessness and developing comprehensive performance criteria for agencies serving the homeless. Through this process, the ICH has developed measurable outcomes for emergency shelters (the majority of which are funded through ESG) including: number of clients served, average shelter occupancy rate, number of days in emergency shelter each quarter, and rate of return at various intervals. The CoC has also addressed one of the major challenges of ESG monitoring through a new HMIS Project which places data-entry staff in emergency shelters—even those that are not federally funded—to improve HMIS data coverage and quality. HMIS staff also conducts data monitoring through this project.

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

Agendas post to UNITY's website at least 1 business day before monthly CoC meetings, are distributed at meetings, and available upon request. The CoC has a coordinated assessment system and will enhance it significantly this year. Funded partly by a SHP grant, the 211 system serves as a community access point for CoC resources. CoC lead agency, UNITY, also coordinates a request-for-assistance system for homeless families and runs an Information and Referral office that assesses needs and follows up on referrals during regular walk-in hours. UNITY's community-wide Homeless Permanent Supportive Housing Registry assesses eligibility for CoC PSH. Registry rankings are based on length of time homeless and Vulnerability Index assessment scores that show likelihood to die if left homeless, based on factors identified in homeless-mortality studies. The next PSH opening goes to the person with the highest score.

**Does the CoC have the following written and approved documents:**

Type of Governance	Yes/No
CoC policies and procedures	Yes
Code of conduct for the Board	Yes
Written process for board selection	Yes
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	Yes

## 1C. Continuum of Care (CoC) Committees

**Instructions:**

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

**Committees and Frequency:**

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Service Providers and Professionals Association (SPPA)	The SPPA is the primary decision-making body for the CoC. It includes representatives of all member agencies and entities as well as individual members.	Monthly or more
UNITY Governing Board	The UNITY Governing Board has joint responsibility along with the SPPA for making decisions for the CoC. It also sets organizational policies, monitors organizational activities, and ensures excellent fiscal performance.	Bi-monthly
New Orleans Interagency Council on Homelessness	Convened by the City of New Orleans, this group oversees the implementation of the 2011 10-year Plan to End Homelessness.	quarterly (once each quarter)
SPPA Executive Directors Steering Committee	Elected by the SPPA, this group recommends policies to the SPPA (CoC governing body).	Bi-monthly
UNITY Evaluation and Performance Committee	The UNITY Evaluation and Performance Committee is responsible for evaluating performance of existing projects and for selecting new projects. It is comprised largely of representatives of government agencies and ensures objective review.	quarterly (once each quarter)

**If any group meets less than quarterly, please explain (limit 750 characters)**

N/A

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

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

Membership Type
Individual
Private Sector
Public Sector

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

**Instructions:**

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

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

**Type of Membership:** Individual

**Click Save after selection to view grids**

### Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
<b>Total Number</b>	39	8	4

### Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
<b>Subpopulations</b>			
Seriously mentally ill	2	2	2
Substance abuse	2	1	0
Veterans	1	1	0
HIV/AIDS	0	0	2
Domestic violence	1	0	0
Children (under age 18)	0	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0

**Number of Individuals Participating in Each Role**

	Homeless	Formerly Homeless	Other
<b>Roles</b>			
Committee/Sub-committee/Work Group	38	5	4
Authoring agency for consolidated plan	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	1	0
Attend consolidated plan focus groups/ public forums during past 12 months	0	1	2
Lead agency for 10-year plan	0	0	0
Attend 10-year planning meetings during past 12 months	5	6	2
Primary decision making group	0	2	2

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

**Instructions:**

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

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.  
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.  
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.  
Enter the number of individuals who participate in each of the roles listed.

**Type of Membership:** Private Sector  
**Click Save after selection to view grids**

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

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
<b>Total Number</b>	17	20	5	5	55	4

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

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
<b>Subpopulations</b>						
Seriously mentally ill	2	7	1	3	19	1
Substance abuse	2	8	1	1	19	1
Veterans	1	2	0	1	15	0
HIV/AIDS	2	3	0	2	17	1
Domestic violence	1	6	0	1	19	0
Children (under age 18)	1	7	0	2	26	0
Unaccompanied youth (ages 18 to 24)	1	2	0	1	12	0

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

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
<b>Roles</b>						
Committee/Sub-committee/Work Group	15	20	5	5	55	4
Authoring agency for consolidated plan	0	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	1	1	0	12	1
Attend Consolidated Plan focus groups/ public forums during past 12 months	0	0	0	0	1	0
Lead agency for 10-year plan	0	0	0	0	0	0
Attend 10-year planning meetings during past 12 months	4	1	1	0	8	0
Primary decision making group	0	0	0	0	1	0

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

**Instructions:**

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

**Public Sectors:** Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

**Private Sectors:** Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

**Individuals:** Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

**Type of Membership:** Public Sector

**Click Save after selection to view grids**

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

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
<b>Total Number</b>	5	21	2	3	4	6	4

### Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
<b>Subpopulations</b>							
<b>Seriously mentally ill</b>	4	15	1	3	0	4	3

Substance abuse	4	14	0	3	0	4	3
Veterans	2	13	1	0	0	3	3
HIV/AIDS	3	12	1	3	0	2	3
Domestic violence	3	11	0	3	1	2	3
Children (under age 18)	1	11	1	3	4	1	3
Unaccompanied youth (ages 18 to 24)	1	11	0	0	4	3	3

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

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
<b>Roles</b>							
Committee/Sub-committee/Work Group	5	19	2	3	4	6	4
Authoring agency for consolidated plan	0	1	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	1	4	0	1	0	1	1
Attend consolidated plan focus groups/public forums during past 12 months	0	3	0	0	0	0	0
Lead agency for 10-year plan	0	1	0	0	0	0	0
Attend 10-year planning meetings during past 12 months	1	6	1	0	0	2	1
Primary decision making group	0	0	0	0	0	0	0

# 1E. Continuum of Care (CoC) Project Review and Selection Process

## Instructions:

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

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

### Open Solicitation Methods (select all that apply):

- d. Outreach to Faith-Based Groups, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, a. Newspapers, f. Announcements at Other Meetings, e. Announcements at CoC Meetings

### Rating and Performance Assessment Measure(s) (select all that apply):

- g. Site Visit(s), m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, h. Survey Clients, i. Evaluate Project Readiness, p. Review Match, o. Review CoC Membership Involvement, r. Review HMIS participation status, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, j. Assess Spending (fast or slow), b. Review CoC Monitoring Findings, a. CoC Rating & Review Committee Exists, f. Review Unexecuted Grants, e. Review HUD APR for Performance Results, d. Review Independent Audit, c. Review HUD Monitoring Findings

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

UNITY contract managers conduct financial and site reviews at least annually and give greater scrutiny to low-performing or high-risk projects. Using a point scale and weighting system approved by the entire CoC, UNITY's Evaluation and Performance Committee evaluates CoC-funded programs by housing, income, and employment goals; capacity, utilization, CoC participation, HMIS data quality, fiscal compliance/ balances, and any unresolved monitoring findings from the CoC or HUD. Evaluation results can be found in the Project Priority Listing submitted as part of the Consolidated Application. Recommended by the Evaluation Committee, this prioritization was approved by entire SPPA.

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

**Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds?** Yes

**Voting/Decision-Making Method(s) (select all that apply):** b. Consumer Representative Has a Vote, c. All CoC Members Present Can Vote, e. Consensus (general agreement), a. Unbiased Panel/Review Committee, f. Voting Members Abstain if Conflict of Interest

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

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

In the past 5 years, 9 agencies new to the CoC have received funding from the CoC. The CoC's HPRP project, subcontracted by UNITY to 15 organizations, included 5 organizations never before funded. To accomplish this, UNITY includes language in its RFPs stating that agencies not receiving funds through the CoC are equally encouraged to apply. RFPs are posted on UNITY's website, distributed via social media and email lists, and notifications are advertised by newspaper. In order to expand community capacity, UNITY has issued RFPs that identify a preference for organizations that are not currently providing permanent housing. When agencies are notified of funding decisions, they are offered the opportunity for a debriefing to review strengths and weaknesses in their proposals.

**Were there any written complaints received by the CoC regarding any matter in the last 12 months?** Yes

**If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters)**

A SPC client with psychosis complained that his landlord was spraying chemicals into his home, causing skin/eye irritation. A thorough investigation determined the claim was unfounded. Providers worked to keep the client housed in S+C. In another complaint, a neighbor complained to HUD about 2 SPC tenants arguing, fighting and alleged drug dealing. The CoC convened numerous meetings to address the complaint and the behavior concerns with 1 client being re-housed as a result. Another complaint involved a woman seeking assistance from UNITY who complained that she had not been referred for PSH housing. Staff completed a PSH application for the client but found her ineligible due to not being able to obtain homelessness documentation.

## **1F. Continuum of Care (CoC) Housing Inventory Count - Change in Beds Available**

### **Instructions:**

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

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

**Emergency Shelter:** Yes

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

There was an increase in the number of Emergency Shelter beds from 650 (including seasonal beds) in 2011 to 669 in 2012. This difference of 19 beds was partly due to the addition of Exodus House beds and the addition of Waymaker Ministries' beds. There was also a decrease in the number of ES beds at the Ozanam Inn.

**HPRP Beds:** Yes

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

The number of HPRP beds decreased from 165 in 2011 to 62 in 2012. This decrease is due to the entire HPRP program starting to close down at this time.

**Safe Haven:** No

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

N/A

**Transitional Housing:** Yes

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

The number of Transitional Housing beds decreased from 936 in 2011 to 842 in 2012. There were several changes in TH programs during this period. Three programs transitioned their transitional housing to permanent housing: Covenant House Rites of Passage Apartment Living, Resources for Human Development Pathways, and Shelter Resources Belle Reve recategorized a total of 10 TH beds as PH beds.

**Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing?** Yes

**If yes, how many transitional housing units in the CoC are considered "transition in place":** 157

**Permanent Housing:** Yes

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

The most significant increases can be attributed to the continued lease-up of the UNITY Rebuilding Communities Shelter Plus Care Program, which began in 2009 after UNITY successfully petitioned Congress for vouchers; the new beds from Veterans Affairs VASH program; and the beds from the new Substance Abuse and Mental Health Administration Cooperative Agreements Benefiting Homeless Individuals New Day Project which is utilizing Housing Authority of New Orleans Housing Choice Vouchers; and the new Housing First Permanent Supportive Housing program which was the 2011 Bonus Project.

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

## **1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods**

**Instructions:**

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

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

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

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

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

**Must specify other:**

**Indicate the type of data or method(s) used to determine unmet need (select all that apply):** National studies or data sources, Provider opinion through discussion or survey forms, Unsheltered count, Local studies or non-HMIS data sources, HMIS data, Stakeholder discussion, Housing inventory, HUD unmet need formula, Applied statistics

**Specify "other" data types:**

**If more than one method was selected, describe how these methods were used together (limit 750 characters)**

For its annual gaps analysis, UNITY utilized HUD methodology, outlined in “Calculating Unmet Need for Homeless Individuals and Families” and “Worksheets for Calculating Unmet Need” released in December 2011. UNITY staff and key service providers and stakeholders compared housing inventory for the geographic area with Point in Time data and calculated unmet needs, by program - emergency shelter, transitional housing, Safe Havens, and PSH - and by household – those with at least one adult and one child, and those with only children. Service providers in focus groups then estimated the percentage of their clients who need each program to end their homelessness. UNITY is also gathering client input in order to identify more gaps.

## 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

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

**Select the HMIS implementation coverage area:** Single CoC

**Select the CoC(s) covered by the HMIS (select all that apply):** LA-503 - New Orleans/Jefferson Parish CoC

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

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

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

N/A

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

**Has the CoC selected an HMIS software product?** Yes

**If 'No', select reason:**

**If 'Yes', list the name of the product:** ServicePoint

**What is the name of the HMIS software company?** Bowman Systems

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

**Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)** 11/11/1999

**Indicate the challenges and barriers impacting the HMIS implementation (select all the apply):** No or low participation by non-HUD funded providers, No or low participation by ESG funded providers, Inadequate resources, Inadequate staffing

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

N/A

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

Currently the CoC's biggest challenge regarding HMIS is getting all ESG and non-HUD-funded providers to participate. While several non-HUD-funded programs currently participate in HMIS, our goal is to have 100 percent HMIS bed coverage from all programs. UNITY and VIA LINK will work with all ESG-funded agencies to assess their challenges for participation and offer training, technical support and data entry assistance where necessary. UNITY and VIA LINK are working closely with local governments within the continuum that receive ESG funding to determine the need for additional funding, staffing, training and technical assistance needed for those agencies to be compliant with HUD data standards.

**Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured?** Yes

## 2B. Homeless Management Information System (HMIS): Funding Sources

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

Operating Start Month/Year	July	2011
Operating End Month/Year	June	2012

### Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	\$469,845
ESG	\$0
CDGB	\$0
HOPWA	\$0
HPRP	\$0
<b>Federal - HUD - Total Amount</b>	<b>\$469,845</b>

### Funding Type: Other Federal

Funding Source	Funding Amount
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
<b>Other Federal - Total Amount</b>	<b>\$0</b>

### Funding Type: State and Local

Funding Source	Funding Amount
City	\$0
County	\$0
State	\$0
<b>State and Local - Total Amount</b>	<b>\$0</b>

**Funding Type: Private**

Funding Source	Funding Amount
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

**Funding Type: Other**

Funding Source	Funding Amount
Participation Fees	\$0

<b>Total Budget for Operating Year</b>	<b>\$469,845</b>
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**Is the funding listed above adequate to fully fund HMIS?** No

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

UNITY has reallocated funds in the last 2 years to improve HMIS participation and quality of HMIS data from all users. We will use cost accounting to project needs for the next 5 years to determine more accurate projections on a cost basis to allocate costs across users from different funding sources. UNITY and VIA LINK will assess the current HMIS staffing and resources based on the number of ESG and non-HUD funded providers that will be added to HMIS or that are currently participating but do not yet contribute funding. UNITY and VIA LINK will work with all parties involved to acquire the additional non-HUD funding needed to accommodate the added responsibility and needed capacity of the HMIS system.

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

**If Other, explain (limit 750 characters)**

N/A

## 2C. Homeless Management Information Systems (HMIS) Bed and Service Volume Coverage

**Instructions:**

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

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

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

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

* Emergency Shelter (ES) beds	76-85%
* HPRP beds	Housing type does not exist in CoC
* Safe Haven (SH) beds	86%+
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Housing (PH) beds	86%+

**How often does the CoC review or assess its HMIS bed coverage?** At least Monthly

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

N/A

## 2D. Homeless Management Information System (HMIS) Data Quality

**Instructions:**

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

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

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

Types of Services	Volume coverage percentage
Outreach	100%
Rapid Re-Housing	100%
Supportive Services	100%

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

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	1
Transitional Housing	1
Safe Haven	7

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	0%	11%
Date of birth	0%	1%
Ethnicity	0%	0%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	0%	1%
Gender	0%	0%
Veteran status	0%	0%
Disabling condition	0%	1%
Residence prior to program entry	0%	1%
Zip Code of last permanent address	0%	30%
Housing status	0%	0%
Destination	0%	0%
Head of household	0%	0%

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

**Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters)**

VIA LINK identifies projects with high levels of missing values of HUD-required data or data necessary to determine performance. These agencies are required to meet with VIA LINK for technical assistance, training and support, and develop a remediation plan to improve data quality. The data quality reports are posted on our HMIS website. The new ES data project allows VIA LINK to research missing information from multiple client records to improve data quality. Currently our biggest data quality issue is missing zip codes of last permanent address due to the large number of chronically homeless clients. The new ES data project is helping to correct this problem. Data quality is a criteria for new project funding and renewals.

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

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

N/A

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

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

**Indicate which reports the CoC plans to submit usable data (Select all that apply):** 2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

## 2E. Homeless Management Information System (HMIS) Data Usage

**Instructions:**

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

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

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

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

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

- Integrating or warehousing data to generate unduplicated counts:** At least Quarterly
- Point-in-time count of sheltered persons:** At least Annually
- Point-in-time count of unsheltered persons:** At least Annually
- Measuring the performance of participating housing and service providers:** At least Monthly
- Using data for program management:** At least Monthly
- Integration of HMIS data with data from mainstream resources:** Never

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

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Yes
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

## 2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

**Instructions:**

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

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

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

* Unique user name and password	At least Annually
* Secure location for equipment	At least Annually
* Locking screen savers	At least Annually
* Virus protection with auto update	At least Annually
* Individual or network firewalls	At least Annually
* Restrictions on access to HMIS via public forums	At least Annually
* Compliance with HMIS policy and procedures manual	At least Annually
* Validation of off-site storage of HMIS data	At least Monthly

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

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

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

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

HMIS Lead Agency	<input checked="" type="checkbox"/>
Contributory HMIS Organizations (CHOs)	<input checked="" type="checkbox"/>

**If 'Yes', indicate date of last review  
or update by CoC:** 05/02/2011

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

**If 'No', indicate when development of manual  
will be completed (mm/dd/yyyy):**

## 2G. Homeless Management Information System (HMIS) Training

**Instructions:**

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

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

* Privacy/Ethics training	At least Monthly
* Data security training	At least Monthly
* Data quality training	At least Monthly
* Using data locally	At least Monthly
* Using HMIS data for assessing program performance	At least Monthly
* Basic computer skills training	At least Monthly
* HMIS software training	At least Monthly
* Policy and procedures	At least Monthly
* Training	At least Monthly
* HMIS data collection requirements	At least Monthly

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

### Instructions:

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

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

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

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

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

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

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

N/A

**Indicate the percentage of homeless service providers supplying sheltered population and subpopulation data for the point-in-time count that was collected via survey, interview and HMIS:**

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	100%	50%	50%
Transitional Housing	0%	100%	19%	81%
Safe Havens	0%	100%	0%	100%

**Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)**

In 2011 there were 1,313 sheltered persons counted in the Point In Time count. In 2012 there were 1,464. This increase can be partially attributed to an increase in Emergency Shelter beds. This should be placed in the context of an overall decrease in total Point In Time counts from 6,687 people in 2011 to 4,903 people in 2012—an over 26% reduction.

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

Need/Gap	Identified Need/Gap (limit 750 characters)
* Housing	The 2012 Point In Time identified 2,368 chronically homeless individuals – 48% of the homeless population. In order to end homelessness in Orleans and Jefferson Parishes, the Collaborative needs to add hundreds of beds to its current housing inventory, particularly PSH beds targeted to the chronically homeless and most vulnerable homeless, and Rapid Rehousing rental assistance.
* Services	A review of the PIT data on subpopulations indicates strengths and weaknesses in the ability of the CoC to meet the service needs of various homeless subpopulations. The low but persistent number of children in families and unaccompanied youth on the street or in shelters indicates an ongoing need for childcare and homeless education liaison services. Gaps include the provision of services for 515 homeless veterans who are homeless on any given night; services for a relatively high portion of persons experiencing domestic violence; and a high need for mental health and substance abuse services.
* Mainstream Resources	A review of the PIT data reveals that 55% of the homeless have at least one disability which indicates a need to identify these clients for placement on the PSH Registry and to assist clients with applying for Medicaid, SSDI, Veteran Administration benefits, and other mainstream resources. In addition, the PIT data reveals a very high chronically homeless rate at 48%, indicating a need to expand coordinated assessment system services to better assess this population and refer them to appropriate housing programs.

## 2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

### Instructions:

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

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

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**If Other, specify:**

N/A

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

HMIS data were used to generate data on the sheltered homeless population. HMIS staff worked closely with all programs to ensure that HMIS data was accurate and complete and that all clients had been entered and exited appropriately on the night of the count. For programs without full bed coverage in HMIS, client surveys were conducted by program staff or trained PIT volunteers and then subsequently entered into HMIS. The HMIS system used de-duplication procedures to ensure that no clients were counted more than once.

## 2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

**Instructions:**

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

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

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

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

**If Other, specify:**

N/A

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

HMIS data were used to generate data on sheltered homeless subpopulations. For programs with full bed coverage in HMIS, subpopulation data entered into HMIS at client entry was used to generate client subpopulation data. For programs without full bed coverage in HMIS, client surveys were conducted and then entered into HMIS. A HMIS report on all sheltered clients was generated to aggregate subpopulation data for the Point in Time count.

## 2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

### Instructions:

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

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

Instructions:	<input checked="" type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

N/A

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

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

A HMIS report on all sheltered clients both in ES and TH programs was generated to aggregate subpopulation data for the Point in Time count. Prior to the PIT, the CoC, in collaboration with HMIS lead agency VIA LINK, held training sessions with service providers who would be utilizing HMIS to ensure that all client-level information regarding subpopulations was accurate and complete. Trainings were also held with service providers who would be using surveys (and later inputting information into HMIS) to ensure that the survey instrument was utilized properly in order to effectively capture subpopulation data.<sup>13</sup> Written instructions were provided at all trainings. In addition, approximately 100 PIT volunteers were placed at large emergency shelters who conducted face-to-face interviews using PIT surveys which were later inputted into HMIS. Each shelter was appointed a PIT Supervisor who reviewed surveys as they were completed to determine if all questions were answered and if responses seemed accurate. If surveys were incomplete or the responses seemed incorrect (i.e., the respondent was in a wheelchair, but the presence of a disability was not indicated in survey responses) the PIT Supervisor asked the interviewer to go back and complete and/or correct the survey with the respondent. Similarly, transitional housing programs were asked to review PIT information for TH participants for accuracy and completion before submitting information into HMIS.

## 2L. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

### Instructions:

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

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

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

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

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

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

N/A

**Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)**

There was a decrease. The first reason for this decrease is the City of New Orleans's HPRP Program prevented or ended the homelessness of 1,913 families or individuals. Second, the agencies in the CoC have greatly increased capacity and effectiveness. Third, 471 new PSH beds were added in 2011 – providing affordable apartments to chronically homeless and other homeless people with disabilities, typically through voucher programs. Fourth, in an intensive effort, often using mainstream resources, about 80 persons were permanently housed from the Calliope Street homeless camp during the fall of 2011. We believe the decrease is also attributable to ongoing recovery efforts from Hurricane Katrina, including the construction of more affordable housing.

## 2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

### Instructions:

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

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

Public places count:	X
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:	X
HMIS:	X
Other:	X
None:	

If Other, specify:

UNITY has continually made strides to refine the abandoned building sample methodology to accurately measure and define the scope of abandoned building homelessness in New Orleans. In 2012, after consulting with local university biostatisticians, we made two significant changes to the methodology that has yielded our most accurate abandoned building sample, which was previously conducted strictly as a random sample survey. Over the past four years, the UNITY Abandoned Buildings Outreach Team has gathered extensive experience in searching abandoned buildings and gathering information on the houses, blocks and neighborhoods that are most likely to house abandoned building dwellers. One of the major discoveries was that census blocks vary greatly. Many census blocks do not contain houses, but are parks, medians, etc., while some census blocks contain as many as 600 residential addresses. To adequately address this issue, UNITY conducted a stratified sample of all census blocks that demonstrated at least one no-stat address according to U.S. Postal Service data. The sample contained 189 census blocks with a total of 2,255 no-stat addresses. No-stat addresses are identified by the USPS as uninhabitable and not likely to receive mail for some time. The census blocks were broken down into five strata, by the number of no-stat addresses they contained as reported by USPS. No-stat addresses Within each of the categories, census blocks were still randomly selected at a statistically significant level:

- Category I: 1-5 no-stat addresses
- Category II: 6-10 no-stat addresses
- Category III: 11-20 no-stat addresses
- Category IV: 21-50 no-stat addresses
- Category V: Over 50 no-stat addresses

In stratifying the sample, we were able to establish squatter saturation rates for each of the different categories. The squatter saturation rate is derived by dividing the number of bedrolls found by the number of no-stat addresses in the sample.<sup>14</sup> UNITY's Abandoned Building Outreach Team, the only such team in the country, systematically searched all abandoned buildings within the 189 census blocks. The Outreach Team's method was: first, in pairs, they drove to the census blocks and identified which buildings were and were not abandoned; second, when buildings were identified as abandoned, the Outreach Workers determined which were unsecured, and gained entry; third, upon gaining entry to unsecured abandoned buildings, the Outreach Workers searched the building to identify bedrolls in current use and recorded their findings. Census blocks with over 50 no-stat addresses contain virtually no evidence of homeless persons. These census blocks typically held apartment buildings that have since been torn down, completely secured, or redeveloped with fewer units or different addresses. This refinement of the abandoned building sample represents a more accurate estimate of homeless persons; however it does not account for the issue of the no-stat addresses containing vacant lots. To address the issue of vacant lots in the USPS data, we compared the number of abandoned buildings as reported in each census block with the number of abandoned buildings actually encountered during the sample. This gives a more accurate portrayal of the actual number of abandoned buildings in each stratum. The squatter saturation rates and the abandoned building estimations for each category were then combined to create the final results of the 2012 abandoned buildings sample.

**Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the unsheltered populations and subpopulations (limit 1500 characters)**

The unsheltered Point in Time Count consisted of the following: a public places count with interviews, including a sample of low density locations, a service-based count with interviews, and a random sample survey of abandoned buildings (described above). For the unsheltered street count, CoC staff members conducted surveys with homeless persons in high density homeless hotspots over the course of two nights, utilizing a survey instrument that asked where persons slept on the night of January 23rd, 2012 and included at least names, date of birth, and social security number. Surveys in which persons reported sleeping in a sheltered location or an abandoned building were separated and not used as a part of the unsheltered street count, to avoid duplication. All high density locations were covered during the Point in Time Count. Point in Time surveys were also administered at homeless service locations. Surveys in which persons reported sleeping in a sheltered location or an abandoned building were not used as a part of the unsheltered street count, to prevent duplication. All surveys conducted on the street were entered into HMIS and subject to de-duplication procedures.

