Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

 The Collaborative Applicant is responsible for reviewing the following:

 1. The FY 2019 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
 2. The FY 2019 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
 3. All information provided to ensure it is correct and current.
 4. Responses provided by project applicants in their Project Applications.
 5. The application to ensure all documentation, including attachment are provided.
 6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
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1A-1. CoC Name and Number: MD-600 - Prince George's County CoC

1A-2. Collaborative Applicant Name: MD-600 Prince George's County CoC

1A-3. CoC Designation: CA

1A-4. HMIS Lead: MD-600 Prince George's County CoC

1B. Continuum of Care (CoC) Engagement

Instructions:

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1B-1. CoC Meeting Participants.

 For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:
 1. participated in CoC meetings;
 2. voted, including selecting CoC Board members; and
 3. participated in the CoC's coordinated entry system.

Organization/Person	Participates in CoC Meetings	Votes, including selecting CoC Board Members	Participates in Coordinated Entry System
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	Yes	Yes	Yes
Hospital(s)	Yes	No	No
EMS/Crisis Response Team(s)	Yes	Yes	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	No
Disability Service Organizations	Yes	Yes	Yes
Disability Advocates	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes

Youth Advocates	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	No
Domestic Violence Advocates	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	No
LGBT Service Organizations	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	No
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Mental Illness Advocates	Yes	Yes	Yes
Substance Abuse Advocates	Yes	Yes	Yes
Other:(limit 50 characters)			
Veteran Service Providers and the Regional VA	Yes	Yes	Yes
Workforce Services	Yes	Yes	No
Public Child Welfare Agency	Yes	Yes	No

1B-1a. CoC's Strategy to Solicit/Consider Opinions on Preventing/Ending Homelessness.

Applicants must describe how the CoC:
1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2. communicates information during public meetings or other forums the CoC uses to solicit public information;
3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and
4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF. (limit 2,000 characters)

The CoC employs a multi-system approach to planning and implementing services to end homelessness and pro-actively solicits a wide variety of opinions and expertise.
1. The CoC is comprised of 100+ agencies and working subcommittees with unique population focus (i.e. survivors, youth and chronic homeless/high system utilizers); all of which routinely include persons with lived experience and external subject matter experts as well as representatives from businesses, non-profit, government and at large community members who have overlapping interests. CoC members also sit on relevant countywide workgroups spearheaded by local health and human service agencies to ensure larger system strategies are developed that are inclusive of the needs of the County's homeless population.
2. The CoC hosts quarterly meetings to share CoC initiatives and progress against the 10 year plan and to ensure on-going access to the full range of

opinions in designing and delivering homeless services. This continuously open and inclusive process ensures that the CoC receives real time information necessary for effective program design and decision making and this cross-pollination between agencies has led to a number of successful partnerships and new Federal and State grants being awarded.
3. The CoC uses information collected during the year to inform initiatives, expand local understanding of universal needs and best practices, and improve CoC programs and policies including: One Roof, Pay for Success, 100 Day Challenge, Coordinated Entry Collaborative and CLASP PATH for TAY (national), Student Housing Pilot, ACIS 1115 waiver, RRH collaborative, and UHY tuition waiver (state), and the Safe Housing Study (local).
4. The CoC uses several mediums to solicit opinions including written documents, listening sessions, electronic and in person surveys (English/Spanish), focus groups, text, 24/7 hotline, County website, direct street outreach and in person meetings with ASL/TTY capability.

1B-2. Open Invitation for New Members.

 Applicants must describe:
 1. the invitation process;
 2. how the CoC communicates the invitation process to solicit new members;
 3. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats;
 4. how often the CoC solicits new members; and
 5. any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
 (limit 2,000 characters)

