

Monroe/Northeast Louisiana Continuum of Care LA-505  
Policies and Procedures for  
Northeast Louisiana Housing and Supportive Services  
Corporation  
*(dba HOME Coalition)*

A Continuum of Care (CoC) is first and foremost a planning process. It is a year-round process that serves a specific geographic region. A CoC is focused on ending homelessness with the primary goals being (1) to understand the size and scope of homelessness and (2) to design strategies and solutions to address the problem. It is locally driven, although the planning process must meet federal objectives and follow a federally mandated process.

The contents of this manual details existing policies and procedures and also along with our Bylaws serves as our CoC Charter. Policies and procedures reflect current laws, Department of Housing and Urban Development (HUD) standards, best practices and general nonprofit standards.

This manual lays out that process using resource materials published by the US Department of Housing and Urban Development.

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**Continuum of Care (CoC) – LA 505**  
**Northeast Louisiana Housing and Supportive Services Corp**  
**(dba HOME Coalition)**

**POLICIES AND PROCEDURES**

**I. Introduction**

<b>Background and Overview</b>	<p>Homelessness takes a devastation toll in our community and across the nation, with nearly 550,000 homeless on any given night in the U.S. (AHAR, 2016) On any given day/night in Northeast Louisiana, it is estimated that over 180 people are homeless, which means that they are either living in a shelter or a place that is considered inhabitable. Of these, the majority are families; nearly 40% are children under 18.</p> <p>Local organizations and agencies in our community that respond to homelessness constantly work together to improve their individual services, to work collaboratively with other service providers and to educate the community about the prevalence and impact of homelessness on us all. Research, however, has shown that real progress occurs only when representatives from all areas of the community come together to improve on and further develop a coordinated community effort.</p> <p>Representatives of the agencies serving the homeless have partnered across Northeast Louisiana since the early 1990s. The group has met on a regular basis since that time to network, to share best practices, to identify funding sources, etc. In July of 1999, the group formally organized as a private non-profit as the <b>Northeast Louisiana Housing and Supportive Services Corporation – dba HOME Coalition</b>. The group is also referred to and serves as the CoC (<b>Continuum of Care</b>) to address homelessness. It has served as the lead agency to provide common ground for those concerned with homelessness to work together to end homelessness. Today, the HOME Coalition is the HUD-designated Continuum of Care organization and serves as the Collaborative Applicant to submit the region’s consolidated application for funding through the HUD CoC Program.</p> <p>Our <u>purpose / mission</u> as outlined in our bylaws is to provide a system of housing and services for those who are homeless or at risk of homelessness. Our vision is to provide leadership in creating a community free of homelessness where all people feel safe and are valued.</p> <p>Our values and beliefs have been established as follows:</p> <ul style="list-style-type: none"><li>• We believe that all people have the right to safe, appropriate and affordable housing.</li><li>• We believe in partnering with others to provide successful and cost effective services.</li><li>• We believe in providing confidential services that reflect best practices.</li><li>• We believe in inclusiveness and value diversity, individuality and different perspectives.</li></ul> <p>Working together instead of at cross-purposes, communities can focus on ending homelessness. By working cooperatively, it is also possible to uncover and solve systemic problems that are barriers to preventing homelessness as well as other community issues. Barriers to face may include the following:</p> <ul style="list-style-type: none"><li>• Differences in beliefs about the very nature and dynamics of homelessness based on</li></ul>
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different experiences with the homeless

- Professional barriers including terminology, ethical and philosophical approaches, turf issues, etc.
- Cultural barriers based largely on harmful stereotypes, prejudices and attitudes against many groups of people
- Lack of agreement about the goals of prevention and intervention
- Obstacles unrelated to homelessness such as financing a collaborative effort, stable leadership, changing composition of the collaborative group and even political dynamics

The job is made even more difficult because society tends to be reluctant to get involved because of apathy, fear, lack of understanding of the issue, not knowing what to do or how to get involved.

With a commitment to address these barriers and attitudes, our community has come together to support ongoing interagency cooperation and collaboration to address homelessness.

## II. Continuum of Care (CoC) Governance

<p><b>A. CoC/Collaborative Applicant</b></p>	<p>The <b>Northeast Louisiana Housing and Supportive Services Corporation</b>, which is commonly referred to as the <b>HOME Coalition</b>, is the HUD-recognized CoC for the region as well as the Collaborative Applicant for funds through the HUD CoC Program. The HOME Coalition is very aware of the community’s needs, which enhances the quality of the Housing and Services Needs Assessment. The CoC is governed by its Board of Directors which acts on behalf of the Continuum using the process established as a requirement by 24 CFR 578.7(a)(3) and must comply with the conflict-of-interest requirements at § 578.95(b).</p> <p>The Board of Directors will determine the organization to serve as the Collaborative Applicant to submit the annual application for funding to the US Department of Housing and Urban Development (HUD).</p> <p>For the purpose of submitting such annual CoC Application, <b>The Northeast Louisiana Housing and Supportive Services Corporation</b>, is considered the collaborative applicant for LA-505 CoC to prepare the CoC Consolidated Application, to coordinate the individual agency applications and to submit all documents electronically into HUD’s online grants submission portal according to the schedule determined by HUD.</p> <p>The board of the Northeast LA Housing and Supportive Services Corporation understands and supports the key components of a successful CoC as identified by HUD (US Department of Housing and Urban Development), the National alliance to to End Homelessness as well as identified in our community and communities across the nation include the following:</p> <ul style="list-style-type: none"> <li>• Comprehensive, well-coordinated and clear planning process</li> <li>• Housing First Approach</li> <li>• Homeless Management Information System (HMIS)</li> <li>• System-wide monitoring</li> <li>• Effective use of Mainstream Resources</li> </ul>
<p><b>B. Purpose/ Mission</b></p>	<p>Our <u>purpose / mission</u> as outlined in our bylaws is to provide a system of housing and services for those who are homeless or at risk of homelessness. Our vision is to provide leadership in creating a community free of homelessness where all people feel safe and are valued.</p>
<p><b>C. Geographic Coverage Area.</b></p>	<p>The geographic area served encompasses the 12 parishes and the City of Monroe located in Northeast Louisiana as follows: West Carroll Parish, East Carroll Parish, Richland Parish, Madison Parish, Lincoln Parish, Tensas Parish, Jackson Parish, Morehouse Parish, City of Monroe, Caldwell Parish, Union Parish, Franklin Parish, Ouachita Parish</p> <p>This largely rural area is also known as Louisiana Planning District Region VIII and is designed to most effectively meet the needs of the homeless population. This regional approach is a familiar group for planning and for many services provided throughout the State of Louisiana.</p>
<p><b>D. Board Selection, Composition,</b></p>	<p><b>Selection.</b> The members of the Board of Directors are selected for at the Annual Meeting of the corporation by the General Membership of HOME Coalition based on a</p>

**Selection, Terms & Responsibilities**

*(See Articles V and VI in Bylaws located in Appendix)*

slate prepared by the Nominating Committee of Board. At all times the Board shall maintain at least one membership for a homeless or formerly homeless person.

**Terms.** Board members hold staggered 3 year terms.

**Composition.** The Board of Directors is composed of 9-15 members and the composition of the board includes both public and private sector representatives, as both sectors are important especially including those involved in other community planning processes. Active representation is sought from the following groups:

- Advocates
- Affordable housing developers
- Businesses
- Employment and training agencies
- Faith-based organizations
- Funders
- Governments – local and state
- Homeless or formerly homeless individuals
- Hospitals
- Housing Developers
- Law enforcement
- Mainstream Agencies
- Mental health agencies
- Nonprofit homeless assistance providers
- Prison/jail/correctional facility representatives
- Public housing agencies
- School districts
- Shelters
- Social service providers
- Soup Kitchens
- Substance abuse agencies
- Universities
- Veteran service agencies
- Victim services providers
- Workforce Investments boards

**Roles and Responsibilities.** In addition to the typical roles and responsibilities outlined in the Bylaws, roles and responsibilities include the following: a

- Designate a Collaborative Applicant to operate the Continuum of Care;
- Designate an HMIS Lead Agency of the Homeless Management Information System; and
- Conduct year-round Continuum of Care planning of homeless and homeless prevention housing and services and to maintain focus on goals, objectives and action steps
- Promote community-wide commitment to the goal of ending homelessness;
- Provide funding for efforts by nonprofit providers, States and local governments to re-house homeless individuals and families rapidly while minimizing the trauma and dislocation caused to homeless individuals, families, and communities as a consequence of homelessness;

	<ul style="list-style-type: none"> <li>• Promote access to and effective use of mainstream programs by homeless individuals and families;</li> <li>• Optimize self-sufficiency among individuals and families experiencing homelessness.</li> <li>• Establishing format for conducting meetings of full membership with published agendas at least semi-annually</li> <li>• Defining roles, responsibilities and conduct of the board</li> <li>• Appointing additional Committees and/or delegating some board responsibilities</li> <li>• Maintaining group process</li> <li>• Assessing program providers performance and acting on those assessments</li> <li>• Developing policies and procedures</li> </ul>
<p><b>E. Conflict of Interest and Recusal Board / Staff Code of Conduct</b></p>	<p>The Board and Staff of NELA Housing and Supportive Services Corporation commit to the highest ethical standard, the most transparent decision-making process, and deepest level of commitment to the work of ending homelessness in our larger community. To that end, members of the Board and Staff including all volunteers with the agency agree to the standards below.</p> <p>In our interactions with each other and on behalf of the HOME Coalition, I will</p> <ol style="list-style-type: none"> <li>1. Listen carefully to the wisdom of colleagues</li> <li>2. Respect the opinion of fellow board and staff members</li> <li>3. Speak openly and honestly about our reasoning as issues are discussed</li> <li>4. Respect and support majority decision properly made</li> <li>5. Recognize that authority is vested in the full board only when it meets in legal session</li> <li>6. Diligently remain well-informed on matters before the board and to homeless issues</li> <li>7. Participate fully in board meetings and committee assignments accepted</li> <li>8. Bring to the attention of the Board/Staff any issues believed to have an adverse effect on the HOME Coalition or the clients we serve</li> <li>9. Attempts to interpret the needs of those we serve within the organization and the actions of the HOME Coalition to the community</li> <li>10. Refer complaints to the proper level of the agency for resolution</li> <li>11. Recognize our responsibility to ensure the HOME Coalition is well-managed but not controlled</li> <li>12. Exercise my best judgment in determining HOME Coalition direction and policy.</li> <li>13. Maintain the confidentiality of clients, observe policies regarding the release of privileged information, and refrain from discussing clients with others except to obtain services with the permission of the client.</li> </ol> <p>In addition to the standards of conduct listed above, I agree to observe the following policies:</p> <ol style="list-style-type: none"> <li>1. When voting on policy or making decisions related to the welfare of the HOME</li> </ol>

	<p>Coalition and the homeless clients and agencies we serve, I will set the larger interests of the Coalition above those of any other group with which I am affiliated.</p> <ol style="list-style-type: none"> <li>2. If I have an unavoidable conflict or one, which I cannot set aside, I will abstain from the decision-making process or vote.</li> <li>3. I will make known and not vote on any matter in which, I or any family member/friend has a personal financial interest.</li> <li>4. I shall adhere to all laws and regulations that provide equal opportunity for all Americans regardless of race, color, religion, sex, national origin, age, or disability.</li> </ol> <p>NELA Housing and Supportive Services Corporation is a collaborative body of non-profit agencies, governmental service offices, elected officials, business representatives, and homeless advocates. Our work is funded through grants, memberships, administrative fees, and contributions. As such our meetings are open to interested parties and our decisions part of a public record. However, I recognize the importance of observing confidentiality of sensitive information shared in the course of our deliberations.</p> <p>In addition, no employee, officer, or agent of NELA Housing and Supportive Services Corporation shall participate in the selection, award, or administration of any contract if a real or apparent conflict of interest would be involved. Such a conflict would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award.</p> <p>The officers, employees, and agents of NELA Housing and Supportive Services Corporation shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, or parties to sub-agreements. However, the board of directors may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value.</p> <p>Disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the NELA Housing and Supportive Services Corporation include possible suspension or termination. The Board of Directors will determine which disciplinary action to be taken.</p>
<p><b>F. Meetings</b> (See Article IV, Section F in attached bylaws.)</p>	<p><u>Annual Meeting.</u> An annual meeting of the board is held as soon as practicable after the annual meeting of the membership for the purpose of organization, the election of officers and for the transactions of such other business as may be required by statute or bylaws or by the Board.</p> <p><u>Regular Meetings.</u> Regular meetings are held at least quarterly.</p> <p><u>Special Meetings.</u> Special meetings may be called by an officer of the board, upon request in writing from four or more directors.</p>
<p><b>G. Committees</b> (See Article VI, Section A in attached bylaws)</p>	<p>The Board of Directors may from time to time appoint committees or task forces to study and make recommendations to the Board. In addition, the Board may delegate or contract some of its duties and responsibilities to committees, agencies or individuals.</p>
<p><b>H. General</b></p>	<p>(See Article II in attached bylaws)</p>