## 2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

**Instructions:**

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

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

**If Other, specify:**

## 20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

### Instructions:

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

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

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

Training:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**If Other, specify:**

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

Interviews were conducted by staff persons and/or volunteers, who attended the Point-in-Time training, hosted by the Continuum of Care. Each survey corresponded to one individual. The first and last name as well as the date of birth were collected for each survey. All surveys were entered in HMIS and standard de-duplication procedures were utilized to ensure that no person was counted more than once. To ensure that persons counted during the street count were not counted more than once, any surveys conducted on the street or at a service location that reported the person as having slept in an abandoned building or in a sheltered location were not included.

**Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters)**

UNITY operates a Rapid Rehousing for Families program which works in close collaboration with Outreach teams to successfully house unsheltered households with children. The CoC is improving the effectiveness of transitional housing programs to prevent returns to homelessness and improving coordination with DV service providers. We are working to increase the availability of PSH for families. Unsheltered families with children, with a disabled head of household, receive priority scoring on the Vulnerability Index, to more quickly move them into PSH. Outreach workers prioritize assistance to unsheltered families including first ensuring temporary placement in an emergency shelter or hotel. In situations where outreach encounters homeless households with dependent children that don't fit the criteria for PSH, they are referred to the Rapid Rehousing for Families program for rental assistance and case management services. Outreach referrals for the RRF are transferred to CoC agencies who determine whether they require short-term hotel placements pending housing or can be placed in a local homeless shelter.

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

UNITY has a comprehensive street and abandoned building outreach program focused on rescuing people sleeping in places not meant for human habitation and helping them enter permanent or transitional housing. This program includes outreach to unsheltered homeless families living in places not intended for habitation and provides hotel vouchers as necessary. The CoC outreach plan includes a 5-agency collaborative consisting of 15 outreach workers who (1) conduct street outreach in homeless hotspots, abandoned buildings, and places where street homeless persons have been identified as sleeping; (2) engage unsheltered homeless persons to conduct intake assessments and Vulnerability Assessments that rank people for housing according to risk of dying if left unsheltered; and (3) place persons on the PSH Registry if they qualify. The UNITY Abandoned Buildings Outreach Team systematically searches more than 11,000 buildings left abandoned after Katrina and rescues and rehuses the homeless persons squatting in them. The overwhelming majority of the persons found squatting in buildings are persons with disabilities, the vast majority of whom were stably housed before Katrina. The CoCs outreach programs scour streets and abandoned buildings until 2:00 am, working closely with the NOPD Homeless Assistance Collaborative and the Veteran's Administration staff to locate homeless people. UNITY's outreach team includes one LCSW and three LMSWs to document disability and eligibility for PSH.

### **3A. Continuum of Care (CoC) Strategic Planning Objectives**

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

**Instructions:**

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

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

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

<b>How many permanent housing beds are currently in place for chronically homeless persons?</b>	623
<b>In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?</b>	750
<b>In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?</b>	1,150
<b>In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?</b>	1,500

**Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters)**

The CoC will have added 127 PSH beds for the chronically homeless by 2/25/13 (our 2013 PIT date) bringing the total to 750. This will be accomplished through the addition of beds from these sources: (1) 20 beds with continued lease-up of the Rebuilding Communities SPC Program; (2) 19 CH beds with the Housing First Project (2011 awarded bonus project) recently established in December 2012; (3) 60 beds with the SAMHSA CABHI New Day Project which began in early 2012 and utilizes Housing Choice Vouchers from the Housing Authority of New Orleans, all targeted for the chronically homeless; and (4) an additional 28 CH beds from PSH providers presently serving CH participants in previously non-CH-designated PSH beds (as discovered by a review of HMIS data of PSH projects) which will be re-designated on a permanent basis as PSH CH-designated beds with the approval of the applicable PSH providers.

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

By the year 2022, the CoC will add at least 877 beds for the CH, totaling at least 1,500 PSH beds. This will be accomplished by adding: (1) the 127 beds noted in our 12-month plan; (2) 60 beds, as the SAMHSA CABHI New Day Project completes lease-up; (3) 11 beds with the Finally Home Project – a 2013 reallocation project; (4) 15 beds with the RR for Chronically Homeless Persons Project – a 2013 reallocation project; (5) 80 beds through future reallocations of SSO and/or TH projects to PSH; (6) 200 PSH beds re-designated as beds for the CH as vacancies become available; (7) if awarded, 80 CH beds with the Coming Home Projects (2013 PSH bonus); (8) 120 VASH beds designated for CH Veterans; (9) 100 beds by responding to RFPs offered by mainstream resource agencies/departments and/or foundations to provide PSH housing and services for this population; and (10) 84 beds by advocating to the Housing Authority of New Orleans for additional Housing Choice Vouchers.

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

Of the 99,894 chronically homeless persons living in the United States on any given day, at least 2,368 are living in the Greater New Orleans area. The UNITY CoC will do its part to reduce chronic homelessness in our area between January 2012 and January 2015 by: (1) adding at least 350 PSH beds for the chronically homeless; (2) housing 288 chronically homeless persons by filling vacancies through attrition estimated at 1% - or 8 vacancies/month for 36 months; and (3) utilizing VASH vouchers to house chronically homeless veterans. UNITY is also a member of the New Orleans Interagency Council on Homelessness which has been tasked to end chronic homelessness by 2021 and it is forging other new partnerships to funnel more resources to the chronically homeless. By identifying new partnerships and opportunities and creating PSH beds specifically for the chronically homeless, we will be able to effectively reduce chronic homelessness in our community and in the nation.

### **3A. Continuum of Care (CoC) Strategic Planning Objectives**

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

**Instructions:**

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

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

**What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months?** 87%

**In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 81%

**In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 83%

**In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 85%

**Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)**

The UNITY CoC will maintain a high PSH performance rate by: (1) providing on-site technical assistance for low performing projects to identify causes, develop a Corrective Action Plan and assist with solutions; (2) sponsoring at least 2 training sessions for all PSH providers on best practices for increasing residential stability; (3) publicly disseminating HMIS PSH performance at monthly CoC meetings, on website and in HMIS e-newsletter; (5) all PSH projects funded by the CoC have a contract goal to retain at least 85% of participants in PSH for at least 6 months;(6) hosting regular monthly PSH Director Peer Group sessions for support and to develop additional supports to increase staff retention; and (7) the CoC is organizing training sessions to increase capacity of CoC case managers and program directors and improve fidelity to evidence based practices such as Housing First.

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

To maintain retention rates of 80% or higher, UNITY CoC will: (1) increase best-practice trainings for PH case management staff to help them motivate clients, increase income and sustain high retention rates; (2) continue PH program oversight, with increased monitoring for those assessed as “high risk” because of high budgets or inexperience; (3) provide continued support for PH programs by hosting the monthly PSH Directors Peer Group, by recruiting faith-based and community volunteers and case management interns, and by securing furniture and other donations for use by programs; (4) conduct consumer focus sessions, to improve programs; (5) implement CoC strategy to reduce the number of PSH re-housings; (6) secure funding for a CoC Payee Program; (7) align CoC Supportive Service Programs such as employment and legal services projects more closely with PSH programs; and (8) coordinate with Medicaid-funded mental health providers to increase service access for clients.

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

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

**Instructions:**

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

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

**What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 87%

**In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 73%

**In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 74%

**In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 75%

**Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)**

To maintain TH rates, the CoC will: (1) assist at least 1 TH provider in recategorizing to PH or RRH; (2) conduct analysis by 5/31/12, of TH with APRs showing less than 75% exiting into PH and plot corrective action; (3) host twice-yearly TH trainings ; (4) publicly announce HMIS TH rates at monthly CoC meetings, on website and in HMIS e-newsletter; (5) require all CoC-funded TH providers to strive for 75% of clients exiting into PH; (6) provide trainings on obtaining affordable housing including using UNITY’s HousingLink; (7) develop Risk Assessment Tool to rank TH providers in need of monitoring; (8) reallocate low performers to a more successful RR model; (9) require TH providers to create PH plan soon after program entry; (10) better coordinate TH-program entry system using new universal intake and assessment tools; (11) improve linkages between TH and SSO programs, particularly those SSO providers which provide housing counseling or job search.

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

The UNITY CoC will maintain a high performance rate for its TH projects by the year 2022 by: (1) assisting at least 3 additional TH congregate model providers to reallocate to PH or RRH programs; (2) advocate with housing authorities for an increased preference or set asides for homeless families or individuals, to increase successful TH exits; (3) monitor TH programs onsite on an annual basis and train on best practices particularly on how to access all mainstream resources based on client need; (4) establish a CoC Community Stakeholders Committee to increase involvement with landlords and property owners, increasing the low-cost rentals available those exiting from TH programs; (5) conduct consumer-focus sessions and use results to improve programs; (6) develop a community of practice of TH providers to provide a learning community to respond to the HEARTH Act and improve performance; and (7) provide TA to domestic-violence project to improve performance and coordination.

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

**Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.**

**Instructions:**

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

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

**What is the current percentage of participants in all CoC-funded projects that are employed at program exit?** 39%

**In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?** 35%

**In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?** 37%

**In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit?** 40%

**Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters)**

The UNITY CoC will maintain a high employment performance rate for all CoC-funded projects by (1) improving linkages and communication with workforce development programs; (2) hosting at least 2 workshops to improve employment rates of CoC programs and host presentations at SPPA meetings by mainstream employment agencies; (3) developing partnership with Regional Workforce Board by sending a CoC representative to their meetings; (4) improving access to mainstream employment resources at existing day programs and ensure presence of employment agency representatives at new VA community center (one-stop shop); (5) continuing monthly meetings of the Employment Committee consisting of CoC providers which focus on improve employment rate of exiting clients; and (6) publicly disseminating HMIS employment performance at monthly CoC meetings, on website and on HMIS e-newsletter.

**Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit 1000 characters)**

CoC will maintain a high employment performance rate for all CoC-funded projects by the year 2022 by: (1) encouraging the VA, other government partners and businesses to hire homeless clients and facilitate a process for referring eligible employees to them; (2) encouraging CoC providers to hire formerly homeless clients; (3) researching best practices of other homeless employment or job training programs across the country and encouraging CoC programs to replicate similar programs; (4) monitoring on an annual basis all funded programs and providing technical assistance to maintain high performance levels regarding employment upon exit; and (5) launching a social entrepreneurship initiative to develop a company which would employ homeless consumers and/or improve the housing situation of formerly homeless persons by installing weatherization materials or solar panels to cut energy costs.

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

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

**Instructions:**

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

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

- What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?** 60%
- in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 60%
- in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 65%
- in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 70%

**Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)**

The CoC will maintain high levels of clients exiting with mainstream benefits by (1) establishing a Mainstream Resources Committee to address the issue; (2) training CoC about mainstream benefits, eligibility criteria, intake/enrollment procedures; (3) educating CoC about Medicaid and managed-care system changes and impacts, protocols and payments; (4) improving access to benefits at existing day programs and at new one-stop shop; (5) surveying mainstream resource agencies to determine how Coc can increase their participation; (6) inviting mainstream benefit staff to be part of SPPA and CoC committees; (7) improving communication/referrals with VA; (8) developing a committee to facilitate a coordinated system of care for families including coordination with Dept. of Education homeless liaisons and school social workers to address the needs and resources for homeless students; and (9) coordinating with RSD, Algiers, and Orleans Parish homeless liaisons to enhance referral system.

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

Over the next 10 years, the UNITY CoC will maintain a high % of clients exiting with mainstream benefits by (1) continue to train CoC about benefits, eligibility, and intake/enrollment procedures; (2) work with providers to become Medicaid billers to provide supportive services presently paid for by HUD; (3) establish new programs to provide housing for homeless persons by utilizing other mainstream resources such as HOME, TANF and CDBG dollars and funding from the LA Housing Corporation; (4) continue to improve participation rate of mainstream resource agencies in CoC meetings; (5) Mainstream Resources Committee will help CoC programs better utilize resources & improve performance; (6) host ongoing SOAR trainings; (7) use the New Day Program as a model for new PSH projects in which mainstream resource representatives meet regularly to track the participant progress; and (8) increase usage of HMIS screening tools for mainstream benefit eligibility.

### 3A. Continuum of Care (CoC) Strategic Planning Objectives

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

**Instructions:**

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

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

- What is the current total number of homeless households with children as reported on the most recent point-in-time count?** 191%
- In 12 months, what will be the total number of homeless households with children?** 203%
- In 5 years, what will be the total number of homeless households with children?** 150%
- In 10 years, what will be the total number of homeless households with children?** 110%

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

The CoC's 2013 PIT count is expected to include a slightly higher number of households with children than the 2012 count. We are expanding our street-count methodology, in consultation with national expert Dr. Martha Burt, and thus may locate some previously missed households and individuals. Also, we anticipate a higher shelter and TH utilization rate on the night of the count. Since New Orleans and Jefferson Parish have a limited amount of shelter beds for families with children, utilization rates significantly impact the PIT count. In an effort to reduce numbers swiftly, UNITY will place homeless disabled families in State PSH housing as openings occur; improve and expand the RRH for Families Demonstration Program; coordinate with CoC programs to facilitate a united system of care for families that includes coordination with school homeless liaisons; and seek input from families in CoC programs for suggestions about how to continue reductions in family homelessness in New Orleans.

**Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters)**

UNITY will: (1) ask PHAs for more Housing Choice Vouchers dedicated to homeless families; (2) maintain, with 2 project sponsors, the RRF Program to provide 6 months of rental assistance & case management for 74 families/year; (3) expand existing coordinated assessment system to "triage" all homeless families and make service referrals; (4) collaborate closely with Dept. of Education Homeless Liaisons to identify and house homeless households; (5) advocate for more affordable housing for very low-income families; (6) increase linkages with mainstream resources before and after housing families, to decrease recidivism; (7) reallocate transitional housing projects for families to RRF; and (8) work toward homelessness-prevention through other initiatives such as employment- training opportunities, energy-saving measures including weatherization , and increased recreational programs and low-cost childcare in challenged neighborhoods.

### **3A. Continuum of Care (CoC) Strategic Planning Objectives**

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

**Instructions:**

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

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

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

- Indicate the current number of projects submitted on the current application for reallocation: 6**
- Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013): 1**
- Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition): 2**
- Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition): 3**

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

Through this application, the CoC is reallocating a SSO project that was funded to provide health care services through the Healthcare for the Homeless Project. The project sponsor decided not to renew its project in this application. The CoC decided to use this renewal funding for the Coordinated Access Project which will expand and improve the existing Coordinated Assessment System. The previous project provided case management services to homeless persons who were patients of the City of New Orleans Healthcare for the Homeless clinic. The position is still being funded using another funding source. The person employed in this position actively participates in SPPA monthly meetings.

**If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project (limit 750 characters)**

Through this application, the CoC is reallocating a TH project that was previously funded to provide temporary rental assistance and employment assistance to homeless individuals through the Catholic Charities St. John Center Program. The project sponsor decided not to renew its project in this application due to funding difficulties relating to match requirements needed to sufficiently fund the entire program. The CoC decided to use this renewal funding and reallocate it for a new PH program that would target chronically homeless persons. The previous project's clients have all exited the project prior to September 2012 and 100% exited into permanent housing.

## **3B. Continuum of Care (CoC) Discharge Planning: Foster Care**

**Instructions:**

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

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

**If "Other," explain:**

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

The LA Dept. of Children & Family Services (DCFS) operates the state foster care program and has a protocol to avoid discharging youth into homelessness. Youth exiting at age 18 may enroll in the Youth Assistance Program (YAP) which includes rent assistance up to 21 years of age. An in-depth Youth Transition Plan is developed after the youth's 15th birthday and updated every 6 months, including housing arrangements. Housing plans may not include living on the street, motel/hotels, shelters or dwellings not meant for human habitation. The State PSH Program has established a preference for youth aging out of foster care who have a disability and has a set-aside of PSH units for young adults with a mental or physical disability aged 18-24. UNITY has included a number of beds for youth aging out of foster care in the plans for a forthcoming housing development.

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

N/A

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

Mainstream resource agencies including the State PSH Program and the LA Dept. of Children and Family Services have emerged as government stakeholder entities for this population. Non-profits including Covenant House of New Orleans, the Drop In Center, Ekhaya Youth Project, Liberty House are taking the lead on addressing this issue locally. Additionally, Covenant House has convened a collaborative of agencies including Café Reconcile, Liberty’s Kitchen, Youth Empowerment Project, Total Community Action, Urban League, and Family Justice Center who are presently addressing this issue among other issues relating to the prevention of youth homelessness. UNITY in partnership with the N.O. Interagency Council on Homelessness, the Jefferson Parish Human Services Authority, and all of their various committees has identified this issue as a priority for the coming year. Other stakeholders include the homeless education liaisons, schools and their social workers.

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

Youth aging out of foster care are generally placed in apartments through the state youth assistance program, YAP which provides rent assistance through 21 years of age. Alternatively, they are placed in boarding homes, or housing with family, friends, and former foster parents. The State PSH Program has a preference for youth with disabilities aging out of foster care and a set aside for young adults age 18-24 with disabilities. UNITY continues to work with the DCFŠ to identify and expand further homelessness prevention resources for youth as they exit foster care.

### 3B. Continuum of Care (CoC) Discharge Planning: Health Care

**Instructions:**

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

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

If "Other," explain:

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

The CoC works with the City of New Orleans to coordinate with the University Hospital medical staff to implement a discharge planning program for hospital patients. Jefferson Parish service providers meet monthly with ER nurses to recommend non-McKinney Vento referrals. The LA Dept. of Health and Hospitals (DHH) has implemented a discharge planning protocol for persons exiting Addictive Disorder & Developmental Disabilities facilities to avoid discharging persons into homelessness. For persons exiting all DHH facilities, discharge planning begins at admission and is addressed throughout treatment. At time of exit, housing plans can include family placement or licensed facilities. UNITY's Discharge Planning Committee implemented a Gold Card program in which a wallet-sized card is provided to homeless clients with contact information of their helping professionals, enabling a greater networking between the medical, legal and social work fields should the client be admitted to the hospital.

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

N/A

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

Mainstream resource agencies and departments including the State PSH Program, the State Medicaid Program, the LA Dept. of Health and Hospitals, and the City Health Department, have emerged as government stakeholder entities for this population. Non-profits/health organizations including Daughters of Charity, the St. Vincent de Paul Pharmacy, Tulane University Hospital, the Interim LSU Hospital/University Medical Center, Covenant House of New Orleans, the Drop In Center, Ozanam Inn, the Harry Tompson Center/Rebuild Center, and the New Orleans Mission are taking the lead on addressing this issue locally. UNITY, in partnership with the N.O. Interagency Council on Homelessness, the Jefferson Parish Human Services Authority, and all of their various committees has identified this issue as a priority for the coming year.

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

Patients discharged from hospitals who are at risk of homelessness are discharged whenever possible to stay with family or friends, or are referred to nursing homes, if eligible, or other non-McKinney-Vento funded shelters or transitional housing programs or VA resources. Referrals for people with disabilities are made to the state PSH program, which has a set-aside of 200 housing vouchers for people exiting institutions, including hospitals.

### 3B. Continuum of Care (CoC) Discharge Planning: Mental Health

**Instructions:**

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

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

If "Other," explain:

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

The LA Dept. of Health and Hospitals (DHH) has implemented discharge planning policies for persons exiting mental health facilities to avoid discharging persons to homelessness to the maximum extent practicable. The DHH discharge planning process begins upon admission, is addressed throughout treatment and includes housing plans such as placement in family reunification, licensed facilities, partial hospitalization & rehab option programs. The Metropolitan Human Services District is partnering its Intensive Case Management Program with housing programs serving homeless persons with mental illness. This program is currently serving over 142 participants. Additionally, PATH outreach workers are in contact with University Hospital to facilitate appropriate placements for those leaving that facility's mental health unit. Also, Metropolitan Human Services District and Jefferson Parish Human Services Authority both have a housing coordinator to identify housing resources in the community.

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

N/A

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

Mainstream resource agencies and departments including the State PSH Program, the LA Dept. of Health and Hospitals, Metropolitan Human Services District, the Jefferson Parish Human Services District, and LA Magellan Behavioral Health Systems have emerged as government stakeholder entities for this population. Non-profits/health organizations including Resources for Human Development, Catholic Charities Archdiocese of New Orleans, Responsibility House, Odyssey House LA, NAMI New Orleans, and Volunteers of America New Orleans are taking the lead on addressing this issue locally. UNITY, in partnership with the N.O. Interagency Council on Homelessness, the Jefferson Parish Human Services Authority, and all of their various committees have identified this issue as a priority for the coming year.

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

Patients discharged from mental health facilities are referred to residential programs and group homes such as Exodus House or Oxford House. Supportive Living, a residential program for people with mental illness and/or developmental disabilities, also provides housing for those leaving facilities. Jefferson and Orleans Parish regional behavioral health districts provide one-time rental assistance to people with mental illness to prevent homelessness. The recently discharged can also turn to Resources for Human Development New Hope and its recently opened mental health respite beds. The State of Louisiana increased the number of PSH beds in its PSH program to accommodate recent decreases in mental health hospital beds. The state PSH program has a preference for those discharged from institutions and has a set-aside of 200 vouchers for those exiting institutions including mental hospitals. Finally, some members of this population are placed with family or friends following discharge.

### 3B. Continuum of Care (CoC) Discharge Planning: Corrections

**Instructions:**

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

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

If "Other," explain:

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

The La. Dept. of Public Safety and Corrections has implemented a protocol utilized by all state facilities that ensures offenders being released from facilities will not be released into homelessness. The LA PSH Program has a special preference for persons with severe mental illness who frequently interact with the criminal justice system. Representatives from 2 local prisons are new members of UNITY's Discharge Planning Committee, which seeks to improve local discharge planning practices and policies. The CoC is participating in the Reentry and Evidence-based Committee, which is expanding housing options for ex-offenders exiting prisons. A CoC member agency has a close working relationship with the Jefferson Parish Correctional Center to assist with discharge planning. The State of Louisiana has assigned a local liaison to provide housing services for ex-offenders.

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

N/A

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

Mainstream resource agencies and departments including the State PSH Program and the LA Dept. of Public Safety and Corrections have emerged as government stakeholder entities for this population. Non-profit organizations including the Harry Tompson Center, Ozanam Inn, Loyola Law Clinic, and the Homeless Court (a collaborative of agencies which work with Municipal Court system to identify and refer homeless clients to housing programs) are taking the lead on addressing this issue locally. UNITY, in partnership with the N.O. Interagency Council on Homelessness, the Jefferson Parish Human Services Authority, and all of their various committees has identified this issue as a priority for the coming year. Additionally, the newly established state-wide Reentry and Evidence based Committee is expanding housing options for ex-offenders exiting prisons.

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

Individuals discharged from correctional institutions go to residential work programs or halfway-houses, rent their own apartments or live with family or friends. The state PSH program has a set-aside of 200 vouchers for disabled persons exiting institutions, including prisons and jails.

### 3C. Continuum of Care (CoC) Coordination

**Instructions:**

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

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

**If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan:**

- 1) Reaching out to homeless persons (especially unsheltered persons) and assessing their needs;
- 2) Addressing the ES and TH needs of homeless persons;
- 3) Helping homeless persons (especially the chronically homeless, families with children, veterans, and youth) make the transition to permanent housing and independent living, including shortening periods of homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again;
- 4) Helping low-income individuals and families avoid becoming homeless, especially those who are: being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care, and correctional institutions); or, receiving assistance from public or private agencies that address housing, health, social services, employment, or education.

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

The CoC, in cooperation with the City and Jefferson Parish, is continuing to promote prevention and rapid rehousing programs through ESG, SESG, CoC grants, and HOME funds for populations previously served by HPRP. Through this application, the CoC has reallocated at least one TH project to establish the Rapid Rehousing for Chronically Homeless Persons Project and plans to reallocate at least one SSO or TH project each year in the next 4 years. In addition, the City has issued a RFP to provide \$455,000 in HOME funds for a new Rapid Rehousing Project to rehouse homeless persons living in shelters or on the street. CoC member agency Volunteers of America New Orleans administers a Supportive Services for Homeless Veterans Program that provides homelessness prevention rental assistance to veterans at risk of homelessness as well as those currently experiencing homelessness in the area.

**Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG? (limit 2500 characters)**

UNITY has worked intensively to target new programs and initiatives to address CoC gaps. UNITY and its agencies participated in the Mayor’s Homeless Services Working Group to develop and update a 10-Year Plan to End Homelessness released in November 2011. UNITY meets frequently with the Southeast LA Veterans Administration (VA) to: 1) establish a Supportive Housing Registry for the most vulnerable and chronically homeless veterans using VASH vouchers; 2) refer 78 disabled veterans from UNITY’s PSH Registry to the VA’s new Registry; 3) participate in the new VA Homeless Task Force that has created a 5-year Plan to End Veteran Homelessness in New Orleans in conjunction with the Mayor’s Plan; and 4) work collaboratively with VA outreach workers to house homeless veterans sleeping in a large downtown camp. ARRA funding to the city was used by Goodwill Industries for Job1, the workforce development center, to help homeless clients find work. UNITY received Neighborhood Stabilization Program (NSP) initiative funds to create 3 mixed-income projects with a total of 210 affordable rental units, which will include supportive housing for formerly homeless persons with disabilities and low-income workers. For these 3 projects UNITY received (1) NSP2 funds in the amount of \$500,000, awarded by the New Orleans Redevelopment Authority (NORA), towards the development of 60 completed and leased units; (2) NSP2 funds in the amount of \$2,380,000, awarded and administered by NORA, towards 42 units with construction underway; and (3) \$575,000 in NSPE1 funds awarded through the City, towards 108 units. Of these 210 units using NSP funds; 105 (half of the units from each project, 30, 21 and 54 respectively) are PSH set-asides for homeless persons with disabilities while the remainder are for low-income workers. Additionally, project #1 used CDBG Piggyback funds totaling \$7,590,000, awarded by the State Office of Community Development (OCD); project #3 also used OCD-awarded CDBG funds totaling \$1,500,000. These developments address a critical need for affordable housing in post-Katrina New Orleans, which lost 51,000 rental units to the hurricane. The state uses CDBG funds for state PSH services, and the CoC provides referrals. Additionally, UNITY and 2 subrecipients receive competitive HOPWA funding to provide PSH and supportive services to 90 persons with HIV/AIDS and the CoC coordinates funding with agencies receiving formula HOPWA funding from the City.