1. New members may join at any time by attending a CoC's plenary or sub-committee meeting and are automatically added to the master list to begin receiving CoC emails, meeting notices and materials. In addition, CoC members routinely attend non CoC meetings that impact services and are empowered to invite representatives to join the CoC; the CoC reviews its membership quarterly, scanning for gaps, and reaches out to targeted representatives to educate them about the CoC and invite them to join; and finally, the CoC issues special invitations to regional/national experts to provide data, expertise and technical assistance to the CoC regarding national best practices with the potential for maximum CoC priority area impact.
2. All CoC meetings are publicly announced by posting on the County's website and through various electronic listserves as well as by personal invitation by CoC members throughout the year.
3. The CoC uses several mediums to reach its diverse population including, written documents, in person events, online platforms (i.e. webpage, twitter, facebook, and Instagram), electronic messaging boards (i.e. MVA and Public Welfare offices), text, 24/7/365 hotline, and direct street outreach, telephonic and in-person translation services, and ASL / TTY capability.
4. The CoC has a continuous open membership process that allows members to join at any time.
5. Members of the CoC leadership include persons with lived experience and the CoC's Youth Action Board (a voting subcommittee of the CoC) is made up entirely of homeless or previously homeless youth and young adults. In

addition, all other CoC sub-committees include persons with lived experience in their population target group as a member of their team. Finally, the CoC uses resident action councils, its annual homeless resource day, street outreach and other methods to encourage homeless and formerly homeless persons to join or inform the work of the CoC.

1B-3. Public Notification for Proposals from Organizations Not Previously Funded.

Applicants must describe:
1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;
2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;
3. the date(s) the CoC publicly announced it was open to proposal;
4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and
5. if the CoC does not accept proposals from organizations that have not previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding.
(limit 2,000 characters)

The CoC continues to actively recruit new providers and had increased its portfolio by 67% since 2012.
1. CoC plenary meetings are used to disseminate information months before the competition opens providing critical information about the CoC, its operations, and funding opportunities. In addition, the CoC actively reached out to new organizations to advise them of the pending NOFA and encourage them to apply. The CoC hosted a learning session on 6/13/19 to prepare interested applicants for the success in the new competition and a follow up meeting on 7/19/19 with organizations pursuing bonus projects to review program designs and offer feedback for proposal improvements. 4 providers (3 new) attended this meeting and 2 (both new) had an application included in this year's competition.
2. The CoC's has a comprehensive ranking policy that is provided in advance to all prospective applicants and an independent CoC ranking panel responsible for the evaluation and scoring of proposals. The 2019 panel met on 8/27/19 to review, score and rank all applications according to CoC published guidelines and resulting recommendations were reviewed and approved by the CoC plenary on 9/5/19. Notifications sent to all applicants with the CoC decision and appeal process. No appeals were filed.
3. Notice of the 2019 CoC NOFA and availability of bonus funds went out to the CoC listserve on 7/10/19 and was publicly posted on 7/12/2019 with 2019 CoC ranking and selection criteria, the process for submitting renewals and new projects, and 2019 CoC submission deadlines.
4. The CoC uses written documents, listserve emails, the County website, and in person and telephonic contact with translation assistance as needed to ensure equal access to the competition. In addition, 1-1 technical assistance

was offered to all renewing and new organizations from 7/19/19 through 8/16/19
to ensure successful submission of projects.
5. The CoC accepts proposals from all interested organizations.

1C. Continuum of Care (CoC) Coordination

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1C-1. CoCs Coordination, Planning, and Operation of Projects.

Applicants must select the appropriate response for each federal, state, local, private, other organizations, or program source the CoC included in the planning and operation of projects that serve individuals experiencing homelessness, families experiencing homelessness, unaccompanied youth experiencing homelessness, persons who are fleeing domestic violence, or persons at risk of homelessness.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Workforce Innovation and Opportunity Programs	Yes

Local Management Board Programs	Yes

1C-2. CoC Consultation with ESG Program Recipients.