<p><b>Membership of the Continuum of Care</b></p>	<p>Membership is open to any individual or group interested in or providing services for homelessness. Agencies may have multiple representatives attend any meeting and have a voice at meetings but will have only ONE vote in business matters coming before the group. Responsibilities of the membership include</p> <ol style="list-style-type: none"> <li>1. Annual membership dues</li> <li>2. Attendance and participation in meetings, programs, events and</li> <li>3. Voting in elections for the Board of Directors of the corporation</li> </ol> <p>Only members in good standing shall be eligible to nominate, hold office and vote. A member in “good standing” is defined as a member who has paid dues and who has attended one half of the regularly scheduled meetings over the last 12 months.</p> <p>Maximum participation from a broad based group of community stakeholders is critical to any community or regional planning process. While it is important to encourage broad based participation in the continuum process, it is reasonable to expect that participation levels will vary. Participation may be defined as serving on the board of directors, serving on core working groups or committees, joining an issue-related task force or subcommittee, sponsoring activities that benefit and facilitate input from people who are homeless, financially supporting CoC activities, comment on written materials, providing input on specific strategies or action steps, collecting data, reviewing data to ensure these are accurate and realistic and reviewing proposal for funding.</p>
<p><b>I. Selection and Evaluation of HMIS Lead Agency</b></p>	<p>Since 2001, HUD has required the use of a Homeless Management Information System (HMIS) to better serve individuals and to monitor the performance of CoC recipients.</p> <p>To carry out this directive, the Board of Director will select a single eligible organization to serve as the HMIS Lead Agency responsible for administering the HMIS in compliance with HUD requirements. The selection will be put in place by a formal MOU (Memorandum of Understanding) with the agency providing HMIS Lead Agency with the roles and responsibilities of the CoC and the HMIS Lead Agency carefully outlined. The services of the HMIS Lead Agency will be evaluated on an annual basis. <i>(See MOU with The Wellspring Alliance for Families, Inc. in Appendix.)</i></p>
<p><b>J. Selection of Fiscal Agent</b></p>	<p>The Board of Directors will be responsible for selecting a qualified fiscal agency to handle the fiscal matters of the Northeast Louisiana Housing and Supportive Services Corporation. A contract shall be prepared with the selected agency and the NELA Housing and Supportive Services Corp and the Contracted Agency. Such contract will outline the roles and responsibilities, costs, etc. of both agencies. The Board of Directors will determine the costs of contracted services annually. In addition, the NELA Housing and Supportive Services Corporation shall follow the Fiscal Policies of the contracted agency.</p>

### III. CoC Program Grant

#### A. Collaborative Applicant Selection:

**Background.** The Collaborative Applicant for the twelve parishes in Northeast Louisiana (LA Planning District VIII) is the **Northeast Louisiana Housing and Supportive Services Corporation / HOME Coalition.**

This nonprofit agency is responsible for the ongoing planning for housing and supportive services for the homeless and for not only the ongoing oversight and coordination of agencies providing such services, but also for the submission of the annual application to the US Department of Housing and Urban Development (HUD) for funding authorized by the HEARTH Act (Homeless Emergency Assistance and Rapid Transition to Housing Act). This act was passed by Congress in 2009 and amended the McKinney-Vento homeless assistance programs. In addition to other changes, the Act consolidated three separate McKinney-Vento homeless programs (Supportive Housing Program, Shelter Plus Care Program and Section 8 Moderate Rehabilitation Single Room Occupancy Program) into a single grant program known as the Continuum of Care (CoC) Program.

HUD published the CoC interim rule in the Federal Register on July 31, 2012. The rule is published on HUD's website and governs the CoC program.

The CoC Program is designed to assist individuals, including unaccompanied youth, and families experiencing homelessness. It also provides the supportive services needed for individuals and families moving into transitional and permanent housing with the goal of long-term stability. The program allows each community to tailor its program to the particular strengths and challenges within that community and promotes the following:

1. Community-wide planning
2. Strategic use of resources to address homelessness
3. Improved coordination and integration with mainstream resources and other homeless programs
4. Improved data collection
5. Performance management

On an annual basis, there is an annual competitive process whereby HUD awards CoC Program funding to recipients such as nonprofit organizations, units of local government, and/or departments of state or local governments. Recipients may contract or subgrant with other organizations or government entities called sub-recipients to carry out the everyday activities of program operations.

Key Continuum of Care Terms. It is important to note that terminology used in the application is very specific. A glossary of terms follows:

1. **APR** – Annual Performance Review that grantees submit to HUD
2. **e-snaps** – Electronic grant management system that applicants use to upload their projects application to HUD for CoC funding
3. **Grantees** – Individual agencies awarded funds directly from HUD through the local CoC process to provide homeless services and assist individuals and families move into housing
4. **Project Application** – Term HUD uses for an individual project after project has been ranked by the local CoC Ranking Subcommittee.
5. **Continuum of Care** – HUD's nation-wide networks that are responsible for allocating grants. In Louisiana, there are seven CoCs and one Balance of State

	<p>CoC.</p> <p>6. <b>Collaborative Applicant</b> – For purposes of submitting the grant, NELA Housing and Supportive Services / HOME Coalition is considered the collaborative applicant.</p> <p>7. <b>Homeless Management Information System (HMIS)</b> – A federally mandated system for electronically collecting data and measuring performance.</p> <p><i>A list of relevant Acronyms is found in the Appendix.</i></p>
<p><b>B. Grant Inventory Worksheet</b></p>	<p>On an annual basis, the NELA Housing and Supportive Services Corp / HOME Coalition is responsible for consulting with the local projects and the HUD Community Planning and Development Field Office to check and assure the accuracy and timely submission of the Grant Inventory Worksheet (GIW). The GIW is used to calculate the CoC’s Annual Renewal Demand for funding to be considered for the local CoC Program grant competition.</p>
<p><b>C. Project Assessment, Monitoring and Performance Reporting of HUD/CoC and ESG Projects</b></p>	<p>The Assessment Committee and/or Board shall require any and all ESG and CoC funded projects with attainment below HUD national benchmarks to advise the CoC of barriers to their achieving the national benchmark and provide a written plan to attain the benchmark in 12 months. If needed the CoC will assist the project agency with locating and/or providing technical assistance or other resources to increase attainments.</p> <p>The Assessment Committee or Board may request any and all ESG and CoC funded projects to make quarterly reports to document the progress being made to meet project and CoC system goals.</p> <p><u>PROCEDURES</u></p> <ol style="list-style-type: none"> <li>1. A standing committee of the HOME Coalition Board shall be the Assessment Committee.</li> <li>2. The Assessment Committee shall at reasonable times at least annually and no more frequently than four times annually request information from the ESG and CoC/HUD funded projects and review the information for purposes of reporting to the Board concerning the renewal of such projects. Such review shall be in accordance with these Policies and Procedures. Upon such review, the Assessment Committee may, at its discretion, make recommendation concerning the renewal of projects, but such recommendation shall be advisory only and shall not be binding upon the Board or funding agencies.</li> <li>3. Agencies shall have a reasonable time to provide the information requested. Reasonable extensions of time shall be given if requested by Agencies due to workload or constraints due to service delivery or organizational capacity.</li> <li>4. To assure the performance information being reviewed by the Committee and/or Board accurately reflects the performance of the Agencies being reviewed, no HMIS or other reports shall be reviewed by the Assessment Committee unless first presented to the Agency with notice of the Committee or Board’s intent to review at least 5 clear working days before such review. This hold time may be reduced with the written consent of the Agency, if and only if the Agency acknowledges the report and affirmatively concurs in the contents or affirmatively consents to its use with annotation or correction. Such written consent shall form a part of the record of the Assessment Committee.</li> <li>5. The CoC Performance Review for Renewal shall consist of four general parts: <ul style="list-style-type: none"> <li>- Timeliness of drawdown of funds from HUD as reported in LOCCS</li> <li>- Attainment of HUD benchmarks</li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>- Contribution to CoC System Performance Measures</li> <li>- Attainment of project goals as stated in CoC or ESG Application</li> <li>- Timely submittal of Audits and Monitoring reports and resolution of Findings, if any.</li> </ul> <ol style="list-style-type: none"> <li>6. Additional review criteria shall be included if required by HUD with no additional action being required by the Board or Assessment Committee. In such event reasonable notice of such additional requirements including reference to the HUD regulation or release shall be provided to the Agencies as soon as reasonably possible.</li> <li>7. The purpose of the periodic performance reviews is to identify projects that may benefit from technical assistance.</li> <li>8. Any assessment which identifies a project as performing satisfactorily in all four areas of review may be presented directly to the Board without further review or consent from the performing Agency.</li> <li>9. Any assessment which identifies a project as needing technical assistance or non-performing in any of the four areas of review shall be reviewed directly with the affected agency and the agency offered opportunity to provide a written response, objection and/or plan of action. Such response shall be reviewed by the committee and considered before the Committee makes any report to the Board regarding the project. Such response from the Agency shall also be included in the report to the Board unless the Agency requests otherwise.</li> <li>10. Any recommendation for non-renewal due to lack of performance and all information upon which the recommendation is based shall be thoroughly reviewed with the Agency at least 5 working days before such recommendation is presented to the Board for action.</li> <li>11. The Secretary of the Board shall send the executive director of each Agency a copy of any written report of the Assessment Committee as presented to the Board, which contains any information or comment about the Agency or its projects.</li> </ol>
<p><b>D. Application for CoC Program Grant Funds</b></p>	<p>Upon HUD issuance of the CoC Program Grant Notice of Funding Availability, the Collaborative Applicant will prepare a master timeline of the CoC Program Grant process and will conduct the following steps to assure a well communicated process for organizations to make application for CoC Program Funds to include, but not limited to:</p> <ol style="list-style-type: none"> <li>a. Establish all application, review and announcement deadlines sufficient to achieve reasonable public participation in the grant process and allow for timely submission to HUD</li> <li>b. Issue the local request for proposals for CoC Program Funds</li> <li>c. Publicize the request for proposal announcement through the Collaborative Applicant website, listserv, and email broadcasts</li> <li>d. Conduct a briefing on the CoC Program Grant Application process in advance of deadlines</li> <li>e. Prepare applications for prioritization and ranking</li> <li>f. Assist project applicants in the submission of application in HUD's online applications submission portal.</li> </ol>
<p><b>E. Prioritization and Ranking of CoC Projects</b></p>	<p>It is the policy of the HOME Coalition to select and rank new and renewal projects using a collaborative process for developing applications and approving submission of applications in response to a NOFA published by HUD in concert with the funding priorities and plan adopted by the CoC. Projects selected for submission will be selected by a process that is transparent, inclusive, and in accordance with the CoC's conflict of interest policy.</p>

	<p>Procedures</p> <p>1. Renewal applications submitted for funding will be given a preliminary score using a quantified score sheet assigning point values to project and system performance measures and indicators of capacity. New project applications will reviewed by an unbiased reader panel of persons familiar with homeless and/or community needs and social services programming. This reader panel will score applications using publically announced objective criteria approved by the CoC. All criteria used will be grounded in CoC and HUD performance standards and best practices. Application scores may also be weighted by established CoC and national priorities for priority types of housing and subpopulations to be served. These scoring criteria and priorities will be summarized in a written quantitative scoring instrument provided by the CoC after an opportunity for public review and comment, announced via <b>the CoC website, on the e-mailing list, and in press releases issued to local media.</b> The project applicants may ask questions about and/or request review of preliminary scores of the CoC Assessment Committee at its regularly scheduled meeting immediately preceding the CoC Ranking Panel vote.</p> <p>2. Ranking of applications will be composed of two components:</p> <ul style="list-style-type: none"> <li>• 80% of the final ranking will be made up of the average score value assigned to each project application as outlined in paragraph 1, above, and</li> <li>• 20% of the final ranking will be made up of the average of votes of the CoC Ranking Panel to be held as part of a public Board meeting preceding the due date of the region’s Collaborative Application to the U.S. Dept. of Housing and Urban Development.</li> </ul> <p>The Board meeting where the ranking vote is taken is <b>open to the public and advertised on the CoC website, on the e-mailing list, and in press releases issued to local media.</b> The CoC Ranking Panel will include members of the Board of Directors and Advisory Board who have no conflict of interest and are representatives of the various homeless subpopulations as well as from throughout the CoC region; of government, nonprofits, and faith-based groups; of homeless and formerly homeless persons; and of businesses, schools, and other stakeholder groups reflecting a diverse range of opinion about homelessness. Preceding the vote, a CoC Program training will be provided and 5-minute presentations will be given by project applicants.</p> <p>3. Applicants will be notified in writing of the CoC's selections for funding and all projects their ranking and the Minutes of the public Board meeting where the ranking process was conducted.</p> <p>4. The CoC will post on its website all parts of the CoC Consolidated Application, including the Priority Listings and Minutes of the ranking/evaluation process, before the submission deadline and notify community members and key stakeholders that the application is available.</p>
<p><b>F. Reallocation Policy and Priorities</b></p>	<p><b>Background</b></p> <p>As the Continuum of Care lead agency, The Northeast LA Housing and Supportive Services Corporation (dba HOME Coalition) annually submits the Continuum of Care (CoC) Program application to the US Department of Housing and Urban Development (HUD). As a part of the process, HUD requires that CoCs carefully evaluate and review all renewal projects and develop a reallocation process for projects funded with CoC funds. Reallocating funds is an important tool used by CoCs to make strategic improvements to their homelessness system. Through reallocation, the CoC can create new projects that are aligned with HUD’s and CoC goals of ending homelessness by better matching resources to the CoC region’s current homeless population and needs.</p>

It is therefore the intent of the HOME Coalition to develop and follow a Reallocation policy and Procedure that accomplishes the following: (1) align with HUD and HEARTH Act policy guidance; (2) be performance based as specified with the annual HUD NOFA, (3) be based upon performance metrics of importance, and (4) better match available resources with current needs. Just as HUD's guidelines determine the program focus to be targeted in each CoC competition, HOME reallocation decisions will similarly be driven by this focus with additional emphasis on local needs, data and use of common assessment tool.