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

**If 'Yes', describe the established policies that are in currently in place:** All CoC-funded agencies that serve homeless families with children or unaccompanied homeless youth are required to ensure, to the maximum extent possible, that homeless children and unaccompanied youth are enrolled in school and receiving appropriate services within the community. Upon intake, agencies are required to: 1) ascertain whether school-age children are in school and assist parents or guardians to enroll them as promptly as possible; 2) determine whether a homeless child faces any barriers such as transportation or lack of documentation and, if so, should contact Dept. of Education homeless liaisons and/or legal services lawyers to overcome these barriers; and 3) ensure that each child receives the services s/he needs, through referrals and follow-up.

**Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services (limit 1500 characters)**

UNITY participated with the Louisiana Department of Education Homeless Education Program in a focus group and needs assessment aimed at improving the coordination of services, removing barriers and improving programming for homeless children. CoC monthly meetings are attended by local school district homeless liaisons and give presentations at least twice during the year about the educational needs and rights of homeless children. CoC-funded agencies are required to inform families with children of their McKinney-Vento rights. UNITY collaborates with public interest attorneys at Appleseed and the Advocacy Center to ensure that families have access to legal assistance to assert their education rights under the McKinney –Vento Act. The UNITY Homeless Families Committee meetings include the Homeless Coordinator for the Orleans Parish School Board. A resource list which includes education contacts and programs was created to distribute to agencies serving homeless families with children or unaccompanied youth.

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

The CoC has included in all subgrantee contracts that agencies cannot deny entry to homeless housing programs, and cannot separate families in these families, based on the age of children under 18. UNITY staff is conducting ongoing monitoring to ensure compliance. The CoC is co-hosting, with the Greater New Orleans Fair Housing Action Center, a fair housing training in March 2013 to address this topic and others. Emergency shelters, transitional housing and permanent housing programs are revising and expanding their policies to ensure that all families can be safely sheltered and housed.

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

The CoC and its member agencies provide an array of housing and services for homeless veterans and those at risk of homelessness. Prevention assistance is provided by CoC member Volunteers of America through its Supportive Services for Homeless Veterans Program. The CoC coordinates with the Healthcare for the Homeless Veterans Program (HCHVP) which provides health care and services to veterans as well as operation of a successful VASH program for over 200 veterans. The VA co-chairs the 10-year plan to end homelessness with the City and has prioritized the goal of ending area veteran homelessness within 5 years which is supported by the CoC. The CoC has collaborated with the HCHVP to increase the numbers of chronically homeless veterans receiving VASH Vouchers. UNITY joined a local collaborative assisted by 100,000 Homes Campaign and the Rapid Results Institute to improve this process. UNITY encouraged more rigorous documentation of homelessness using HUD guidelines to ensure access of the most vulnerable veterans to VASH. THE HCHVP joined UNITY in an outreach blitz in which 61 unsheltered veterans were identified. HCHVP outreach has referred 78 homeless veterans to HCHVP from its Registry. The VA is collaborating with the City to create a 24-hour comprehensive community resource center expected to open in late 2013.

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

Ending youth homelessness in 10 years is a goal of the CoC strategic plan. There are presently 5 CoC member organizations that target the youth homeless population: Covenant House, which provides outreach, day services, emergency shelter, transitional housing, PSH housing and a wide array of services including job readiness, placement/training and mental health services; Tulane Drop-In Center, which provides medical, drop-in, outreach and case management services to unsheltered youth; Liberty House, which offers transitional housing to young women and their children; Bridge House, which offers substance abuse treatment and housing services; and the Ekhaya Youth Project, which provides crisis intervention and support services to youth with mental health challenges. The CoC presently has 112 homeless residential beds dedicated for homeless youth representing an increase from 2011: 48 ES beds, 43 TH beds and 21 PSH beds. The CoC works closely with the mainstream resource agencies such as the LA PSH Program to refer disabled homeless youth for housing and with Dept. of Education Homeless Liaison workers to identify and assist homeless unaccompanied youth in the schools. Additionally, under the leadership of CoC member Covenant House, the CoC operates a collaborative of youth providers to address literacy, job training, child care and domestic abuse concerns and has received funding from major funders to address issues surrounding at risk youth to prevent their homelessness.

**Has the CoC established a centralized or coordinated assessment system?** Yes

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

The CoC has established major elements of a coordinated assessment system, and is working hard on improvements including agreement on a single assessment tool. First, our community-wide Homeless Permanent Supportive Housing Registry uses length of homelessness and Vulnerability Index scores to prioritize eligible persons in order of need. Second, we use a CoC grant to help fund the community's 211 system, providing a general access point for referral to CoC housing and services. Third, we publicize our Information and Referral Office, which provides more detailed assessment of needs and offers follow-up to persons walking in. Fourth, UNITY coordinates eligibility assessments for the CoC's Rapid Rehousing for Families Program. Finally, the City and the VA are partnering to rehab the old VA hospital building into a comprehensive referral center for all veterans and homeless persons; this will become a major hub for the CoC's coordinated assessment system.

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

The CoC has formed a Funding Advisory Committee, composed of the Service Providers and Professionals Association (SPPA) Steering Committee, which is elected, as well as several other representatives of government and nonprofits, who were appointed by the City of New Orleans and the CoC Collaborative Applicant to ensure that all major relevant subpopulations of homeless and geographic areas are represented. The purpose of the Funding Advisory Committee is to make general recommendations for funding priorities to the City regarding the ESG program and to the CoC regarding the CoC program and to ensure coordination between both programs. As part of this process, the Committee made several recommendations relating to subpopulation priorities and funding allocations that were incorporated into an ESG Request for Proposals released in December 2012. The committee will meet regularly to offer input into ESG and CoC funding priorities.

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

The CoC works hard to ensure its services are accessed by eligible persons least likely to ask for help, across lines of race and the factors listed above. Our street and abandoned building outreach team is dedicated to finding and housing those least likely to seek help. The CoC's dedication to do whatever is necessary is exemplified by its Abandoned Buildings Outreach Team, which searches the city's thousands of abandoned buildings by day in search of bedrolls in active use and returns by night to engage the homeless occupants. The abandoned building homeless are primarily African American, disproportionately female and elderly, with high rates of mental illness. The CoC also reaches out by publicizing services through media, brochures and field cards; subcontracting many housing and service programs to small organizations that are minority-run, neighborhood-based or focused on hard-to-reach subpopulations; and engaging with faith congregations.

### 3D. Continuum of Care (CoC) Strategic Planning Coordination

**Instructions:**

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

**Has the CoC developed a strategic plan?** Yes

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

Yes. The CoC works on a continual basis to assess the needs of the homeless population, develop expertise in evidence-based practices, determine what housing and services are needed, seek out funding resources, and assist agencies to meet client needs by making programmatic changes. The CoC was one of the initiators not only of local 10-year plans to end homelessness but also a state plan; the pre-Katrina plans on the state and local level laid out the framework for much of the major expansion of housing and services to end and prevent homelessness that has ensued since Katrina. The CoC, the City and Parish also work hard to ensure that programs are well implemented by providing ongoing training for service providers. The CoC emphasizes a Housing First approach to ensure that clients are effectively served regardless of the complexity of needs and behavior. The CoC conducts focus groups to solicit client input to identify gaps and needed improvements in housing and services.

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

UNITY has for many years written the homeless portion of the Consolidated Plan for The City of New Orleans. In the spring of 2012, UNITY and other service providers participated in a group that was convened by The City of New Orleans to improve the 2012-2016 Consolidated Plan. UNITY, with input from the CoC, participated in drafting and editing this plan and wrote the section addressing homelessness. CoC member agencies participated in the development of the Jefferson Parish Consolidated Plan. The CoC's HMIS provider, VIA LINK, provides key data for the consolidated plan.

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

The CoC's first 10-year plan to end chronic homelessness was adopted in 2004. In 2005, before Hurricane Katrina, the City of New Orleans, in collaboration with the CoC, spearheaded the jurisdiction's 10-year plan to end chronic homelessness. That plan set forth many of the strategies implemented in the wake of the nation's largest housing disaster. In 2010, UNITY asked the new mayor, Mitch Landrieu, to issue a new 10-year plan. The CoC participated in that effort. Mayor Landrieu issued in November 2011 the City's first 10-year plan addressing all forms of homelessness tracking the goals of the federal plan, and created the New Orleans Interagency Council on Homelessness (ICH) to oversee implementation of the plan. The CoC co-chairs the ICH with the City and the VA and serves on all ICH committees. The full ICH meets quarterly and its subcommittees (Data, Services, Veterans, and Finances) meet more often, usually monthly. The Data Committee tracks progress.

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

The city's 10-Year Plan & the CoC have adopted the goals of the federal plan. The CoC works to end chronic homelessness by 2015 by prioritizing CH for new PSH, housing over 1500 CH & vulnerable persons in the 100,000 Homes Campaign, urging PSH programs to re-designate beds for CH, & participating in a local CH initiative by ICH & HUD. The CoC helped lead a successful campaign to secure congressional vouchers to create a state PSH program prioritizing CH. The CoC housed 575 veterans in 2012, working with the VA on the goal of ending veteran homelessness by 2015. To end family & youth homelessness by 2020, the CoC runs a Rapid Rehousing for Families program, works with TH agencies to shift to PH models, and participated in a model program to provide RR for unsheltered young adults. The CoC has set a path to end all homelessness by helping to implement the city's 10-Year Plan & by seeking improvements in its coordinated assessment system to serve all homeless persons.

**Select the activities in which the CoC coordinates with the local Emergency Solutions Grant( ESG):**

Determines how to allocate ESG grant for eligible activities, Develop standards for evaluating the outcomes of activities assisted by ESG funds, Develop performance standards for activities assisted by ESG funds, Develop funding policies and procedures for the operation and administration of HMIS for ESG funded projects

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

The CoC has formed a Funding Advisory Committee, composed of the SPPA Steering Committee, as well as several other representatives of government and nonprofits, who were appointed by the City of New Orleans and the UNITY to ensure that all major relevant subpopulations of homeless and geographic areas are represented and that funding sources are distributed in an effective and non-duplicative manner. The purpose of the Funding Advisory Committee is to make general recommendations for funding priorities to the City regarding the ESG program and to the CoC regarding the CoC program and to ensure coordination between both programs. As part of this process, the Committee made several recommendations on subpopulation priorities and funding allocations that were incorporated into an ESG Request for Proposals released in December 2012. The CoC is currently working with the City to develop joint performance criteria and will offer monitoring assistance to the City for its ESG/SESG projects.