While reallocation can be complicated and does not come without risk, it is a necessary part of ensuring that our CoC's homeless assistance system meets the needs of people experiencing homelessness.

#### **What is Reallocation?**

Reallocation refers to the process by which a CoC shifts funds in whole or in part from existing CoC-funded projects that are eligible for renewal to create one or more new projects. Reallocation is accomplished by eliminating projects that are underperforming, are more appropriately funded from other sources, can be replaced by more cost effective options, and/or are no longer needed based on current gaps and needs. Reallocation is particularly important when new resources are limited or not available. Funds made available by reallocation can be made available for new or expansion applications based on CoC priorities. CoCs can pursue reallocations through the annual CoC Program Competition. CoCs can reallocate funding from one or more projects eligible for renewal in a competition year. The annual CoC Program Competition Notice of Funding Availability (NOFA) dictates what types of projects may be created through reallocation in a given competition.

#### **CoC Strategic Reallocation Committee**

As the governing body of the CoC, the Board of Directors of the CoC / HOME Coalition appoints a CoC Strategic Reallocation Committee which will be made up of the CoC Executive Committee and Assessment Committee and may include additional informed community members. The Strategic Reallocation Committee may include no voting members with current or prior affiliation with any agency with project(s) currently funded under the HUD CoC Program. The Strategic Reallocation Committee makes recommendations for reallocations to the HOME Board for their approval of the CoC Consolidated Application process.

#### **Reallocation Policy**

Decisions regarding reallocation are best made when guided by an overall strategic plan in which the CoC assesses existing projects for their performance and effectiveness in ending homelessness and for their alignment with the CoC system of care's current strategic needs. The Strategic Reallocation Committee seeks to make data-driven decisions based on information gathered from common assessment tools and other HUD-recommended data tools. In general, the CoC will direct funding toward projects that:

1. Best align with HUD and CoC funding priorities aimed at ending chronic homelessness, Veteran homelessness, and youth and family homelessness;
2. Contribute to a competitive application that collaboratively secures CoC funding to improve the communities served by the HOME Coalition;
3. Serve the highest need individuals and families;
4. Help project participants obtain permanent housing as rapidly and directly from homelessness as possible;
5. Ensure long term housing stability; and
6. Ensure the best and most cost-effective fit given community needs.

#### **Performance Measures and Strategic Needs Data**

To provide both Project-Specific outcome information and CoC-wide contributions, each CoC-funded program will be evaluated by the Strategic Reallocation Committee to determine if a project should be considered for reallocation based on how the project performed and/or if it is in alignment with the CoC's current strategic needs. The evaluation will include but not be limited to data entered into the HMIS, the most recently submitted HUD Annual Performance Review (APR), the most recently submitted Project Application submitted for the CoC Proposal, and

other authoritative sources, as listed below:

1. Outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon;
2. Financial audit finding(s) for which a response is overdue or unsatisfactory;
3. HUD or CoC monitoring finding(s) for which a response is overdue or unsatisfactory;
4. History of inadequate financial management accounting practices;
5. Evidence of less than quarterly drawdowns and/or untimely expenditures on prior award;
6. Unspent funds in the most recently completed funding cycle may be considered for reallocation depending upon the percentage of funds that were unspent reasons for any recapture, and history of unspent funds.
7. History of other major capacity issues that have significantly impacted the operation of the project and its performance;
8. Timeliness in reimbursing sub recipients for eligible costs. HUD will consider a project applicant as meeting this standard if it has drawn down grant funds at least once per quarter;
9. History of serving ineligible persons, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes;
10. Extent of participation in the HMIS, including, but not limited to bed coverage and data quality with no greater than 10% of missing values for any of the universal data elements. Data Quality outcomes will be collected via the Performance Score Card or successor HMIS data quality report during the ranking process;
11. Documented failure to participate in CoC coordinated assessment/entry process as specified in CoC policies;
12. CoC funding priorities as detailed in the most recent CoC Notice of Funding Availability (NOFA) and/or other HUD published priority listings, such as CoC Competition Focus
13. Programs did not consistently meet HUD's CoC performance measures such as (1) length of time persons remain homeless; (2) extent to which persons who exit homelessness to permanent housing destinations return to homelessness; (3) number of homeless persons; (4) jobs and income growth for homeless persons ; (5) number of persons who become homeless for the first time; etc.
14. Projects that have the lowest score in the evaluation process.
15. Projects that fail to provide documentation that the project and applicant are eligible for funds in the CoC Program Competition.

The CoC's strategic needs will be identified by current published documents including:

1. CoC 10 Year Plan showing CoC strategic goals, objectives, and action steps;
2. Gaps Analysis showing numbers and types of housing and services needed;
3. Point in Time showing the makeup of the homeless population;
4. Housing Inventory Chart showing available stocks of various types of housing and populations served;
5. Minutes of Board of Directors and community planning meetings showing results of deliberations of the Board of Directors and community planning bodies identifying urgent community needs; and
6. Published guidance from NAEH, USICH , and other nationally recognized authoritative technical assistance providers addressing best practices in addressing and ending homelessness.

Should misuse of federal funds, failure to comply with their grant contract, and/or not following federal legislation with no plans to come in compliance are grounds for immediate defunding. In this case, the HOME Board will take immediate action to accelerate the reallocation process as to not put at risk the households served by the underperforming project.

**Reallocation Process/Timeline**

Reallocation as a strategic decision can be considered by project recipients and the CoC Board of Directors throughout the year. Action taken to propose reallocation and bring it to a Board vote will be taken at least annually in conjunction with the CoC Program funds competition. The reallocation process timeline associated with the local CoC Program funds competition will be

announced each year as part of the timeline for the local competition for CoC Program funds and informed by that year's HUD CoC Program NOFA.

### **Voluntary and Involuntary Reallocations**

#### **Voluntary reallocation**

For projects not subject to involuntary reallocation, an applicant may choose to reallocate funds from an existing renewal project, in order to free additional funds for one or more new projects.

Renewal projects interested in voluntarily reallocating should notify the CoC in writing of their intent as early in the competition period as possible, preferably by the due date of HUD's Grant Inventory Worksheet (GIW). However, such notice can be provided until two weeks before project applications are due to the CoC

#### **Involuntary Reallocation**

Before the first Board meeting following the release of the NOFA, the Strategic Reallocation Committee will evaluate and determine if programs will have a full or partial reallocation of funding. Well-performing programs that have unspent funding will be subject to review of possible partial reallocation of unspent funds.

All funds freed through involuntary reallocations may be made available for one or more new and expansion projects. If no new project applications are submitted, funds will remain available for the original renewal projects.

Project applicants that are subject to partial involuntary reallocation must develop a plan to continue with their renewal project, with the reduced level of funding. This includes HUD contract compliance for numbers of persons served and the types of services provided. It may be possible to seek a contract amendment from HUD for some changes; applicants should contact their HUD representative to discuss any options for amendment. If the reduction in funding will result in loss of assistance for persons currently served by the program, the applicant must develop a transition plan for these persons.

#### **Board Approval of Proposed Reallocations**

Any proposed reallocation(s) recommended by the Strategic Reallocation Committee must be approved by the full Board (with any Board members with a conflict of interest abstaining from the vote).

#### **Appeals Process**

In the event of involuntary reallocation, the sponsor(s) of the program(s) under consideration for involuntarily reallocation in whole or in part will be notified in writing at least one week in advance of the consideration by the full Board of that program for reallocation. Representatives from that program including the executive director of the sponsor agency (or his/her designee) must be present at the Board meeting where a vote will be taken on the proposed project reallocation. Sponsor/program representatives will be provided a full explanation of why their project(s) are being considered for reallocation and allowed to address any issues raised and provide additional information they feel appropriate to the Board. The Board may ask additional questions if needed to further their deliberations. After that exchange of information, a vote of the Board will be taken and will be a final determination of that project's selection for reallocation.

Sponsoring agency(-ies) which have had grants reallocated in whole or in part will be notified in writing of the vote within three days following the vote. Such notice will include the reasons that were the basis of reallocation. Agencies will have five days to submit a formal letter of appeal. An agency choosing to appeal must: 1. Submit the appeal on a formal letterhead, addressed to the Collaborative Applicant Board President 2. The letter of appeal must present a high level of detail and explanation of why the appeal is requested and what action the agency feels is appropriate. The Board will meet to reconsider the vote for reallocation and provide a ruling of whether the reallocation vote should stand or be reconsidered in light of information provided in the appeals letter. The Board vote on the appeal will be provided in ten days of

	<p>receipt of the appeals letter by the Collaborative Applicant Board President. The decision of the Board is final. If the Board again votes to maintain the reallocation in response to the appeal, any agency that wants further redress may follow instructions in the NOFA to submit its renewal application as a solo applicant seek redress as described in the NOFA.</p>
<p><b>G. Rapid Rehousing Rental Subsidy Policy</b></p>	<p><b>Policy</b>  It is the policy of the HOME Coalition that CoC-funded and ESG-funded rapid rehousing programs provide assistance in accordance with the Emergency Solutions Grant Program Interim Regulations' minimum requirements:</p> <ol style="list-style-type: none"> <li>(1) follow a written process for eligibility determination serving individuals and families who meet the criteria under the Emergency Solutions Grant Program Interim Regulations' paragraph (1) of the "homeless" definition in § 576.2 or who meet the criteria under paragraph (4) of the "homeless" definition and live in an emergency shelter or other place described in paragraph (1) of the "homeless" definition with priority going to eligible chronically homeless persons or families who otherwise meet program eligibility requirements;</li> <li>(2) re-evaluate participants' eligibility not less than once annually; those eligible on re-assessment will meet the eligibility definition described in (1) above and have no higher than 30% AMI at subsequent reevaluations;</li> <li>(3) require contact with the program not less than once per month while assistance continues unless prohibited by VAWA/FVPSA limitations;</li> <li>(4) may require program participants to contribute to their monthly rent and/or utilities expenses; if such contribution is required, the expected contribution toward rent expense may not exceed HUD-established FMR for comparable units in the Coe area, and the expected contribution toward utilities expense may not exceed the actual charge billed by the utility vendor;</li> <li>(5) follow up with participants for no less than three months after assistance ends.</li> </ol> <p>Note: These standards are based on the U.S. Dept. of Housing and Urban Development's HEARTH: ESG Program and Consolidated Plan Conforming Amendments also known as the ESG Program Interim Regulations 24 CFR Parts 91 and 576.</p> <p><b>Procedures</b></p> <ol style="list-style-type: none"> <li>1. CoC-funded and ESG-funded rapid rehousing programs in the CoC area will use a written process for eligibility determination and re-assessment that clearly states the type, level, and duration of assistance for each participant including the process for assessing the need for each household. RRH assistance will be available individuals and families who meet the criteria under the Emergency Solutions Grant Program Interim Regulations' paragraph (1) of the "homeless" definition in § 576.2 or who meet the criteria under paragraph (4) of the "homeless" definition and live in an emergency shelter or other place described in paragraph (1) of the "homeless" definition, with priority going to eligible chronically homeless persons or families who otherwise meet program eligibility requirements.</li> <li>2. Programs providing rapid rehousing assistance within the CoC-area will re-evaluate households' eligibility for RRH assistance not less than once annually. Eligibility criteria on re-evaluation are those described previously and having no higher than 30% AMI at subsequent reevaluations.</li> <li>3. Once accepted into a program, participants must be required to maintain contact with the program not less than once a month, unless prohibited by Violence Against Women Act (VAWA) or Family Violence and Prevention Services Act (FVPSA).</li> <li>4. Once accepted into a program, participants may be expected to contribute toward their monthly rent and/or utilities expense on a graduated scale based on their housing stability and household income in accordance with established program standards. There is no minimum that a participant/household will be expected to pay, while if such</li> </ol>

	<p>contribution is required, the expected contribution toward rent expense may not exceed HUD-established FMR for comparable units in the Coe area, and the expected contribution toward utilities expense may not exceed the actual charge billed by the utility vendor; may not exceed the HUD-established FMR for comparably-sized units in the CoC-area.</p> <p>5. Following participants' exit from a program, rapid re-housing project(s) will follow-up with the program participants after assistance ends for a period of no less than three months.</p> <p>6. Program participants receiving RRH assistance may be required to contribute to their monthly rent and/or utilities expenses based on their household income and housing stability. The amount of rent required will not exceed HUD-established FMR for comparable units in the Coe area.</p> <p>7. These requirements are superceded if required by applicable law and regulations including the Violence Against Women Act (VAWA) or Family Violence and Prevention Services Act (FVPSA).</p>
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#### IV. CoC Coordinated Assessment/Entry System

<p><b>Coordinated Assessment/Entry System</b></p>	<p><b>A. Purpose and Standards of the CoC Coordinated Assessment/Entry System</b>  A coordinated assessment/entry process is intended to increase and streamline access to housing and services for households experiencing homelessness, matches appropriate levels of housing and services based on their needs, and prioritizes persons with severe service needs for the most intensive interventions.</p> <p>Provisions at 24 CFR 578.7(a)(8) require that the CoC establish a coordinated assessment/entry process. The Coordinated Assessment/Entry System must incorporate and defer to any funding requirements established under the CoC Program interim rule, ESG Program interim rule, or a Notice of Funding Availability under which a project is awarded. In addition, the following are recommended as the minimum criteria for the effective implementation of the CoCs coordinated assessment/entry process.</p> <ol style="list-style-type: none"> <li>1. <b>Standardized</b>—The assessment/entry process should rely upon a standardized method and criteria to determine the appropriate type of intervention for individuals or families. This standardized process could encompass the CoC-wide use of a standardized assessment tool, as well as data driven methods.</li> <li>2. <b>Improves data management</b>—Individual tracking, resource allocation and planning, system monitoring, and reporting to the community and to funders is improved by use of a common, coordinated assessment tool.</li> <li>3. <b>Non-directive</b>—The recommendations of the tool can be overridden by the judgment of qualified professionals, especially in where there are extenuating circumstances that are not assessed by the tool that are relevant to choosing appropriate interventions. Discretion must be exercised in a nondiscriminatory manner consistent with fair housing and civil rights laws and should be subject to appropriate review to ensure it is applied judiciously.</li> <li>4. <b>Mainstream resources</b>—Effective coordinated assessment/entry facilitates meaningful coordination between the homeless response system and the intake processes for mainstream systems. Connections should be made to public housing authorities, multifamily housing, health and mental health care, the workforce development system, and with other mainstream income and benefits as appropriate and applicable.</li> <li>5. <b>Align Interventions</b>—The various types of interventions that are available are aligned and used strategically.</li> <li>6. <b>Leverage local attributes and capacity</b>—The physical and political geography, including the capacity of partners in a community, and the opportunities unique to the community’s context, should inform local coordinated assessment/entry implementation.</li> <li>7. <b>Assess program capacity</b>—Assess the variety and capacity of programs in the community to identify and fill critical gaps in housing and service resources and to ensure that there is a range of options needed for a coordinated assessment/entry system to work well.</li> <li>8. <b>Outreach</b>—The coordinated assessment/entry system should ensure that connections</li> </ol>
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and ongoing engagement occurs with those not accessing services and housing on their own. Often, these are the highest need and most at-risk people in communities.

9. **Privacy protections**—Protections should be in place to ensure proper use of the information with consent from the client. Assessment/entry should also be conducted in a private location.
10. **Fair Housing and Civil Rights**—Protections should be in place to ensure compliance with all civil rights requirements, including, but not limited to, the Fair Housing Act, Title VI of the Civil Rights Act of 1964, and Section 504 of the Rehabilitation Act of 1973. The assessment tool should not seek disability-related information that is unnecessary for determining the need for housing-related services. The coordinated assessment/entry process should ensure that program participants are informed of rights and remedies available under applicable federal, state, and local fair housing and civil rights laws, in accordance with the requirement at 24 CFR 578.93(c)(3).
11. **Training**—Initial and ongoing training on the use of the assessment tool(s) should be provided to those parties that will be administering the assessment.
12. **Accessible and well-advertised**—The assessment/entry system must be well advertised and easily accessed by people seeking services or housing. The assessment/entry must be conducted in a manner that is accessible for individuals with disabilities, ensures meaningful program access for persons with Limited English Proficiency, and is affirmatively marketed in order to reach eligible persons who are least likely to seek assistance in the absence of special outreach, in accordance with 24 CFR 578.93(c)(1).
13. **Prioritization**—When resources are scarce, the coordinated assessment/entry process should prioritize who will receive assistance based on their needs. Coordinated assessment/entry should never result in long waiting lists for assistance. Instead, when there are many more people who are assessed to receive an intervention than there are available openings, the process should refer only individuals with the greatest needs.
14. **Inform system change efforts**—Information gathered during the coordinated assessment/entry process should identify what types of programs are most needed in the community and be used by the CoC and other community leaders to allocate resources.
15. **Person-centered assessments.** CoC assessments are based in part on participants' strengths, goals, risks, and protective factors.
16. **Accessible tools and processes.** CoC assessment tools and processes will be easily understood by participants being assessed and referred, in addition to using required accessible formats for persons with disabilities and the requirement in II.B.5(c) of HUD Notice CPD-17-01.
17. **Sensitivity to lived experiences.** Sensitivity to participants' lived experiences imbues every aspect of coordinated entry, including the development of assessment tools and delivery protocols that are trauma informed, minimize risk and harm, and address potential psychological impacts.
18. **Participant choice.** Participants' choices are a vital part of coordinated entry process decisions such as location and type of housing, level and type of services,

and other program characteristics, as well as assessment processes that provide options and recommendations that guide and inform participant choice, as opposed to rigid decisions about what individuals or families need.

19. **Clear referral expectations.** CA/E referral protocols ensure that participants will be able to easily understand to which program they are being referred, what the program expects of them, what they can expect of the program, and evidence of the program's rate of success.
20. **Commitment to referral success.** The CoC demonstrates its commitment to successfully completing the referral process once a referral decision has been made through coordinated entry, including supporting the safe transition of participants from an access point or emergency shelter to housing, and supporting participants in identifying and accessing an alternate suitable project in the rare instance of an eligible participant being rejected by a participating project.
21. **Cultural and linguistic competency.** All staff administering assessments will use culturally and linguistically competent practices. Cultural and linguistic competency training will be incorporated into the required annual training protocols for participating projects and staff members. Assessments include culturally and linguistically competent questions for all persons that reduce cultural and linguistic barriers to housing and services for special populations, including immigrants, refugees, and other first generation populations; youth; individuals with disabilities; and lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) persons.
22. **Mainstream services.** The CoC includes relevant mainstream service providers in the following activities: identifying people experiencing or at risk of experiencing homelessness; facilitating referrals to and from the coordinated entry process; aligning prioritization criteria where applicable; coordinating services and assistance; and conducting activities related to continual process improvement. Mainstream housing and service providers will participate by their membership in the CoC, by making referrals to any CA/E participating agency or 211. Referrals can be made in writing, by phone, or in person. Mainstream service providers assisting with referrals include all regional Public Housing Agencies; affordable housing operators; VA Medical Centers; public child welfare agencies; providers of mental, physical or behavioral health services; schools; early childhood care and education providers; out of school time providers; hospitals; correctional facilities; and workforce investment programs.

#### **B. Operating the Coordinated Assessment/Entry System**

The Collaborative Applicant will be responsible for implementation of a Coordinated Assessment/Entry System (CAS) to serve the Continuum of Care and provide a system and mechanism for targeting use of Continuum of Care Program and Emergency Solutions Grant resources. The CA/E System includes the following required elements::

##### **PLANNING**

Covers the entire geographic area – IV.B.1.

Is easily accessible - IV.B. 2.

Is well advertised – IV.B.5.

Includes a comprehensive assessment tool – IV.B.3.

Provides initial, comprehensive assessments of individual and families for housing and services – IV.B.2.

Includes a specific policy to guide CA/E system to address needs of those fleeing domestic

violence but are seeking shelter from non-victim specific providers. IV.B.2.  
 Written standards on eligibility for assistance and prioritizing for TH, RRH, percentage of rent for RRH, and PSH. – IV.C. and III.G.  
 Screenings, assessments, and referrals for ESG projects are consistent with ESG standards – IV.B.&.  
 Marketing is provided – IV.B.5.  
 Nondiscrimination complies with federal standards – IV.C.

**ACCESS**  
 Accessibility ensures that all populations have equal access to CA/E – IV.B.2.  
 Standard assessment and decision making is available at all points – IV.B.2.  
 Persons are not denied access based on DV – IV.B.2.  
 Access points are easily accessible for those seeking prevention services – IV.B.8.  
 Emergency services access is low barrier and accessible after hours- IV.B.4. and 7.  
 Prevention services through ESG are available through CA/E – IV.B.7.  
 Access points are available through the region (full coverage) – IV.B.1.  
 Marketing ensures communicating that access points are available to persons with disabilities and those least likely to access homeless services – IV.B.5.and C.  
 Effective communication is available for persons with disabilities - IV.B.5.and C.  
 CA/E materials are available to persons with LEP - IV.B.5.and C.  
 Safety planning is available for those fleeing DV- IV.B.9.  
 Street outreach is linked to CA/E – IV.B.6.

**ASSESSMENT**  
 Standardized assessment tool(s) are used – IV.B.2.  
 Criteria for uniform decision making is documented – IV.B. and C.  
 CA/E does not screen out those who have perceived barriers – IV.B.4.  
 Assessor training is provided and curricula covers required topics – IV.B.13.  
 Client centered methods are used – IV.A.15 and B.2.  
 Participant autonomy is respected - IV.A.18 and B.2.  
 Privacy projects are provided – IV.B.11.

**PRIORITIZATION** - all topics covered in  
 Priority is based on set criteria .- IV.C.  
 Factors and information on which priority is based are given - IV.C.  
 Priority processes are consistent with CoC and ESG standards - IV.C.  
 Emergency services to be prioritized are specified - IV.C.  
 Nondiscrimination is prohibited - IV.C.  
 Discrimination complaint process is communicated to participants - IV.C.  
 Place in lists is maintained despite refusal of options - IV.C.  
 Prioritization list uses HMIS data and security protections - IV.B.11. and 12. and C.  
 Prevention services has no separate access points – IV.B.8.

**REFERRALS**  
 Uniform and coordinated referral process is provided – IV.C.  
 Persons are not screened out on basis of perceived barriers – IV.B.4. and C.  
 CA/E process is the only source for filling beds funded by CoC and ESG funds – IV.B.  
 Nondiscrimination provisions of Federal law apply to all CA/E agencies IV.C.  
 Participants are not steered toward specific housing or locations based on specified factors – IV.C.

**DATA MANAGEMENT**  
 HMIS is used for CA/E processes – IV.B.3.  
 Participant privacy is protected in accordance with Federal HMIS standards – IV.B.11.

**EVALUATION**  
 Participating CA/E agencies, projects and their participants are consulted at least annually, evaluation methods are specified, and privacy protections are ensured. – IV.B.14.

The Monroe/Northeast Louisiana CoC LA-505 Coordinated Assessment/Entry System (CA/E) includes all HUD-funded agencies in the CoC 12-parish service area as well as the United Way of Northeast Louisiana 211 24/7 phone resource line. These participating agencies comprise the CA/E Task Force. The Task Force shares responsibilities for the system's design, operation, monitoring, reporting, and evaluation. The Task Force holds regular (at least semi-annually) meetings to review system operation and effectiveness. The system includes the required elements, as follows:

**1. Full coverage.**

- a. The CoC(s) geographic area is the same as the geographic area covered by the coordinated entry process(es),
- b. Access, standardizing assessments, and uniform referral processes are used consistently throughout the CoC/Coordinated Assessment system area.

**2. Use of standardized access points and assessment approaches.**

- a. The coordinated entry process offers the same assessment approach at all access points and all access points are usable by all people who may be experiencing homelessness or at risk of homelessness, with the following exceptions necessary to meet the needs of
  - (1) unaccompanied youth, and
  - (2) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking).

The CoC's system uses a "no wrong door" approach with all HUD-funded funded agencies providing CA screening and referrals at their office locations which are in 10 of the 12 service area parishes or by phone during regular office hours. A triage and referrals for further assessment and screenings is available 24/7 by calling 211, a 24/7 community telephone resource line. That covers 100% of the CoC's parishes with screening locations in 10 of the 12 parishes and all accessible by phone. In many cases, outreach staff can travel to the participant's location if the participant cannot access any participating office location or complete the screening by phone. Unaccompanied youth under age 18 are referred to the region's RHY provider, Christopher Youth Center, for 24/7 screening by phone or in person, with staff available to travel throughout the service area to interact with identified youth.

Access points are different for persons/families fleeing domestic violence (DV):  
Presenting to a homeless srvc provider: The DV household is immediately confidentially referred by phone and location to nearest DV provider office (one in each CoC parish), to a local 24/7 800 crisis assistance ph. line, or DV staff will go to the survivor. Presenting to a DV provider: DV providers use comparable, closed, private databases; households sign a time limited consent to allow any release information; ESs have nondisclosed addresses; safety plans are completed with each household including children; lethality assessments are conducted; those in imminent danger are screened for ES services; if not, provider offers an array of housing and services to meet the household's needs including case management, TH, PSH, community referrals, life skills, support groups, counseling, advocacies, and assistance with TROs.

All services are voluntary -- the household chooses. Other than ES, nearly all TH and PSH is provided by leasing/rental assistance with survivor's choice of location.

Persons with disabilities: Persons with disabilities are offered access points and

screenings using on the same basis as all other persons using reasonable accommodation to ensure equal access for persons with disabilities. For example, a person with a mobility impairment may request a reasonable accommodation in order to complete the coordinated entry process at a different location.