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

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

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

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

### 3E. Reallocation

**Instructions:**

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

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

### 3F. Reallocation - Grant(s) Eliminated

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

<b>Amount Available for New Project: (Sum of All Eliminated Projects)</b>				
\$248,372				
<b>Eliminated Project Name</b>	<b>Grant Number Eliminated</b>	<b>Component Type</b>	<b>Annual Renewal Amount</b>	<b>Type of Reallocation</b>
CCANO St. John th...	LA0192B6H031101	TH	\$189,335	Regular
Healthcare for th...	LA0059B6H031104	SSO	\$59,037	Regular

### 3F. Reallocation: Details of Grant(s) Eliminated

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

Eliminated Project Name: CCANO St. John the Baptist Transitional Housing

Grant Number of Eliminated Project: LA0192B6H031101

Eliminated Project Component Type: TH

Eliminated Project Annual Renewal Amount: \$189,335

### 3F. Reallocation: Details of Grant(s) Eliminated

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

Eliminated Project Name: Healthcare for the Homeless Clinic

Grant Number of Eliminated Project: LA0059B6H031104

Eliminated Project Component Type: SSO

Eliminated Project Annual Renewal Amount: \$59,037

### 3G. Reallocation - Grant(s) Reduced

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

Amount Available for New Project (Sum of All Reduced Projects)					
\$135,919					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
Liberty House Tra...	LA0189B6H031101	\$186,285	\$172,028	\$14,257	Regular
Jefferson Parish ...	LA0084B6H031104	\$338,727	\$256,655	\$82,072	Regular
Responsibility Ho...	LA0155B6H031103	\$639,349	\$612,599	\$26,750	Regular
Covenant House Pe...	LA0077B6H031104	\$112,039	\$99,199	\$12,840	Regular

### 3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Liberty House Transitional Housing

Grant Number of Reduced Project: LA0189B6H031101

Reduced Project Current Annual Renewal Amount: \$186,285

Amount Retained for Project: \$172,028

Amount available for New Project: \$14,257

(This amount will auto-calculate by selecting "Save" button)

### 3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Jefferson Parish Human Services Authority Permanent Housing Program

Grant Number of Reduced Project: LA0084B6H031104

Reduced Project Current Annual Renewal Amount: \$338,727

Amount Retained for Project: \$256,655

Amount available for New Project: \$82,072

(This amount will auto-calculate by selecting "Save" button)

### 3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Responsibility House Permanent Supportive Housing Project

Grant Number of Reduced Project: LA0155B6H031103

Reduced Project Current Annual Renewal Amount: \$639,349

Amount Retained for Project: \$612,599

Amount available for New Project: \$26,750  
(This amount will auto-calculate by selecting "Save" button)

### 3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Covenant House Permanent Housing for Youth

Grant Number of Reduced Project: LA0077B6H031104

Reduced Project Current Annual Renewal Amount: \$112,039

Amount Retained for Project: \$99,199

Amount available for New Project: \$12,840  
(This amount will auto-calculate by selecting "Save" button)

### 3H. Reallocation - Proposed New Project(s)

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

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

\$384,291				
Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
33	Finally Home...	PH	\$135,919	Regular
32	Rapid Rehous...	PH	\$189,335	Regular
34	Coordinated ...	SSO	\$59,037	Regular

### 3H. Reallocation: Details of Proposed New Project(s)

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

2012 Rank (from Project Listing): 33

Proposed New Project Name: Finally Home Permanent Supportive Housing Project

Component Type: PH

Amount Requested for New Project: \$135,919

### 3H. Reallocation: Details of Proposed New Project(s)

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

2012 Rank (from Project Listing): 32

Proposed New Project Name: Rapid Rehousing for Chronically Homeless Persons Project

Component Type: PH

Amount Requested for New Project: \$189,335

### 3H. Reallocation: Details of Proposed New Project(s)

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

**2012 Rank (from Project Listing):** 34

**Proposed New Project Name:** Coordinated Assessment Project

**Component Type:** SSO

**Amount Requested for New Project:** \$59,037

### 3I. Reallocation: Reallocation Balance Summary

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

Reallocated funds available for new project(s):	\$384,291
Amount requested for new project(s):	\$384,291
Remaining Reallocation Balance:	\$0

## 4A. Continuum of Care (CoC) FY2011 Achievements

**Instructions:**

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

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

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

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

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

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

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	623	Beds	623	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	80	%	87	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	73	%	87	%
Increase the percentage of homeless persons employed at exit to at least 20%	35	%	40	%
Decrease the number of homeless households with children	200	Households	191	Households

**Did the CoC submit an Exhibit 1 application in FY2011? Yes**

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

N/A

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

Annually, prior to the CoC application submission, UNITY scores and ranks projects based on performance outcomes and contract compliance/spending. UNITY discusses these scores during subsequent on-site project monitoring in order to improve performance. A risk analysis method is also used to determine a yearly monitoring plan, including the type/extent of monitoring, for each sub-grantee at least annually with additional attention given to lower performing/scoring projects. Additionally, UNITY conducts monthly invoice and HMIS data-quality reviews, and requires quarterly spending and progress reports, as well as APRs from all sub-recipients. If poor performance is detected, corrective action plans are implemented with sub-recipients.

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

UNITY performs these functions to assist sub-recipients reach high performance goals: (1) annual on-site project monitoring; (2) trainings on best practices, hosted by the CoC; (3) opportunities, through monthly CoC meetings and various committees, to solicit peer support and share solutions to common problems; (4) agreements with CoC-funded providers requiring that they, as part of their grant agreement, strive to exceed minimum threshold benchmarks as set by HUD; and (5) careful analysis of quarterly and preliminary APR reports to detect possible errors in HMIS inputting. Overall CoC performance and analysis has been improved by a new HMIS project, implemented in 2011, that assists providers in improving HMIS data quality.

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

Poor performers, including those with low capacity, are revealed through the annual project-ranking process prior to the CoC application. Within 4 months of application submission, UNITY will conduct on-site TA for the lowest-scoring projects to identify causes, devise Corrective Action Plans, and assist in implementing solutions and increasing capacity. In response, UNITY may: provide intense TA for providers with poor HMIS data quality; help to secure increased funding or locate volunteers/interns to expand staff capacity; providing individualized consultation for sub-grantees needing skills training or fiscal capacity-building; and encouraging providers to participate in CoC committees that provide support and encouragement.

**Does the CoC have any unexecuted grants awarded prior to FY2011?** No

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

Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
	<b>Total</b>	<b>\$0</b>

**What steps has the CoC taken to track the length of time individuals and families remain homeless?  
(limit 1000 characters)**

UNITY has greatly improved its tracking, a critical factor for charting CoC progress in reducing duration of homelessness. Programs now promptly enter client records into HMIS (within 24 hours for shelters and 7 days for service providers), allowing CoC to track length of homelessness by HMIS entry and exit dates. All CoC- and ESG-funded projects participate in HMIS along with other non-COC-funded programs, for a total over 60 agencies. UNITY's recent HMIS project placed data entry staff in shelters, significantly improving the participation of ESG-funded programs. In HMIS, clients are homeless if they actively stay in TH, shelters or safe havens, and/or if they have an open outreach or social-service file. The CoC is now deciding when to close client cases, if they are in permanent housing or leave the CoC jurisdiction. It's challenging to document length of homelessness for clients who utilize emergency shelters, non-housing services, or outreach assistance.

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

Previously, the poor quality of HMIS data from emergency shelters posed a significant barrier to tracking individuals and families who return to homelessness. UNITY's HMIS recent data-quality project placed data-entry staff at local emergency shelters each day to capture and enter client information into HMIS. This project has significantly improved the HMIS data quality from emergency shelters and has allowed the CoC to rely primarily on HMIS to document individual and family who experience additional spells of homelessness.

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

UNITY street outreach engages unsheltered homeless living in inhabitable places. The CoC outreach plan includes a 5-agency collaborative with 15 outreach workers who (1) do outreach in homeless hotspots, abandoned buildings, and places where homeless persons sleep; (2) assess unsheltered persons, including Vulnerability Assessments, to rank them for housing according to risk of death if not housed; and (3) place qualified persons on the PSH Registry. Vulnerability scoring prioritizes unsheltered families with children; they are get priority for temporary assistance, including placement in an emergency shelter or hotel. 13 CoC outreach covers all of Orleans and Jefferson parishes and prioritizes those at greatest risk. To serve everyone, including those who are disabled or have limited English proficiency, UNITY gives priority to multilingual outreach workers and collaborates with and collaborates with the Hispanic Apostolate, The Rebuild Center, Mary Queen of Vietnam Church and Vietnamese American Young Leaders Association of New Orleans. In New Orleans, where the majority of homeless people sleep in abandoned structures, UNITY launched an Abandoned Buildings Outreach team that searches abandoned buildings for signs of life. The team is often this population’s first contact with homeless services. UNITY also offers referrals and information and helps to fund the 211 CopeLine, which provides information 24-hours a day, 7 days a week round-the-clock .

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

The City of New Orleans uses ESG funds for homelessness prevention services that are strategically targeted to prevent evictions of families and youth. The Veteran Administration also offer prevention services and rental assistance for Veterans. Jefferson Parish Community Centers have some funds available for rental and utility assistance for those at risk of homelessness. UNITY assisted in a “rent reasonableness” survey sponsored by the Housing Authority of New Orleans that brought down Section 8 payments and contributed to reducing rents across New Orleans. The CoC also coordinates with Total Community Action, Council on Aging, United Way funded agencies, and local churches to refer clients who need utility assistance. The CoC includes two legal-services agencies that assist with eviction and foreclosure prevention. To reduce tenant utility payments, UNITY partnered with Global Green and Green Light New Orleans to provide weatherization consultations, energy-efficient appliances and rehabilitation grants to landlords participating in CoC sponsored programs. UNITY also sponsors HousingLink, an affordable housing search website, and negotiates with landlords for rent reductions. Finally, CoC member agencies have developed over 250 affordable housing units reserved for residents making less than 50% of the Area Median Income, who are at risk of homelessness. These and additional prevention measures are noted in the CoC Action Plan and in the City’s Consolidated Plan.

**Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes? No**

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

N/A

**If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living (limit 1500 characters)**

N/A

## 4B. Continuum of Care (CoC) Chronic Homeless Progress

**Instructions:**

HUD tracks each CoCs progress toward ending chronic homelessness.

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

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

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

Year	Number of CH Persons	Number of PH beds for the CH
2010	4,579	342
2011	4,087	523
2012	2,422	623

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

UNITY employs the HUD definition of chronic homelessness and complies with HUD recordkeeping requirements. Documentation of chronic homelessness, describing homeless location and length of homelessness, is obtained for all individuals or families encountered by outreach staff, homeless shelters, CoC agencies or community partners. A self-statement or a family member’s statement is used in conjunction with third-party forms of documentation. The CoC also uses the HMIS system and the Supportive Housing Registry for documentation of chronic homelessness, asks institutions for supporting documentation showing length of residency, and documents disabling conditions through SSI and SSDI letters and/or credentialed providers who can diagnose and treat the disabilities. UNITY works diligently to obtain homeless documentation in the most expedient manner to ensure permanent housing is obtained as quickly as possible.

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012: 100

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters)

N/A

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2011 and January 31, 2012:

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$1,220,197	\$0	\$0	\$0	\$0
<b>Total</b>	\$1,220,197	\$0	\$0	\$0	\$0

## 4C. Continuum of Care (CoC) Housing Performance

**Instructions:**

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

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

**Does the CoC have any permanent housing projects for which an APR was required to be submitted?** Yes

<b>Participants in Permanent Housing (PH)</b>	
a. Number of participants who exited permanent housing project(s)	434
b. Number of participants who did not leave the project(s)	1472
c. Number of participants who exited after staying 6 months or longer	399
d. Number of participants who did not exit after staying 6 months or longer	1264
e. Number of participants who did not exit and were enrolled for less than 6 months	208
<b>TOTAL PH (%)</b>	<b>87</b>

**Instructions:**

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

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

**Does the CoC have any transitional housing projects for which an APR was required to be submitted?** Yes

<b>Participants in Transitional Housing (TH)</b>	
<b>a. Number of participants who exited TH project(s), including unknown destination</b>	1507
<b>b. Number of SHP transitional housing participants that moved to permanent housing upon exit</b>	1306
<b>TOTAL TH (%)</b>	87

## 4D. Continuum of Care (CoC) Cash Income Information

**Instructions:**

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

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

**Total Number of Exiting Adults: 3,120**

### Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	875	28%
Unemployment insurance	51	2%
SSI	496	16%
SSDI	300	10%
Veteran's disability	59	2%
Private disability insurance	1	0%
Worker's compensation	4	0%
TANF or equivalent	47	2%
General assistance	20	1%
Retirement (Social Security)	22	1%
Veteran's pension	23	1%
Pension from former job	4	0%
Child support	59	2%
Alimony (Spousal support)	1	0%
Other source	80	3%
No sources (from Q25a2.)	1,157	37%

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

**Does the CoC have any non-HMIS projects for which an APR was required to be submitted?** Yes

## 4E. Continuum of Care (CoC) Non-Cash Benefits

**Instructions:**

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

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

**Total Number of Exiting Adults: 3,120**

**Total Number of Exiting Adults:**

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	1,749	56%
MEDICAID health insurance	294	9%
MEDICARE health insurance	29	1%
State children's health insurance	3	0%
WIC	3	0%
VA medical services	153	5%
TANF child care services	1	0%
TANF transportation services	0	0%
Other TANF-funded services	2	0%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	41	1%
Other source	8	0%
No sources (from Q26a2.)	1,025	33%

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

**Does the CoC have any non-HMIS projects for which an APR was required to be submitted?** Yes

## 4F. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

### Instructions:

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

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

**Has the CoC notified its members of the Energy Star Initiative?** Yes

**Are any projects within the CoC requesting funds for housing rehabilitation or new construction?** No

**If 'Yes' to above question, click save to provide activities**

**If yes, are the projects requesting \$200,000 or more?**

## 4G. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

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

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

**If 'Yes', describe the process and the frequency that it occurs:**

The CoC receives annual APR data in HMIS format from each project sponsor; that includes reporting on a CoC-required goal to increase attainment of mainstream resources for participants. Project performance in improving access to mainstream resources is reviewed through: 1) an annual review of APR results and comparison to similar CoC projects depending on component type and comparison to CoC target goals; 2) annual on-site fiscal and programmatic monitoring to provide technical assistance on improving overall income of participants and increasing access to mainstream resources; and 3) review of project performance based on quarterly HMIS data.