### **3. Standardized Assessment Tool**

The Monroe/Northeast Louisiana CoC LA - 505 has adopted the OrgCode Consulting, Inc.'s VI - SPDAT forms (using the appropriate form for individuals, families, youth, and/or other subpopulations as available). The VI - SPDAT form will be completed by any CAS - participating agency in the HMIS - based Coordinated Entry module for all persons seeking assistance except victims of domestic violence, dating violence, sexual assault, and stalking. Data related to such victims will be managed in accordance with the confidentiality provisions of VAWA and pertinent HMIS governance documents. The VI - SPDAT assessment must be administered to all persons who are literally homeless within the definition of the Interim Rule and pertinent regulations. Persons who are at risk of homelessness but not currently homeless may also be assessed using the VI - SPDAT.

The CoC has adopted a standardized assessment tool that meets the following minimum standards below

- a. Valid—Tools should be evidence - informed, criteria - driven, tested to ensure that they are appropriately matching people to the right interventions and levels of assistance, responsive to the needs presented by the individual or family being assessed, and should make meaningful recommendations for housing and services.
- b. Reliable—The tool should produce consistent results, even when different staff members conduct the assessment or the assessment is done in different locations.
- c. Inclusive—The tool should encompass the full range of housing and services interventions needed to end homelessness, and where possible, facilitate referrals to the existing inventory of housing and services.
- d. Person - centered—Common assessment tools put people—not programs—at the center of offering the interventions that work best. Assessments should provide options and recommendations that guide and inform client choices, as opposed to rigid decisions about what individuals or families need. High value and weight should be given to clients' goals and preferences.
- e. User - friendly—The tool should be brief, easily administered by non - clinical staff including outreach workers and volunteers, worded in a way that is easily understood by those being assessed, and minimize the time required to utilize.
- f. Strengths - based—The tool should assess both barriers and strengths to permanent housing attainment, incorporating a risk and protective factors perspective into understanding the diverse needs of people.
- g. Housing First orientation—The tool should use a Housing First frame. The tool should not be used to determine “housing readiness” or screen people out for housing assistance, and therefore should not encompass an in - depth clinical assessment. A more in - depth clinical assessment can be administered once the individual or family has obtained housing to determine and offer an appropriate service package.
- h. Sensitive to lived experiences—Providers should recognize that assessment, both the kinds of questions asked and the context in which the assessment is administered, can cause harm and risk to individuals or families, especially if they require people to relive difficult experiences. The tool's questions should be worded and asked in a manner that is sensitive to the lived and sometimes traumatic experiences of people experiencing homelessness. The tool should minimize risk and harm, and allow individuals or families

to refuse to answer questions. Agencies administering the assessment should have and follow protocols to address any psychological impacts caused by the assessment and should administer the assessment in a private space, preferably a room with a door, or, if outside, away from others' earshot. Those administering the tool should be trained to recognize signs of trauma or anxiety.

Additionally, the tool should link people to services that are culturally sensitive and appropriate and are accessible to them in view of their disabilities, e.g., deaf or hard of hearing, blind or low vision, mobility impairments

i. **Transparent**—The relationship between particular assessment questions and the recommended options should be easy to discern. The tool should not be a “black box” such that it is unclear why a question is asked and how it relates to the recommendations or options provided.

The VI-SPDAT results provide the criteria used for uniform decision-making across access points and staff. Criteria reflect the prioritization process adopted elsewhere in these policies to meet the requirements outlined in HUD Notice: CPD-17-01 Section II.B.2.

Data collected during the CA/E process is subject to the privacy requirements specified in the HMIS Privacy Standards and Policies. Further, data from the assessment may not be used to prioritize households for housing and services on a protected basis, such as on the basis of a diagnosis or particular disability.

#### **4. Lowering Barriers.**

The Coordinated Assessment/Entry process does not screen people out of the due to perceived barriers related to housing or services, including, but not limited to, too little or no income, active or a history of substance use, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record—with exceptions for state or local restrictions that prevent projects from serving people with certain convictions.

**5. Marketing.** Access to the CA/E process is advertised throughout the 12-parish service area through paid and PSA (donated) ads and community outreach (public presentations, brochures, signage, etc.) marketing the free 24/7 211 community resource line as well as that provided by all CA/E system member agencies. This marketing is consistent, sustained year round, and provides sufficient repetition to reach 100% of the region's population. Message content includes the following:

- a. The CoC's coordinated assessment/entry process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.
- b. All people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated/assessment entry process, regardless of the location or method by which they access the system.
- c. CA/E system participating agencies document their steps taken to ensure effective communication with individuals with disabilities. All provide appropriate auxiliary aids and services necessary to ensure effective communication, which includes ensuring that information is provided in appropriate accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters. Access points are accessible to individuals with disabilities, including accessible physical locations for

individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance.

d. The coordinated assessment/entry process is accessible by persons with Limited English Proficiency (LEP) by methods provided in HUD's published Final Guidance to Federal Financial Assistance Recipients: Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (LEP Guidance) (72 FR 2732, published January 22, 2007) provides assistance and information regarding LEP obligations.

**6. Street Outreach.** Street outreach programs operate and staff is deployed on a rotating basis in all 12 service area parishes to connect to the coordinated entry process. The VI-SPDAT is used by all participating street outreach staff, regardless of funding source, to ensure that persons encountered by street outreach workers are offered the same standardized processes as persons assessed through site-based access points. Street outreach staff is trained and have appropriate equipment to complete the assessment process, in part or whole, in the field.

**7. Emergency services.** The coordinated/assessment entry process allows emergency services, including all domestic violence and emergency services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short term crisis residential programs, to operate with as few barriers to entry as possible. Entry is provided by 24/7 phone access as well as on-site access in offices throughout the region. Additionally, persons can access emergency services independent of the operating hours of the coordinated entry's intake and assessment processes, as follows.

- a. All interventions are prioritized based on severity of service need or vulnerability, allowing for an immediate crisis response. Emergency services funded through the ESG Program follow the written standards required under 576.400(e)(3)(iv); and
- b. Persons are ensured access to emergency services outside normal office hours for the HUD-funded coordinated entry participating agencies by calling United Way's 211 24/7 Resource Phone lines for triage and referrals to appropriate emergency services such as emergency shelter and domestic violence services which operate 24/7. 211 can also direct persons needing after hours emergency mental health and healthcare services to 911, while youth needing immediate services can be referred to the regional 24/7 youth hotline at (318) 345-5556. Persons needing other (non-emergency) services after normal hours of operation will be provided contact information for service area resources to address their needs. Or such persons can call back to 211 during regular business hours and will be provided a warm-handoff (phone transfer to a staff person) at the appropriate agency to further assess and serve them.

**8. Homelessness prevention services.** Persons are able to access homelessness prevention services funded with ESG Program funds through the coordinated entry process. Coordinated entry process access point(s) are the same for homelessness prevention as for other homeless, so that people at risk of homelessness can receive urgent services when and where they are needed. Persons will be prioritized for referrals to homelessness prevention services based on vulnerability identified by the VI-SPDAT. There are no other homelessness prevention programs participating in the coordinated entry process.

- a. Referrals to participating projects. The coordinated entry process uses a uniform and coordinated referral process for all beds, units, and services available at participating projects, as follows: the referral process uses VI-SPDAT score and currently available capacity as a standardized criteria by which a participating project may justify rejecting a referral; and

b. in the rare instances of rejection, participating projects can reject a referral only with immediate written notice delivered to the household and CA system, so that the household rejected can be immediately connected with a new project.

**9. Safety planning.** Additional CA rules apply to victims of domestic violence, dating violence, sexual assault and stalking. Presenting to a homeless srvc provider: DV household is immediately confidentially referred by phone and location to nearest DV provider office (one in each CoC parish), to a local 24/7 800 crisis assistance ph. line, or DV staff will go to the survivor. Presenting to a DV provider: DV providers use comparable, closed, private databases; households sign a time limited consent to allow any release information; ESs have nondisclosed addresses; safety plans are completed with each household including children; lethality assessments are conducted; those in imminent danger are screened for ES services; if not, provider offers an array of housing and services to meet the household's needs including case management, TH, PSH, community referrals, life skills, support groups, counseling, advocacies, and assistance with TROs. All services are voluntary -- the household chooses. Other than ES, nearly all TH and PSH is provided by leasing/rental assistance with survivor's choice of location. This process is designed to protect the safety of the individuals and families seeking assistance.

**10. Participant autonomy.** Participants seeking services through the CA process have the autonomy to freely refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to assistance. Participants maintain their place in coordinated entry prioritized list when the participant rejects options.

**11. Privacy protections.** The coordinated entry process ensures adequate privacy protections of all participant information by incorporating by reference the privacy protections defined in the HMIS Privacy Plan. Further, CA participating agencies:

- a. Must obtain participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process.
- b. Confirm in writing that participants are free to decide what information they provide during the assessment process.
- c. Cannot deny assessment or services to a participant if the participant refuses to provide certain pieces of information, unless the information is necessary to establish or document program eligibility per the applicable program regulation.
- d. Cannot deny services to participants if the participant refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation.
- e. May not deny access to the coordinated entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking. Further, records containing PII will be kept secure and confidential and the address of any family violence project not be made public in accordance with section 578.103(b) of the CoC program rule.
- f. Will not require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals. Further collection of disability information for the purposes of prioritization will be completed subject to II.B.3(a) of Notice CPD-17-01.
- g. Must inform participants of the ability to file a nondiscrimination complaint.

**12. Data security protections.** The system uses the HMIS to record information from the

coordinated entry process, so it meets HUD's requirements in 24 CFR 578.7(a)(8) and Section II.A and is compliant with HUD's HMIS Privacy and Security Notice. No victim service providers shall enter personally identifying information in HMIS.

**13. Assessor training.** The CoC provides training protocols and at least one annual training opportunity, which may be in-person, a live or recorded online session, or a self-administered training, to participating staff at organizations that serve as access points or otherwise conduct assessments.

- a. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC's coordinated entry process, including its written policies and procedures and any adopted variations described in Section II.B.2 of CPD-17-01.
- b. The protocols include the requirements for prioritization and the criteria for uniform decision-making and referrals outlined in Section II of Notice CPD-17-01. The CoC will distribute its training protocols and offer at least one training to all participating staff no later than Jan. 23, 2018 and annually thereafter.
- c. The CoC must update and distribute training protocols at least annually.

**14. Ongoing planning and stakeholder consultation.** The CoC will facilitate ongoing planning and stakeholder consultation concerning the implementation of coordinated entry as part of its quarterly membership meetings as well as at CA Task Force meetings.

a. The CoC will solicit feedback at least annually from participating projects and from households that participated in coordinated entry during that time period. Solicitations will address the quality and effectiveness of the entire coordinated entry experience for both participating projects and households, and appropriate feedback methodologies include the following:

- i. Surveys will be designed to reach either the entire population or a representative sample of participating providers and households;
- ii. Focus groups of five or more participants that approximate the diversity of the participating providers and households; and
- iii. Individual interviews with participating providers and enough participants to approximate the diversity of participating households.

The CoC may use any combination of these methods and must use the feedback that they receive to make necessary updates to their coordinated entry process written policies and procedures.

b. The participants selected by the CoC to participate in the evaluation must include individuals and families currently engaged in the coordinated entry process or who have been referred to housing through the coordinated entry process in the last year.

c. Evaluation will be conducted at least annually. Project participants will be selected to provide feedback so that participants represent all 12 service area parishes and all subpopulations identified in the most recent PIT count. Evaluation results will be the subject of at least one CA Task Force meeting each year, and provide the basis for updates to existing policies and procedures.

### **C. Prioritization for CoC Assistance**

The Continuum of Care Board will adopt written standards for establishing eligibility and prioritization of clients for assistance. These standards will be specific and detailed, address any unique eligibility requirements for assistance (e.g., disability or subpopulation), reflect the homeless population and subpopulations within the CoC as reported by the Collaborative Applicant, and reflect the housing and service resources available within the CoC, and reflect local and national targeting priorities.

These written standards will be in compliance with HUD Notice CPD-14-012 issued on July 28, 2014.

**Priorities for Permanent Supportive Housing**

CoC Goals of prioritization written standards are to establish an order of priority for dedicated and prioritized PSH beds to ensure that those persons with the most severe service needs are given first priority; and to inform the selection process for PSH assistance not dedicated or prioritized for chronic homelessness to prioritize persons who do not yet meet the definition of chronic homelessness but are most at risk of becoming chronically homeless.

The CoC shall also develop uniform recordkeeping requirements for all recipients of CoC Program funded PSH for documenting chronically homeless status of program participants when required to do so as well as provide guidance on recommended documentation standards that CoCs may require of its recipients of CoC Program-funded PSH that will be required before assigning CoC Funded PSHBeds.

***Key Terms and Definitions for Prioritization***

**Housing First.** Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. PSH projects that use a Housing First approach promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services. All recipients of CoC Program-funded PSH should follow a Housing First approach to the maximum extent practicable. Any recipient that indicated that they would follow a Housing First approach in the FY 2013 CoC Project Application must do so for both the FY 2013 and FY 2014 operating year(s), as the CoC score for the FY 2013–FY 2014 CoC Program Competition was affected by the extent in which project applications indicated that they would follow this approach and this requirement will be incorporated into the recipient’s FY 2013 and FY 2014 grant agreement.

**Chronically Homeless.** The definition of ”chronically homeless” currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3 and other pertinent regulations, which states that a chronically homeless person is:

An individual who:

1. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and

Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post- traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

2. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice], before entering that facility; or

3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice, including a family whose composition has fluctuated while the head of household has been homeless.

**Severity of Service Needs.** For the purposes of prioritization, severity of service needs means an individual for whom at least one of the following is true:

1. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; or
2. Significant health or behavioral health challenges or functional impairments, which require a significant level of support in order to maintain permanent housing.

Severe service needs as defined above should be identified and verified through data-driven methods such as an administrative data match between the HMIS and institutional providers or through the use of a standardized assessment tool. The CoC Collaborative Applicant will select and implement assessment/entry tools for the purpose of prioritization in consultation with homeless service providers, stakeholders and established CoC Board Committees charged with review of the Coordinated Assessment/entry Process. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual.

**1. Dedication and Prioritization of Permanent Supportive Housing Strategies to Increase Number of PSH Beds Available for Chronically Homeless Persons**

There are two significant ways in which the CoCs can increase progress towards ending chronic homelessness using existing CoC Program-funded PSH:

Increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness.

Dedicated PSH beds are required through the project's grant agreement with HUD to only be used to house persons experiencing chronic homelessness unless there are no persons within the CoC that meet that criteria. If this occurs, the recipient may then follow the order of priority in these written standards. The bed will continue to be a dedicated bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the CoC's geographic area as documented through the HMIS and the Coordinated Assessment/entry System. These PSH beds are reported as "CH Beds" on a CoC's Housing Inventory Count (HIC) maintained by the Collaborative Applicant. A CoC may increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness when it's recipients of non-dedicated CoC Program funded PSH request a grant amendment to dedicate one or more of its beds for this purpose. A recipient of CoC Program-funded PSH is prohibited from changing the designation of the bed from dedicated to non-dedicated without a grant agreement amendment. Similarly, if a recipient of non-dedicated PSH intends to dedicate one or more of its beds to the chronically homeless it may do so through a grant agreement amendment.

**Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness.**

Prioritization means implementing an admissions preference for chronically homeless persons for CoC Program-funded PSH beds. In the FY 2013-FY 2014 CoC Program Competition, CoCs were scored on the extent to which they were willing to commit to

prioritizing chronically homeless persons in a percentage of their non-dedicated PSH beds with the highest points going to CoCs that committed to prioritize the chronically homeless in 85 percent or more of their non-dedicated CoC Program-funded PSH. Further, project applicants for CoC Program-funded PSH had to indicate the number of non-dedicated beds that would be prioritized for use by persons experiencing chronic homelessness.

These projects are now required to prioritize chronically homeless persons in their non-dedicated CoC Program-funded PSH beds for FY 2013 and FY 2014, as the project application is incorporated into the grant agreement. PSH beds that were included in the calculation for the CoCs commitment in the CoC Application cannot revise their FY 2014 application to reduce the number of prioritized beds; however, recipients of PSH that are currently not dedicated to the chronically homeless may choose to prioritize additional beds in the FY 2014 CoC Project Application. All recipients of CoC Program-funded PSH are encouraged to prioritize the chronically homeless as beds become vacant to the maximum extent practicable.

CoC wide performance will be expected to meet or exceed the goals established in the FY 2013/FY 2014 CoC Application and should continue to prioritize persons experiencing chronic homelessness in their CoC Program-funded PSH until there are no persons within the CoC's geographic area who meet that criteria. Further, to the extent that CoCs incorporate this order of priority into the CoCs written standards, recipients of CoC Program-funded PSH will also be required to follow this criterion included in those standards.

**2. Order of Priority in CoC Program-funded Permanent Supportive Housing Beds dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness**

Recipients of CoC Program-funded PSH are required to follow the order of priority when selecting participants for housing in accordance with the CoC's written standards in accordance with Notice CPD-14-012 and in a manner consistent with their current grant agreement. For CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness, the following order of priority will be documented and implemented through the Coordinated Assessment/entry System Documentation of Priority Status managed by the Collaborative Applicant.

**Priority One—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months;

The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs (see Section I.D.3. of this Notice for definition of severe service needs).

**Priority Two—Chronically Homeless Individuals and Families with the Longest History of Homelessness.** A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:

The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,  
The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

**Priority Three—Chronically Homeless Individuals and Families with the Most Severe Service Needs.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and  
The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

**Priority Four—All Other Chronically Homeless Individuals and Families.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is **less than** 12 months; and  
The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families as defined in 24 CFR 578.3 within the CoC, the order of priority in PSH beds not dedicated or prioritized for persons experiencing chronic homeless below (2.) may be followed.

Recipients of CoC Program-funded PSH should follow the order of priority above (1.) while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness that has been identified as a project that will prioritize a portion or all of its turnover beds to persons experiencing chronic homelessness should follow the order of priority under the definition of **Priority One** to the extent in which persons with serious mental illness meet the criteria.

Recipients must exercise due diligence when conducting outreach and assessment/entry to ensure that persons are served in the order of priority in this policy. The CoC recognizes that

some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients **are not required** to keep units vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts to engage those persons and the CoC and CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable and for those projects that indicated in the FY 2013 CoC Project Application that they would follow a Housing First approach will be required to do so for both the FY 2013 and FY 2014 operating year(s), as the CoC score for the FY 2013 – FY 2014 CoC Program Competition was affected by the extent in which project applications indicated that they would follow this approach and this requirement will be incorporated into the recipient’s FY 2013 and FY 2014 grant agreement. For eligibility in dedicated or prioritized PSH serving chronically homeless households, the individual or head of household must meet all of the applicable criteria to be considered chronically homeless per 24 CFR 578.3.

**3. Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness**

Recipients of CoC Program-funded PSH beds that are not dedicated or prioritized for persons experiencing chronic homelessness are required to follow the order of priority when selecting participants for housing in accordance with these written standards and in a manner consistent with their current grant agreement with HUD. This policy will allow for recipients of non-dedicated and non-prioritized PSH to offer housing to chronically homeless individuals and families first, but minimally would be required to place otherwise eligible households in an order that prioritizes, in a nondiscriminatory manner, those who would benefit the most from this type of housing, beginning with those **most at risk of becoming chronically homeless**. For eligibility in non-dedicated and nonprioritized PSH serving non-chronically homeless households, **any household member with a disability** may qualify the family for PSH.

**Priority One—Homeless Individuals and Families with a Disability with the Most Severe Service Needs.** An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution **and** has been identified as having the most severe service needs.

**Priority Two—Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness.** An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and had been living or residing in one of those locations for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.

**Priority Three—Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.** An individual or family that is eligible for CoC Program-funded PSH who has been

living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.

**Priority Four–Homeless Individuals and Families with a Disability Coming from Transitional Housing.** An individual or family that is eligible for CoC Program-funded PSH who is coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing—all are eligible for PSH even if they did not live on the streets, emergency shelters, or safe havens prior to entry in the transitional housing.

Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, in CoC Program-funded PSH where the beds are not dedicated or prioritized and which is permitted to target homeless persons with a serious mental illness should follow the order of priority under **Priority One** to the extent in which persons with serious mental illness meet the criteria.

Due diligence should be exercised when conducting outreach and assessment/entry to ensure that persons are served in the order of priority in this Notice, and as adopted by the CoC. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts with those persons using a Housing First approach to place as few conditions on a person’s housing as possible.

**Prioritization of Individuals and Families for PSH, Rapid Rehousing (RRH), and Transitional Housing (TH):**

Notwithstanding any pertinent provisions elsewhere in these policies and procedures, all persons/families will be referred to the type housing indicated by the standard scoring priority recommendations produced when the participant(s) complete the VI-SPDAT and the following indicia of need/severity indicated by following criteria (in order):

- Health status
- Safety
- Accompanied by children with those with children under age 5 given higher priority than those with older children
- Unsheltered
- Chronic homeless
- Disabling condition

Such conditions are to be self-reported by the participant and documented by the CA screening/assessment staff. Delays in collection of documentation will not prevent prompt referral to programs qualified to serve the participant.

**Prioritization of Housing for Other Subpopulations: Domestic Violence and Transition-Aged Youth**

Victims of domestic violence, dating violence, sexual assault, or stalking. Persons who present through the Coordinated Assessment/entry System or at CAS participating emergency shelters who are victims of domestic violence, dating violence, sexual assault, or stalking will be immediately referred to the Domestic Violence resources for a safety assessment/entry. If the assessment/entry results in the household not being referred to a domestic violence shelter, the Coordinated Assessment/entry System, original referral agency, or receiving agency will proceed with the standard methods of assessment/entry and prioritization and the victimization experience will be considered in the assessment/entry and service needs evaluation.

Transition – aged youth. Persons who present through the Coordinated Assessment/entry System or at CAS participating emergency shelters who are transition – aged youth between the ages of 18 – 24, will be immediately referred to appropriate young adult services for assessment/entry. If the assessment/entry results in the household not being referred to services provided by specialized young adult agencies, the Coordinated Assessment/entry System or agency will proceed with the standard methods of assessment/entry and prioritization and the age of the youth will be considered in the assessment/entry and service needs evaluation.

#### **Recordkeeping Requirements**

Recordkeeping requirements for all recipients of CoC Program-funded PSH that are required to document a program participant's status as chronically homeless as defined in 24 CFR 578.3 and in accordance with 24 CFR 578.103. The CoC will maintain evidence through recordkeeping and documentation that the adopted orders of priority in Section B are being implemented.

#### **CoC / Collaborative Applicant Records**

In addition to the records required in 24 CFR 578.103, the CoC will maintain records of the following:

**Evidence of written standards that incorporate the priorities in Section A and B above as adopted by the CoC.** Written evidence of CoC, or subcommittee, meeting minutes where written standards were adopted that incorporate the prioritization standards.

**Evidence of a standardized assessment tool.** Use of a standardized assessment tool may be evidenced by written policies and procedures referencing a single standardized assessment tool that is used by all CoC Program-funded PSH recipients within the CoC's geographic area.

**Evidence that the written standards were incorporated into the coordinated assessment/entry policies and procedures.** Incorporating standards into the coordinated assessment/entry policies and procedures may be evidenced by updated policies and procedures—that incorporate the updated written standards for CoC Program-funded PSH developed and approved by the CoC.

#### **Recipient Recordkeeping Requirements**

In addition to the records required in 24 CFR 578.103, recipients of CoC Program-funded PSH that are required by grant agreement to document chronically homeless status of program participants in some or all of its PSH beds must maintain the following records:

- a. **Written Intake Procedures.** Recipients must maintain and follow written intake procedures to ensure compliance with the definition of chronically homeless per 24 CFR 578.3. These procedures must establish the order of priority for obtaining evidence as: (1) third-party documentation, (2) intake worker observations, and (3)

certification from the person seeking assistance. Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates entries are made.

- b. **Evidence of Chronically Homeless Status.** Recipients of CoC Program-funded PSH whose current grant agreement includes beds that are dedicated or prioritized to the chronically homeless must maintain records evidencing that the individuals or families receiving the assistance in those beds meets the definition for chronically homeless at 24 CFR 578.3. Such records must include evidence of the homeless status of the individual or family (paragraphs (1)(i) and (1)(ii) of the definition), the duration of homelessness (paragraph (1)(ii) of the definition), and the disabling condition (paragraph (1)(iii) of the definition). When applicable, recipients must also keep records demonstrating compliance with paragraphs and (3) of the definition.

**Evidence of homeless status.** Evidence of an individual or head of household's current living situation may be documented by a written observation by an outreach worker, a written referral by housing or service provider, or a certification by the household seeking assistance that demonstrates that the individual or head of household is currently homeless and living in a place not meant for human habitation, in an emergency shelter, or a safe haven. For paragraph (2) of the definition for chronically homeless at 24 CFR 578.3, for individuals currently residing in an institution, acceptable evidence includes:

- (a) Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution that demonstrate the person resided there for less than 90 days. All oral statements must be recorded by the intake worker; or  
(b) Where the evidence above is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in the paragraph i. above and a certification by the individual seeking assistance that states that they are exiting or have just exited an institution where they resided for less than 90 days; and  
(c) Evidence that the individual was homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter, and met the criteria in paragraph (1) of the definition for chronically homeless in 24 CFR 578.3, immediately prior to entry into the institutional care facility.

Using any combination of allowable documentation described in Section V.B.2.(a), recipients must provide evidence that the homeless occasion was continuous, for a year period, without a break in living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter. For the purposes of this Notice, a break is considered at least seven or more consecutive nights not residing in a place not meant for human habitation, in shelter, or in a safe haven.

At least 9 months of the 1-year period must be documented by one of the following: (1) HMIS data, (2), a written referral, or (3) a written observation by an outreach worker. In only rare and the most extreme cases, HUD would allow a certification from the individual or head of household seeking assistance in place of third-party documentation for up to the entire period of homelessness. Where third-party evidence could not be obtained, the intake

worker must obtain a certification from the individual or head of household seeking assistance, and evidence of the efforts made to obtain third-party evidence as well as documentation of the severity of the situation in which the individual or head of household has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than 1 year and has not had any contact with anyone during that entire period.