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

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

A planning committee met on Feb. 14, Oct. 3 and Nov. 1, 2012 to formulate strategies, based upon HMIS measurements, to increase current and former CoC clients' employment and income plus strategies to increase client access to mainstream resources such as Social Security Disability benefits, food stamps, and unemployment benefits. Also, New Day Steering Committee met Feb. 8, May 9, Aug. 8, Nov. 7 and Dec. 14, 2012 to find ways to better integrate treatment and services for mental and substance-use disorders, PH that supports stable housing, and access to Medicaid and more mainstream resources. The committee includes staff from the state Medicaid office, Housing Authority of New Orleans, legal services, courts systems, primary-care providers, the CoC and its agencies. The committee's work opens doors to better outpatient and day-treatment services, strengthens ties between the CoC and the PHA and significantly improves client connections to Social Security, TANF, and Medicaid.

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

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

**If 'Yes', identify these staff members:** Both

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

**If 'Yes', specify the frequency of the training:** semi-annually (twice a year)

**Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?** Yes

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

Food Stamps, WIC benefits, AFDC benefits, SSI, SSDI, Social Security, General Public Assistance, TANF, SCHIP, Veterans Benefits, Employment Income, Unemployment Benefits, Veterans Health Care, and Medicaid.

**Has the CoC participated in SOAR training?** Yes

**If 'Yes', indicate training date(s):**

October 25 and 26, 2012

## 4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

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

Activity	Percentage
<b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b> <b>1a. Describe how service is generally provided:</b>	100%
Upon a client's initial interview, the case manager will determine what mainstream resources the client receives and will assess the client, to determine what other benefits s/he may be eligible for. The case manager will then help the client complete and submit the necessary forms. Clients will be continuously assessed for eligibility to mainstream resources during the time that they receive supports and case management. Clients who face barriers at any time in obtaining mainstream resources (such as denial for Social Security benefits) will have the opportunity to connect with a legal-services paralegal for assistance in obtaining the benefits.	
<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:</b>	100%
<b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b> <b>3.a Indicate for which mainstream programs the form applies:</b>	100%
Food Stamps, Family Independence Temporary Assistance Program, Refugee Medical Assistance, and Kinship Care Subsidy Program, and Child Care Assistance Program	
<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:</b> <b>4a. Describe the follow-up process:</b>	100%
Each sub-grantee sponsor must complete a follow up interview with their clients, as part of the exit form for the HMIS system and a required section of the quarterly performance reports that are a mandatory part of their contractual agreement with the CoC applicant. Ongoing case management combined with the information gathered at these follow-up interviews will ensure that clients have accessed to the mainstream benefits that they deserved.	

## 4I. Unified Funding Agency

### Instructions

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

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

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

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

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

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

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

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

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	LA-503CoC UNITY o...	01/09/2013
CoC-HMIS Governance Agreement	No		
Other	No		

## **Attachment Details**

**Document Description:** LA-503CoC UNITY of Greater New Orleans  
Certification of Consistency with the  
Consolidated Plan

## **Attachment Details**

**Document Description:**

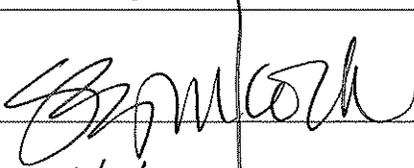
## Submission Summary

Page	Last Updated
<b>1A. Identification</b>	No Input Required
<b>1B. CoC Operations</b>	01/18/2013
<b>1C. Committees</b>	01/18/2013
<b>1D. Member Organizations</b>	01/18/2013
<b>1E. Project Review and Selection</b>	01/18/2013
<b>1F. e-HIC Change in Beds</b>	01/18/2013
<b>1G. e-HIC Sources and Methods</b>	01/18/2013
<b>2A. HMIS Implementation</b>	01/18/2013
<b>2B. HMIS Funding Sources</b>	01/18/2013
<b>2C. HMIS Bed Coverage</b>	01/18/2013
<b>2D. HMIS Data Quality</b>	01/18/2013
<b>2E. HMIS Data Usage</b>	01/18/2013
<b>2F. HMIS Data and Technical Standards</b>	01/18/2013
<b>2G. HMIS Training</b>	01/18/2013
<b>2H. Sheltered PIT</b>	01/18/2013
<b>2I. Sheltered Data - Methods</b>	01/18/2013
<b>2J. Sheltered Data - Collections</b>	01/18/2013
<b>2K. Sheltered Data - Quality</b>	No Input Required
<b>2L. Unsheltered PIT</b>	01/18/2013
<b>2M. Unsheltered Data - Methods</b>	01/18/2013
<b>2N. Unsheltered Data - Coverage</b>	01/18/2013
<b>2O. Unsheltered Data - Quality</b>	01/18/2013
<b>Objective 1</b>	01/18/2013
<b>Objective 2</b>	01/18/2013
<b>Objective 3</b>	01/18/2013
<b>Objective 4</b>	01/18/2013

<b>Objective 5</b>	01/18/2013
<b>Objective 6</b>	01/18/2013
<b>Objective 7</b>	01/18/2013
<b>3B. Discharge Planning: Foster Care</b>	01/18/2013
<b>3B. CoC Discharge Planning: Health Care</b>	01/18/2013
<b>3B. CoC Discharge Planning: Mental Health</b>	01/18/2013
<b>3B. CoC Discharge Planning: Corrections</b>	01/18/2013
<b>3C. CoC Coordination</b>	01/18/2013
<b>3D. CoC Strategic Planning Coordination</b>	01/18/2013
<b>3E. Reallocation</b>	01/18/2013
<b>3F. Eliminated Grants</b>	01/18/2013
<b>3G. Reduced Grants</b>	01/18/2013
<b>3H. New Projects Requested</b>	01/18/2013
<b>3I. Reallocation Balance</b>	No Input Required
<b>4A. FY2011 CoC Achievements</b>	01/18/2013
<b>4B. Chronic Homeless Progress</b>	01/18/2013
<b>4C. Housing Performance</b>	01/18/2013
<b>4D. CoC Cash Income Information</b>	01/18/2013
<b>4E. CoC Non-Cash Benefits</b>	01/18/2013
<b>4F. Section 3 Employment Policy Detail</b>	01/18/2013
<b>4G. CoC Enrollment and Participation in Mainstream Programs</b>	01/18/2013
<b>4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs</b>	01/18/2013
<b>4I. Unified Funding Agency</b>	No Input Required
<b>Attachments</b>	01/09/2013
<b>Submission Summary</b>	No Input Required

**Certification of Consistency  
with the Consolidated Plan**U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: UNITY of Greater New OrleansProject Name: [see attached]Location of the Project: Orleans Parish, LAName of the Federal  
Program to which the  
applicant is applying: Continuum of Care ProgramName of  
Certifying Jurisdiction: Orleans ParishCertifying Official  
of the Jurisdiction  
Name: Stacy Horn KochTitle: Director of Neighborhood Services and Facilities/Homeless PolicySignature: Date: 1/9/2013

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: UNITY of Greater New Orleans, Inc.

Project Name: (see attached)

Location of the Project: (see attached)

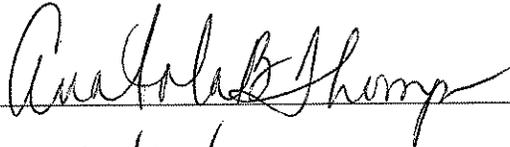
\_\_\_\_\_  
\_\_\_\_\_

Name of the Federal Program to which the applicant is applying: Continuum of Care Program

Name of Certifying Jurisdiction: Jefferson Parish

Certifying Official of the Jurisdiction Name: Anatola Thompson

Title: Director Jefferson Parish Community Development

Signature: 

Date: 12/13/12

## List of Renewal Projects and New Projects for the Greater New Orleans 2012 CoC HUD Application

\*Ranking has not yet been determined. 12/7/2012

#	Applicant	Project Name	Parish (location of office or majority of services)	Program Type	Project Description
1	UNITY of Greater New Orleans	VIA LINK HMIS Data Quality/Analysis Project	Orleans	HMIS	The purpose of this project is to increase capacity in data analysis resulting in improved performance and outcomes of agencies in the homeless Continuum of Care.
2	UNITY of Greater New Orleans	Resources for Human Development - New Orleans Womanspace	Orleans	Safe Haven	This program provides a safe haven for 15 homeless women at any given time with serious mental illness providing a 24-hour residence in a low demand setting.
3	UNITY of Greater New Orleans	Covenant House Employment Program	Orleans	Supportive Services Only	This program provides educational and employment supportive services to homeless youth and children, including young adults (age 16-21) and their dependent children and help these clients to obtain and maintain housing; increase employment skills and employment income to increase independent living skills of homeless youth and their families. Childcare will also be provided to dependent children of program participants.
4	UNITY of Greater New Orleans	Goodwill Culinary Arts and Employment Program	Orleans	Supportive Services Only	This program provides employment training and skills development in food service and culinary arts for a minimum of 60 persons on an annual basis; to provide employment search assistance to 100 homeless individuals or families on an annual basis; and to provide meals for all homeless residents residing in Lindy's Place, Catholic Charities Baronne St. Housing and the RHD New Orleans Womanspace project located at 2407 Baronne St. in New Orleans. This project will place particular emphasis increasing the client's monthly income, obtaining employment and obtaining/maintaining permanent housing.
5	UNITY of Greater New Orleans	Travelers Aid Self-Help Employment Program	Orleans	Supportive Services Only	This program provides employment assistance and intensive job readiness services for at least 140 homeless individuals per year and twelve participants at any given time. Program participants are provided with ancillary services and are referred to other Continuum of Care programs for housing placement and other necessary supportive services.
6	UNITY of Greater New Orleans	Loyola Law Clinic legal services	Orleans	Supportive Services Only	The project provides individual legal representation or legal counseling to 350 homeless individuals and/or families (households) on an annual basis.

7	UNITY of Greater New Orleans	Covenant House Outreach	Orleans	Supportive Services Only - Outreach	Services include outreach and short-term case management to homeless youth ages 16-24 years of age who are living on the street or in places not fit for human habitation.
8	UNITY of Greater New Orleans	Jefferson Parish Human Services Authority/RHD PATHWAYS	Orleans	Permanent Housing	The purpose of this project is to provide permanent housing and supportive services to at least 16 homeless persons with serious mental illness and/or substance abuse disorders at any given point in time.
9	UNITY of Greater New Orleans	Southeast Louisiana Legal Services	Orleans	Supportive Services Only	The project provides individual legal representation or legal counseling to 140 homeless individuals and/or families (households) on an annual basis.
10	UNITY of Greater New Orleans	Odyssey House Louisiana - Transitional Housing	Orleans	Transitional Housing	The project provides substance abuse treatment services in a residential treatment program to at least 30 homeless individuals each year.
11	UNITY of Greater New Orleans	Jefferson Parish Human Services Authority Permanent Housing Program	Jefferson	Permanent Housing	The project provides permanent housing and supportive services to at least 20 chronically homeless individuals at any given point in time
12	UNITY of Greater New Orleans	Bridge House/Grace House Transitional Housing for Youth	Orleans	Transitional Housing	The project provides transitional housing, case management and substance abuse counseling to 2 homeless male youth and 2 homeless female youth at any given point in time.
13	UNITY of Greater New Orleans	Tulane University Drop In Center	Orleans	Supportive Services Only	The project provides primary health care services and basic continuity of care services to adolescents and young adults age 15 to 23 who are homeless or at-risk of homelessness. This project will also provide basic hygiene services and short-term case management and supportive services.
14	UNITY of Greater New Orleans	The Pro Bono Project legal services	Orleans	Supportive Services Only	The project provides individual legal representation or legal counseling to 140 homeless individuals and/or families (households) on an annual basis.
15	UNITY of Greater New Orleans	VIA Link COPE LINE	Orleans	Supportive Services Only	The project provides a 24-hour emergency hotline for homeless persons and provides crisis intervention and referral services for at least 300 homeless individuals or families (households) each year. This crisis intervention includes collaboration with the UNITY Welcome Home program which operates street outreach and housing assistance for homeless persons and with UNITY Contracts Management Staff in the development of transportation coordination for homeless families to shelters/housing.
16	UNITY of Greater New Orleans	VOA Outreach	Orleans	Supportive Services Only - Outreach	Services include outreach and short-term case management to homeless individuals with mental illness who are living on the street in places not fit for human habitation.
18	UNITY of Greater New Orleans	UNITY Welcome Home Outreach	Orleans	Supportive	Services include outreach and short-term case management to homeless individuals and families who are living on the street or in