Note: A single encounter with a homeless service provider on a single day within 1 month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g., evidence in HMIS of a stay in transitional housing).

**Evidence that the household experienced at least four separate homeless occasions over 3 years.**

Using any combination of allowable documentation described in Section V.B.2.(a) of this Notice, the recipient must provide evidence that the head of household experienced at least four, separate, occasions of homelessness in the past 3 years.

Generally, at least three occasions must be documented by either: (1) HMIS data, (2) a written referral, or (3) a written observation. Any other occasion may be documented by a self-certification with no other supporting documentation.

In only rare and the most extreme cases, HUD will permit a certification from the individual or head of household seeking assistance in place of third-party documentation for the three occasions that must be documented by either: (1) HMIS data, (2) a written referral, or (3) a written observation. Where third-party evidence could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and must document efforts made to obtain third-party evidence, and document of the severity of the situation in which the individual has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than one occasion of homelessness and has not had any contact with anyone during that period.

**Evidence of diagnosis with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.**

Evidence of this criterion must include one of the following:

Written verification of the condition from a professional licensed by the state to diagnose and treat the condition;

Written verification from the Social Security Administration;

Copies of a disability check (e.g., Social Security Disability Insurance check or Veterans Disability Compensation);

Intake staff (or referral staff) observation that is confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition

that is confirmed no later than 45 days of the application for assistance and accompanied with one of the types of evidence above; or  
Other documentation approved by HUD.

### **Coordinated Assessment/Entry System Prioritization**

The order of priorities established in the CoC Coordinated Assessment/entry System Policies and Procedures for CoC Program-funded PSH may demonstrate that they are following the CoC- established requirement by maintaining the following evidence:

**Evidence of Cumulative Length of Occasions.** For recipients providing assistance to households using the selection Priority One through Four for both dedicated and non dedicated PSH beds, the recipient must maintain the evidence of each occasion of homelessness as required, which establishes how evidence of each occasion of homelessness, when determining whether an individual or family is chronically homeless, may be documented. However, to properly document the length of time homeless, it is important to document the start and end date of each occasion of homelessness and these occasions must cumulatively total a period of 12-months. In order to properly document the cumulative period of time homeless, at least 9 months of the 12-month period must be documented through third-party documentation unless it is one of the rare and extreme cases described above 2.b.ii. (*Evidence that the household experienced at least four separate homeless occasions over 3 years*). For purposes of this selection priority, a single encounter with a homeless service provider on a single day within one month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g., evidence in HMIS of a stay in transitional housing).

**Evidence of Severe Service Needs.** Evidence of severe service needs is that by which the recipient is able to determine the severity of needs using data-driven methods such as an administrative data match or through the use of a standardized assessment/entry conducted by a qualified professional.

**Evidence that the Recipient is Following the CoC's Written Standards for Prioritizing Assistance.** Recipients must follow the CoC's written standards for prioritizing assistance, as adopted by the CoC. In accordance with the CoC's adoption of written standards for prioritizing assistance, recipients must in turn document that the CoC's revised written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.

The CoC Board of Directors shall approve a Coordinated Assessment/entry System Memorandum of Agreement that will detail the responsibilities for utilization, documentation and compliance with prioritization standards adopted and included in the CoC Coordinated Assessment/entry System Policies and Procedures. The Coordinated Assessment/entry System Memorandum of Agreement shall be a required agreement for all CoC Program and Emergency Solutions Grant grantees, sub grantees, recipients and sub recipients.

### **Operating Procedures for the Documentation of Priority Status (DOPS)**

The Documentation of Priority Status process requires that agency staff, through the HMIS Coordinated Assessment/entry Module system and agency records, maintain documentation of homelessness, disability, veteran status, households with children and other

sub-population to verify the level of Priority based on the criteria established by the Coordinated Assessment/entry Policies and Procedures. Priorities will be based on VI-SPADT score reflected in the Coordinated Assessment/entry Module and supported by status as indicated by documentation referenced above. The CoC during Coordinated Assessment/entry staffing conferences will confirm assignment of clients based on the Priority One through Four categories described above for Permanent Supportive Housing. This Priority Status Classification will be documented in the HMIS as P1, P2, P3 and P4 etc. and have an additional VI-SPADT (Severity of Need) Score that will encompass the Prioritized Waiting List.

The Coordinated Assessment/Entry HMIS Module will comprise the Prioritized Waiting lists to assist CoC and ESG recipients in identifying clients with the highest levels of need in appropriate housing interventions.

**Documentation of Priority Status Lists.** CoC Program-funded PSH projects will accept referrals only through a single prioritized waiting list that is created through the CoCs coordinated assessment/entry process. This process is known as the *Documentation of Priority Status*. This process will ensure that CoC Program-funded PSH is being used most effectively. Project-level waiting lists will be based on this master priority status list, and not on the date in which they first applied for housing assistance.

**Dispute Classification of Priority Status.** Agencies that believe that the DOPS priority classification is not accurate, or believe that the client or household should be reconsidered for other circumstances of severity of service needs may request a DOPS Reconsideration to the Collaborative Applicant Executive Committee or other designee appointed by the Collaborative Applicant or Continuum of Care Board.

**DOPS Updates.** Agency Staff may at any time request a DOPS update if a client or households homeless or disability status changes to seek a higher priority. All reconsiderations or updates must comply with all recordkeeping and documentation set forth in the CoC Coordinated Assessment/entry System Policies and Procedures and consistent with the HUD Notice CPD-14-012.

#### **Non-discrimination Requirements**

CoCs and recipients of CoC Program-funded PSH must continue to comply with the nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II or III of the Americans with Disabilities Act, as applicable.

## V. CoC Planning

<p>CoC Strategic Plan</p>	<p>The NELA Housing and Supportive Services Corp / HOME Coalition will be responsible for drafting an annual Continuum of Care Strategic Plan to be reviewed and approved by the Continuum of Care Board. The plan will contain at minimum:</p> <ol style="list-style-type: none"> <li>1. HUD Goals</li> <li>2. Continuum of Care Goals</li> <li>3. HUD Objectives</li> <li>4. Continuum of Care Local Objectives</li> <li>5. Action Items that identify who and what steps will be taken to address the objectives and achieve the goals</li> <li>6. Performance measures</li> </ol>
<p>System Performance Measurements</p>	<p>The Collaborative Applicant will be charged with collecting and reporting Continuum of Care System Performance Measures. These measure will include at minimum:</p> <ol style="list-style-type: none"> <li>1. Length of time persons remain homeless;</li> <li>2. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness;</li> <li>3. Number of homeless persons;</li> <li>4. Jobs and income growth for homeless persons in CoC Program-funded projects;</li> <li>5. Number of persons who become homeless for the first time;</li> <li>6. Homelessness prevention and housing placement of persons defined by Category 3 of HUD’s homeless definition in CoC Program-funded projects; and</li> <li>7. Successful housing placement.</li> </ol> <p>The purpose of these measures is to provide a more complete picture of how well our community is preventing and ending homelessness. The number of homeless persons measure directly assesses the CoC’s progress toward eliminating homelessness by counting the number of people experiencing homelessness both at a point in time and over the course of a year. The six other measures help the CoC to understand how well they are reducing the number of people who become homeless and helping people become quickly and stably housed.</p> <p>Reductions in the number of people becoming homeless are assessed by measuring the number of persons who experience homelessness for the first time (#5), the number who experience subsequent episodes of homelessness (#2), and homelessness prevention and housing placement for people who are unstably housed (Category 3 of HUD’s homelessness definition) (#6). Achievement of quick and stable housing is assessed by measuring length of time homeless (#1), employment and income growth (#4), and placement when people exit the homelessness system (#7).</p> <p>The performance measures are interrelated and, when analyzed relative to each other, provide a more complete picture of system performance. Data Quality and Standards are addressed in the HMIS policies and procedures.</p>
<p>Needs and Gaps Analysis</p>	<p>The Collaborative Applicant is responsible for conducting and reporting to the Continuum of Care Board an annual gaps and needs analysis of housing and services in the homeless system of care. The Collaborative Applicant may use HMIS data, performance data, and point in time surveys, agency surveys for data collection</p>
<p>Point in Time</p>	<p>The Continuum of Care Collaborative Applicant will lead the Continuum of Care in</p>

Count	<p>conducting and annual point in time count of the homeless in compliance with HUD standards. The count date will be scheduled in consultation with the Texas Homeless Network in order to coordinate the count with Continuum of Cares statewide.</p> <p>The sheltered count will be conducted using the HMIS system and its equivalent for non- contributing HMIS organizations. The unsheltered count will be conducted using a comprehensive geographical blitz strategy.</p> <p>The CoC will conduct only a basic point in time count during even numbered year and a enhanced point in time count and homeless needs survey during odd numbered years.</p> <p>The Collaborative Applicant will report the results of the point in time count at a public meeting and forum during the first quarter of the year known as the State of the Homeless Address.</p> <p>The Collaborative Applicant is responsible for reporting the point in time findings to HUD accurately and on time through the Homeless Data Exchange system (HDX). The Collaborative Applicant is the recognized administrator and manager of the CoC’s HDX account.</p>
Housing Inventory Chart	<p>In consultation with each of the CoC’s Program project applicants the Collaborative Applicant is responsible to assure the timely submission and accuracy of the Housing Inventory Chart (HIC) The HIC represents the official inventory of housing available within the CoC for emergency shelter, safe haven, transitional, permanent supportive, permanent, and other permanent housing exclusively for persons experiencing homelessness. The HIC is used to calculate the CoC’s unmet need for housing, calculating beds dedicated and prioritized for the chronically homeless.</p>

**VI. Emergency Solutions Grant**

<p><b>ESG Policy</b></p>	<p><b>Policy Requirement:</b> The CoC must consult with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC’s geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients.</p> <p>Within the LA-505 CoC geographic area, there are two ESG recipients: City of Monroe, Louisiana, and the State of Louisiana.</p> <p><b>Policies and Procedures</b></p> <p><b>A. Consultation with ESG Grantees</b>          CoC communicates 10 Yr Plan goals, PiT data, unmet need, service gaps, etc., to ESG recipients City of Monroe and State of LA. Through input during Con Plan development, CoC helps develop local funding goals (number units RRH and Prev needed, for ex) for ESG recipients City of Monroe and state of LA. Performance standards are largely set by ESG regulations, and the CoC maintains policies for ESG projects for RRH services that address performance. CoC is participating on a statewide work group of CoCs to produce updated minimum CoC policies on ESG standards and benchmarks for all LA CoCs. The CoC, local ESG jurisdictions and subrecipients also comprise a CoC-area ESG work group to develop and/or vet updates to local policies and performance standards before adoption. CoC Board Assessment Committee evaluates ESG program subrecipients' performance metrics quarterly. CoC also conducts annual monitoring visits with ESG subrecipients.</p> <p><b>B. Establishing Priorities</b>          Funding priorities and targeted populations for assistance are established through the mechanism of the CoC quarterly membership and Board meetings. A representative of the local Con Plan jurisdiction is a CoC Board member who participates in qtrly 1-hour group meetings. State Con Plan jurisdiction reps attend one quarterly meeting. CoC and ESG pjt staff and local and state Con Plan jurisdictions collaborate quarterly as part of ESG Work Group (approx. 1 -2 hrs each), participating in training together, reviewing local needs and data (PiT, etc.), and developing input for state homeless policy. Further, ESG Work Group collaborates (about 5 hours qtrly) to develop documents and compile local data by email and phone conferences to complete CAPER, APRs, etc. When local Con Plan is being updated (every 4 yrs), CoC Exec. Committee and staff, ESG recipient staff, and local jurisdiction work in partnership spending approx 40 hours collectively to develop and draft the sections of the Con Plan pertinent to homelessness. CoC participates in a quarterly 6-hr meeting reviewing status of state ESG projects, local needs, state policy, etc.</p> <p><b>C. Process for Monitoring ESG Recipients and Subrecipients</b>          The CoC Board Assessment Committee meets quarterly to review project year to date draw downs, APRs, audits, and monitoring reports. Projects' progress toward standard goals, timeliness of expenditures, and status of response to any audit or monitoring findings. Outcomes to standard measures (housing stability and increased income) HMIS data quality reports are reviewed, and projects are asked to report how any complaints were handled. Starting in 3rd qtr 2016, projects' achievement on all System Performance Measures will be evaluated quarterly also. The committee prepares a report to the Board on</p>
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projects' performance with TA, correction action plans, and/or reallocation recommended as needed. An annual committee on-site monitoring visit uses HUD Desk Guide for Monitoring methods to assess CoC and ESG funded projects.

**D. Reporting Performance**

The CoC Collaborative Applicant reviews quarterly and end of program year ESG recipient and subrecipient reports generated by the HMIS system or comparable databases in the case of DV providers. CoC – wide standard ESG performance metrics are established during the 10 Year Plan process through consultation with ESG recipients and approved by the Continuum of Care Board of Directors.

The CoC Collaborative applicant will provide ESG Recipients with required Consolidated Action Plan and CAPER data within two weeks of data request.