					Services Only - Outreach	places not fit for human habitation. Services include outreach van shifts, dispatch services to respond to calls from citizens, persons in need or the VIA COPE Line; housing search assistance and a web-based housing search locator to locate low-cost rentals.
19	UNITY of Greater New Orleans	VOA Case Management	Orleans	Supportive Services Only	The project provides case management and mental health services to 30 homeless persons, (at any given time) who reside in one of the VOA Supportive Housing or SRO Programs.	
20	UNITY of Greater New Orleans	Ozanam Inn Case Management	Orleans	Supportive Services Only	The project provides case management services to help homeless individuals residing at the emergency shelter rapidly rehouse into permanent housing or obtain transitional housing if appropriate.	
21	UNITY of Greater New Orleans	Armstrong Family Services Transitional Housing Program	Orleans	Transitional Housing	This program provides short-term rental assistance and supportive services to 32 homeless families/individuals on an annual basis.	
22	UNITY of Greater New Orleans	House of Ruth Transitional Housing Program	Orleans	Transitional Housing	The project provides short-term rental assistance and supportive services to 84 homeless families and/or individuals on an annual basis.	
23	UNITY of Greater New Orleans	Last Hope Supportive Services	Orleans	Supportive Services Only	The project provides case management and supportive services for homeless persons with mental illness in a low-demand setting.	
24	UNITY of Greater New Orleans	Home Again Transitional Housing Program	Orleans	Transitional Housing	The project provides case management and mental health services to 20 homeless persons with HIV/AIDS at any given point in time.	
		<b>Project Name</b>	<b>City</b>			
25	UNITY of Greater New Orleans	Salvation Army Family Transitional Housing Program	Orleans	Transitional Housing	The project provides transitional housing services in a congregated setting to at least 20 homeless annually (10 at any given point in time).	
26	UNITY of Greater New Orleans	Lindy's Place Baronne Street Transitional Housing	Orleans	Transitional Housing	The project provides transitional housing and case management in a residential setting to 17 unaccompanied homeless women on an annual basis.	
27	UNITY of Greater New Orleans	St. Vincent De Paul Community Pharmacy	Orleans	Supportive Services Only	The project provides pharmaceuticals and medical supplies to a minimum of 160 homeless individuals or families annually.	
28	UNITY of Greater New Orleans	Living Witness Nehemiah Restoration Program	Orleans	Transitional Housing	The project provides transitional housing, case management and substance abuse counseling to 20 homeless men at any given point in time.	
29	UNITY of Greater New Orleans	Resources for Human Development - Jefferson Parish Outreach	Jefferson	Supportive Services Only - Outreach	The project provides street outreach to the hard-to-serve homeless population in the Greater New Orleans area with a focus on Jefferson Parish. The outreach team will link the street homeless to housing and connect persons with unmet needs to services.	
30	UNITY of Greater New Orleans	Harry Tompson Center - Day Center	Orleans	Supportive Services Only	The project provides case management services at this day program to help homeless individuals and families obtain	

						transitional or permanent housing. Program will also provide assessment, referrals, and other supportive services to reduce barriers to housing for the clients served. Emphasis will be placed on serving chronically homeless and those with severe mental illness.
31	UNITY of Greater New Orleans	Odyssey House Samaritan Program	Orleans	Permanent Housing		The project provides a comprehensive permanent supportive housing program for 71 chronically homeless individuals and families at any given point in time in the Greater New Orleans area.
32	UNITY of Greater New Orleans	Bridge House Transitional Housing for Men	Orleans	Transitional Housing		The project provides transitional housing, case management and substance abuse counseling to 29 homeless men at any given point in time.
33	UNITY of Greater New Orleans	UNITY Welcome Home Transitional Housing	Orleans	Supportive Services Only - Outreach		This program provides short-term leasing and case management assistance to 6 homeless persons/families with mental illness at any given time and 12 households over the operating year.
34	UNITY of Greater New Orleans	Catholic Charities Baronne Street Transitional Housing	Orleans	Transitional Housing		The project provides congregate transitional housing services to at least 17 homeless families at any time and also case management and leasing assistance including security deposits to a minimum of 9 homeless families and/or individuals on an annual basis.
35	UNITY of Greater New Orleans	Covenant House Families	Orleans	Transitional Housing		This is a transitional housing project which provides both supportive services to at least 19 young homeless individuals or families at a time who are residing in the Crisis Care program (at least 30 households per year) AND scattered site leasing assistance for at least 5 young families at a time (at least 10 per year).
36	UNITY of Greater New Orleans	Covenant House Permanent Housing for Youth	Orleans	Permanent Housing		The project provides permanent housing and supportive services to at least 7 homeless youth with disabilities at any given point in time.
37	UNITY of Greater New Orleans	Responsibility House Permanent Supportive Housing Program	Jefferson	Permanent Housing		The project provides permanent supportive housing and supportive services to at least 48 chronically homeless individuals and families at any given point in time.
38	UNITY of Greater New Orleans	Responsibility House The Keys Project	Jefferson	Permanent Housing		The project provides permanent supportive housing and supportive services to at least 33 chronically homeless individuals and families at any given point in time.
39	UNITY of Greater New Orleans	Liberty House Transitional Housing	Orleans	Transitional Housing		The project provides transitional housing in a congregate setting and case management to at least 15 young parenting or pregnant women up to the age of 23 on an annual basis with an emphasis on obtaining permanent housing and increasing income/employment at exit.
40	UNITY of Greater New Orleans	NO AIDS Taskforce Transitional	Orleans	Transitional		The project provides rental assistance and case management to at

		Housing		Housing	least 15 homeless individuals and/or families (households) living with HIV/AIDS on an annual basis.
41	UNITY of Greater New Orleans	Catholic Charities Voyage House	Orleans	Permanent Housing	The project provides a comprehensive permanent supportive housing program to homeless unaccompanied women with disabilities with an emphasis on women who are age 39 or older. The provider will serve 33 participants living in scattered site units at any given time.
42	UNITY of Greater New Orleans	Project Lazarus Transitional Housing	Orleans	Transitional Housing	The project provides personal care attendant services and social services to homeless persons with AIDS who are residents of this transitional housing congregate facility. Personal care attendant services and social services will be provided to at least 24 persons at any given time (capacity) or to at least 24 persons annually.
43	UNITY of Greater New Orleans	VIA Link HMIS	Orleans	HMIS	The purpose of this project is to administer the UNITY Homeless Management Information System for the entire UNITY Continuum of Care which provides computerized data collection and dissemination coordination including training, technical/user support, data quality assurance and data reporting.
44	UNITY of Greater New Orleans	Rapid ReHousing For Families (project sponsors: Salvation Army and Catholic Charities)	Orleans	Permanent Housing Rapid Rehousing	This project provides approximately 6-9 months of financial rental assistance and supportive services including case management to 40 homeless families at any given time who have been living in emergency shelters or places not meant for human habitation in the Greater New Orleans area.
45	UNITY of Greater New Orleans	Housing First (project sponsor: Travelers Aid Society)	Orleans	Permanent Housing	This project (started 12/1/12) will provide permanent supportive housing and supportive services to at least 40 chronically homeless individuals/families at any given point in time.
46	UNITY of Greater New Orleans	Home Is Where The Heart Is (2101 Louisiana Ave. PSH project- project sponsor: Shelter Resources, Inc.) – admin only for rehabilitation work in 2013)	Orleans	Permanent Housing	This project will provide administrative funds only for rehabilitation work provided for a new PSH building to be located at 2101 Louisiana Avenue.
47	UNITY of Greater New Orleans	<b>New Project</b> Coming Home PSH Program 1-2 Project Sponsors TBD	Orleans	Permanent Housing	This project, if awarded, will be the PSH Bonus Project for the 2012 application. It will provide permanent supportive housing services for 70 chronically homeless individuals/families in the New Orleans area.
48	UNITY of Greater New Orleans	<b>New Project</b> Finally Home PSH Program Project Sponsor TBD	Orleans	Permanent Housing	This project, if awarded, will utilize recaptured funds from other SHP projects with balances, and will provide permanent supportive housing services for approximately 10 chronically homeless individuals/families in the New Orleans area.
49	UNITY of Greater New Orleans	<b>New Project</b> Rapid Rehousing for Chronically Homeless Project Sponsor TBD	Orleans	Permanent Housing Rapid Rehousing	This project, if awarded, will provide Rapid Rehousing services for 15 chronically homeless individuals/families who are low to moderate need, who have the longest histories of homelessness and who have been residing in emergency shelters or frequenting day programs in the New Orleans area.

50	UNITY of Greater New Orleans	<b>New Project</b> Coordinated Access Project Project Sponsors TBD	Orleans	Supportive Services Only	This project will assist with development of a coordinated access system in New Orleans in collaboration with current initiatives.
51	UNITY of Greater New Orleans	<b>New Project</b> Planning Project	Orleans	Planning	This project will fund planning activities of the collaborative applicant including: preparing/submitting application, evaluating outcomes of COC and ESG grants; participating in Consolidated Plan; developing/improving COC system; conducting sheltered and unsheltered Point in Time counts; and monitoring recipients.

**INDEPENDENTS (funded directly from HUD)**

#	Applicant	Project Name	Parish (location of office or majority of services)	Program Type	Project Description
52	Volunteers of America of Greater New Orleans	Permanent Housing for Homeless Persons with Disabilities	Orleans	Permanent Housing	The project provides scattered site permanent supportive housing and supportive services to at least 60 homeless individuals and/or families at any given point in time.
53	Volunteers of America of Greater New Orleans	Permanent Housing for Disabled Homeless Persons	Orleans	Permanent Housing	The project provides scattered site permanent supportive housing and supportive services to at least 46 homeless individuals and/or families at any given point in time.
54	Catholic Charities Archdiocese of New Orleans	Ciara Permanent Housing	Orleans	Permanent Housing	The project provides scattered site permanent supportive housing and supportive services to at least 12 homeless individuals and/or families at any given point in time.
55	Catholic Charities Archdiocese of New Orleans	Bridges to Self-Sufficiency	Orleans	Transitional Housing	The project provides scattered site transitional housing and supportive services to at least 8 homeless families at any given point in time.
56	Catholic Charities Archdiocese of New Orleans	Beyond Shelter	Orleans	Transitional Housing	The project provides scattered site transitional housing and supportive services to at least 8 homeless families at any given point in time.
57	Responsibility House	Responsibility House Permanent Supportive Housing Program	Jefferson	Permanent Housing	The project provides scattered site permanent supportive housing and supportive services to at least 11 homeless individuals and families at any given point in time.
58	Responsibility House	Supportive Housing Program	Jefferson	Permanent Housing	The project provides scattered site permanent supportive housing and supportive services to at least 5 homeless individuals at any given point in time.
59	First Evangelist Housing and Community Development, Inc.	First Evangelist Housing CDC (Magnolia Villa)	Orleans	Permanent Housing	The project provides permanent supportive housing and supportive services in a congregated setting to at least 40 homeless individuals and families at any given point in time.
60	Metropolitan Center for Women and Children	Transitional Housing for Battered Women and Their Children	Jefferson	Transitional Housing	The project provides transitional housing and supportive services in a congregated setting to at least 6 homeless families (domestic

					violence victims) at any given point in time.
61	Covenant House	Rights of Passage Apartment Living	Orleans	Permanent Housing	The project provides scattered site permanent supportive housing and supportive services to at least 4 homeless young families at any given point in time.
62	Covenant House	Rights of Passage	Orleans	Transitional Housing	The project provides scattered site transitional housing and supportive services to at least 9 homeless individuals and/or families at any given point in time.
63	Jefferson Parish Human Services Authority	JPHSA Permanent Supportive Housing for Persons with Disabilities	Jefferson	Permanent Housing	The project provides scattered site permanent supportive housing and supportive services to at least 17 homeless individuals and/or families at any given point in time.
64	NAMI New Orleans	Permanent Housing and Independent Living Program	Orleans	Permanent Housing	The project provides scattered site permanent supportive housing and supportive services to at least 13 homeless individuals at any given point in time.
65	Shelter Resources, Inc.	Belle Reve (Belle Esprit and Belle Grace)	Orleans	Permanent Housing	The project provides permanent supportive housing and supportive services in a congregate setting to at least 11 homeless individuals and/or families at any given point in time.
66	Bridge House	Bridge House Permanent Housing	Orleans	Permanent Housing	The project provides scattered site permanent supportive housing and supportive services to at least 22 homeless individuals and/or families at any given point in time.
67	City of New Orleans Office of Community Development	City Shelter Plus Care	Orleans	Permanent Housing	The project provides scattered site permanent supportive housing and supportive services to at least 46 homeless individuals and/or families at any given point in time.
68	Metropolitan Human Services District	Sponsor Based Rental Assistance Shelter Plus Care	Orleans	Permanent Housing	The project provides scattered site permanent supportive housing and supportive services to at least 121 homeless individuals and/or families at any given point in time.
69	Jefferson Parish Department of Community Development	Shelter Plus Care	Jefferson	Permanent Housing	The project provides scattered site permanent supportive housing and supportive services to at least 32 homeless individuals and/or families at any given point in time.