**E. Standards for Provision of ESG Funds Administered by the Co**

Standards for provision of ESG services are directed by HUD ESG Consolidated Plan Regulation as Amended by ESG Interim Rule and Homeless Definition Final Rule and related guidance. Further, ESG grantees may set additional standards for subrecipients in their written contracts and policies. Additional standards for RRH services in the CoC area are described in the Rapid Rehousing section of these policies.

**VII. Homeless Management Information System**

Homeless Management Information System Overview: A Homeless Management Information System (HMIS) is a computerized data management and sharing system often implemented across an entire Continuum of Care (CoC). There are two primary purposes of a HMIS. First, to increase effectiveness and efficiency of service delivery within a CoC facilitating collaboration among service providers. Second, to provide data to the HMIS stakeholders regarding the state of homelessness and program effectiveness. The HMIS is composed of the data generated by all programs and agencies that provide services to homeless households. Most federally funded programs that serve these populations must record participant data in HMIS.

The CoC and the HMIS Administrator, The Wellspring, work closely with the LSNDC (Louisiana Services Network Data Consortium) to provide for statewide networking. The LSNDC uses Servicepoint, a web-based, electronic client information system. Servicepoint provides a standardized assessment of consumer needs, creates individualized service plans and records the use of housing and other services which communities can use to determine the utilization of services from participating agencies as well as to identify gaps in the local service continuum and develop outcome measurements.

The local CoC follows the policies and procedures of LSNDC. The LSNDC Policies and Standing Operating Procedures (Version 1.2) as well as the LSNCE Data Quality Plan (Version 2.0) are found in the Appendix. In addition the LSNDC agreement and partner agreements are found in the Appendix.

The following terminology unique and important to note.

<p>A. HMIS Terminology</p>	<ol style="list-style-type: none"> <li>1. Participation Intake – A point in an agency’s workflow when a participant is added to the HMIS.</li> <li>2. Continuum of Care (CoC) – an integrated collection of agencies serving the homeless.</li> <li>3. Contributing HMIS Organization (CHO) – an organization that enters data into the HMIS.</li> <li>4. Data Quality – data accuracy and completeness.</li> <li>5. Data Standards – Department of Housing and Urban Development publishes technical and data standards.</li> <li>6. De-identification – data where all personal identifying information has been removed.</li> <li>7. Encryption – the process of encrypting data for the purposes of safe storage or transmission.</li> <li>8. End-User – an HMIS End-User is an individual with access to the HMIS.</li> <li>9. HMIS Participation Notice – posted noticed explaining HMIS purpose and benefits.</li> <li>10. Inferred Consent – consent inferred by End-User as to a participant’s desire to participate in the HMIS.</li> <li>11. Informed Consent – consent given by a participant after demonstrating the purpose and benefits of participation.</li> <li>12. Metadata – information describing data, e.g. the date an assessment was modified.</li> <li>13. Personal identifying information – any information that may be used to identify a participant, whether directly or indirectly.</li> <li>14. Program-specific Data Elements – data elements required to be collected for specific programs in HMIS.</li> <li>15. Scan Cards – barcoded identification cards provided to participants for ease of data collection and entry into services.</li> </ol>
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	<p>16. Unduplicated Count – a count of participants where no two records represent the same participant.</p> <p>17. Universal Data Elements – data elements required to be gathered by all participating HMIS agencies.</p> <p>18. Written Consent – a written and signed consent.</p>
<p>B. Roles and Responsibilities</p>	<ol style="list-style-type: none"> <li>1. <u>HMIS Software Provider:</u> The current HMIS software provider (HSP) will be required to meet the HUD Approved Goals and Objectives for the CoC Homeless Assistance Grant HMIS project, comply with rules outlined in HMIS Data Manual and ESG Program HMIS Manual, provide required data elements in a format specified in the HMIS Data Standards Dictionary, and meet recommended security and privacy standards stated in HUD Data and Technical Standards. The HSP will develop and maintain the HMIS reports outlined in the HMIS Data Standards Manual and HMIS Standard Reporting Terminology Glossary.</li> <li>2. <u>HMIS Lead Agency:</u> The HMIS Lead Agency will manage the system-wide implementation of the HMIS on behalf of the Continuum of Care. It is the HMIS Lead Agency’s responsibility to act as an agent for the CoC in regards to the day-to-day operations of the HMIS. The HMIS Lead Agency will work collaboratively with the HMIS Governance Committee to make recommendations to the CoC Board regarding the planning, participation, coordination of resources, coordination of data integration, security and privacy features, and determination of policies and procedures. The HMIS Lead Agency is responsible for managing the HMIS Software Provider contract. The HMIS Lead Agency will manage the HMIS budget and the application for funding through the Continuum of Care Program Competition. The HMIS data will be aggregated by the HMIS Lead Agency to keep the CoC apprised as to the local state of homelessness.</li> <li>3. <u>Mandatory Contributing HMIS Organization:</u> A Mandatory Contributing HMIS organization (MCHO) is any organization contributing data to HMIS and is required to do so by its funding source. These projects must collect all Universal Data Elements and Program Specific Elements respective to the type of the program (2014 HMIS Data Standards Data Manual). On an annual basis MCHOs will be required to execute a HMIS Fort Worth/Arlington/Tarrant County Continuum of Care TX 601 Homeless Management Information System Participation Agreement.</li> <li>4. <u>Voluntary Contributing HMIS Organization:</u> A Voluntary Contributing HMIS Organization (VCHO) is any organization not required by its funding source to enter data into HMIS, however, the agency is participating in the HMIS as a contributing agency. The participant requirements for a VCHO are the same as an MCHO.</li> <li>5. <u>Non-Contributing HMIS Organization:</u> A Non-Contributing HMIS Organization (NCHO) is any agency that has been approved by the CoC Board of Directors to have “read-only” access to the HMIS. An NCHO is not required to enter any data into HMIS. An NCHO will not enter any data into HMIS.</li> <li>6. <u>HMIS End-User:</u> An HMIS End-User is an individual with access to the HMIS. An End-User must act in accordance with the requirements placed about contributing HMIS agencies. Annually each End- User will be required to execute the CoC HMIS End User Security and Privacy Agreement.</li> </ol>
<p>C. HMIS Software Provider:</p>	<p>The current HMIS software provider will be required to meet the HUD Approved Goals and Objectives for the CoC Homeless Assistance Grant HMIS project, comply with rules outlined in HMIS Data Manual and ESG Program HMIS Manual, provide required data elements in a format specified in the HMIS Data Standards Dictionary, and meet recommended security and privacy standards stated in HUD Data and Technical Standards. The HSP will develop and</p>

	maintain the HMIS reports outlined in the HMIS Data Standards Manual and HMIS Standard Reporting Terminology Glossary.
D. HMIS Lead Agency	The HMIS Lead Agency will manage the system-wide implementation of the HMIS on behalf of the Continuum of Care. It is the HMIS Lead Agency’s responsibility to act as an agent for the CoC in regards to the day-to-day operations of the HMIS. The HMIS Lead Agency will work collaboratively with the HMIS Governance Committee to make recommendations to the CoC Board regarding the planning, participation, coordination of resources, coordination of data integration, security and privacy features, and determination of policies and procedures. The HMIS Lead Agency is responsible for managing the HMIS Software Provider contract. The HMIS Lead Agency will manage the HMIS budget and the application for funding through the Continuum of Care Program Competition. The HMIS data will be aggregated by the HMIS Lead Agency to keep the CoC apprised as to the local state of homelessness.
E. Mandatory Contributing HMIS Organization	A Mandatory Contributing HMIS organization (MCHO) is any organization contributing data to HMIS and is required to do so by its funding source. These projects must collect all Universal Data Elements and Program Specific Elements respective to the type of the program (On an annual basis the mandatory agencies will be required to execute a Homeless Management Information System Participation Agreement with the HMIS Lead Agency
F. Voluntary Contributing HMIS Organization	A Voluntary Contributing HMIS Organization (VCHO) is any organization not required by its funding source to enter data into HMIS, however, the agency is participating in the HMIS as a contributing agency.
G. Non-Contributing HMIS Organization	A Non-Contributing HMIS Organization (NCHO) is any agency that has been approved by the CoC Board of Directors to have “read-only” access to the HMIS. An NCHO is not required to enter any data into HMIS. An NCHO will not enter any data into HMIS.
H. HMIS End-User:	An HMIS End-User is an individual with access to the HMIS. An End-User must act in accordance with the requirements placed about contributing HMIS agencies. Annually each End- User will be required to execute the CoC HMIS End User Security and Privacy Agreement.
I. HMIS Governance	HMIS Governance Committee is responsible for making recommendations to the CoC Board in the following areas: planning, training, participation, implementation, coordination of resources, coordination of data, integration, long term policies and procedures, HMIS growth and determination of software. The committee will also have ongoing oversight of the single HMIS and the HMIS Lead Agency and review regular CoC reports.  The committee will meet quarterly at a minimum, and membership shall be comprised of CoC Board representatives, HMIS Lead Agency Staff, CoC Staff, and Participating Agency Staff.
J. Privacy Plan	The Privacy plan will be articulated in the HMIS Governance Agreement between LSND, the HOME Coalition, and the HMIS Lead Agreement.
K. Security Plan	The Security Plan will be articulated in the HMIS Governance Agreement between LSND, the HOME Coalition, and the HMIS Lead Agreement.
L. Data Quality Plan	The Data Quality Plan will be articulated in the HMIS Governance Agreement between LSND, the HOME Coalition, and the HMIS Lead Agreement.

### VIII. Discharge Planning

<b>Discharge</b>	<p><u>Policy:</u> The HOME Coalition of Northeast Louisiana (formal name: Northeast Louisiana Housing and Supportive Services Corp.) (hereinafter, the CoC) and programs funded through the CoC, to the maximum extent practicable, assists state and local governments with their discharge planning so that persons are not discharged immediately into homelessness.</p> <p><u>Protocol:</u> The CoC and programs funded through the CoC coordinate with and/or assists State and local governments in their discharge planning efforts to ensure that, to the maximum extent practicable, persons who are discharged from publically funded systems of care including foster care (youth aging out), health care, mental health, and corrections are not released directly to the streets, emergency homeless shelters, or other McKinney- Vento homeless assistance programs (SHP, S+C, SRO) by (1) providing resource information detailing names, locations, eligibility requirements, and contact information for non-McKinney-Vento housing and homeless assistance programs available for persons being discharged; (2) providing training upon request for systems of care personnel on resources and methods to overcome barriers so that persons will not be discharged into homelessness; and (3) otherwise collaborating with these publically funded systems of care to ensure that persons are not routinely discharged into homelessness as described above.</p>
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**IX. Education Policy**

<p><b>Education</b></p>	<p><u>Policy:</u></p> <ol style="list-style-type: none"><li>1. As required by the <b>McKinney-Vento Homeless Assistance Act as amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 (hereinafter, the Act)</b>, all homeless children and youth have the right to a free public education. Therefore, in compliance with federal and state laws, The CoC and/or programs funded through the CoC that provide housing or services to families agrees, as follows:</li><li>2. The CoC and programs funded through the CoC that provide housing or services to families will maintain policies and practices that are consistent with, and do not restrict the exercise of rights provided by, subtitle B of title VII of the Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness.</li><li>3. Programs that provide housing or services to families funded through the CoC will designate a staff person to be responsible for ensuring that children being served in the program are enrolled in school and connected to appropriate services in the community, including early childhood programs such as Head Start, part C of the Individuals with Disabilities Education Act, and programs authorized under subtitle B of title VII of the Act (42 U.S.C. 11431 et seq.).</li><li>4. The CoC and programs funded through the CoC that provide housing or services to families will take into account the educational needs of children when families are placed in emergency or transitional shelter and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education.</li><li>5. Programs that provide housing or services to families funded through the CoC will collaborate with local education authorities to assist in the identification of individuals and families who become or remain homeless and are informed of their eligibility for services under subtitle B of title VII of this Act (42 U.S.C. 11431 et seq.) by ensuring that children and youth served by agencies are enrolled in school and are attending on a regular basis. Under McKinney-Vento, no child can be denied admittance to a public school due to lack of documentation such as birth certificates, social security cards, previous school records, etc.</li></ol> <p><u>Protocol:</u> Steps to accessing educational services for homeless children and youth in Northeast Louisiana are as follows: (a) Visit Ouachita Parish or Monroe City Schools Media Center or the appropriate parish school system facility to complete the Louisiana Student Questionnaire and the McKinney-Vento Confidential Referral form. These forms are also accessible by visiting any school in the school district. (b) The Homeless Liaison for the respective school system will review both forms to determine the individual's homeless status and make a referral to the appropriate services at the school. Once homelessness is determined the liaison will sign the form authorizing services. (c) The child will receive authorization to enroll in a school within</p>
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	<p>the school district. (d) A copy of the form will be sent the school system's Child Welfare and Attendance division at which point assistance with free school uniforms, school fees, and free lunch will be provided.</p>
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**X. Amendments to Policies and Procedures**

<b>Amendments to Policies and Procedures</b>	The Board may amend these Policies and Procedures from time to time. Such amendment may add additional review criteria at its discretion provided the agencies have opportunity to give feedback upon such proposed additional criteria before being adopted AND provided such criteria are not made applicable without reasonable time for the projects to make adjustments to implement.
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Miscellaneous Policies and Procedures