Applicants must describe how the CoC:
1. consulted with ESG Program recipients in planning and allocating ESG funds;
2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and
3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.
(limit 2,000 characters)

The CoC has three ESG program recipients operating within the physical borders of its community (the County, the City of Bowie and the State of Maryland) and all are active members of the CoC.
1. All ESG recipient and sub-recipient organizations are active members of the CoC plenary and Coordinated Entry sub-committee and routinely participate in higher-level discussions regarding housing priorities impacting the County's homeless population. DSS, which also serves as the lead agency for the CoC, is the sub-recipient of all County ESG funds and conducts an annual realignment of funding priorities based on the CoC's 10 Year Plan progress; level and type of current need (HMIS); CoC System Performance Measures; Annual turn-away and service type call data from the Homeless Hotline; and availability of other funds. This ensures funds are targeted to the most pressing needs and adjustments made in real time based on the most current data available.
2. All ESG recipient service data is maintained in HMIS and system reports are used by the CoC in the evaluation and reporting of ESG sub-recipient performance against identified performance outcomes. In addition, the ESG recipients actively funding CoC programs and services also conduct an independent annual monitoring separate and apart from the CoC of ESG sub-recipient to track performance measures and report on outcomes to ensure accountability and efficacy of performance.
3. The homeless sections of the County and City Consolidated Plans are prepared by the CoC using PIT, CAPER, AHAR, APRs, HIC, UHY counts, HMIS and other data and shared with the State for inclusion in the State plan. The CoC meets quarterly with the Maryland Interagency Council on Homelessness to help set statewide homeless priorities. These efforts ensure alignment between all plans.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions.

Yes to both

Applicants must indicate whether the CoC provided Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area.

1C-2b. Providing Other Data to Consolidated

Yes

Plan Jurisdictions.

Applicants must indicate whether the CoC ensured local homelessness information is communicated to Consolidated Plan Jurisdictions within its geographic area so it can be addressed in Consolidated Plan updates.

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.

Applicants must describe:
1. the CoC's protocols, including protocols for coordinated entry and the CoC's emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and
2. how the CoC, through its coordinated entry, maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

1. The County maintains a separate call center to respond to calls from victims seeking immediate assistance and call takers are trained to assess and mitigate lethality risk and ensure rapid placement when appropriate in the CoC's 50-bed trauma informed, victim centered "safe" shelter. All first responders and victims service providers have well established confidentiality protocols in place that prioritize safety including the protection of a victim's identity, location and plan while rapid linkages are made to appropriate systems. Unaccompanied youth presenting at risk are linked to Child Protective Services and/or the CoC's homeless youth emergency shelter (which also serves as an extraction point for youth seeking to exit a gang or escape a trafficker) until longer term interventions can be implemented. Survivors requiring higher acuity housing are advanced to the CoC's Coordinated Entry Team for prioritization and placement into other COC housing assets using de-identified data to protect the survivor. The CoC has an emergency transfer protocol in place should a survivor experience a repeat violent offense to ensure swift re-access to safety at an alternative site and subsequent relocation to another appropriate housing solution.
2. The CoC has a number of resources available that enable it to maximize client choice for housing and resources while ensuring safety and confidentiality, including but not limited to, special traveler's aid services targeting rapid relocation of victims to safe accommodations in other parts of the Country, a victim's resiliency fund for supportive service and relocation needs (i.e. security systems, door, window and lock replacement, safety bars, moving, housing search, and transportation), short term housing subsidies, CoC and non-CoC funded rapid re-housing, joint TH-RRH and PSH housing and set aside housing choice vouchers.

1C-3a. Training–Best Practices in Serving DV Survivors.

Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:
1. CoC area project staff that addresses safety and best practices (e.g.,

trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and
2. Coordinated Entry staff that addresses safety and best practices (e.g., Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence.
(limit 2,000 characters)

1. CoC leadership works closely with the County's Domestic Violence and Human Trafficking Division to ensure appropriate training is provided regularly to the CoC and that access to services and supports occur in real time. Recent trainings included identifying red flags, the dynamics of domestic violence, crisis intervention, the Power & Control Wheel, legal interventions, and resources available to victims and survivors. Additionally, the CoC provides related training to all its members on trauma informed care, motivational interviewing, and mental health first aid. Several of the County's victim services providers including the Prince George's County Department of Family Services, the Health Department's Domestic Violence Coordinator, Representatives from the Police Department's Domestic Violence Unit, the State's Attorney's Office, House of Ruth, the Family Justice Center, and Community Advocates for Family and Youth are all members of the CoC and actively share information regarding trends, trainings, and best practices at CoC plenary meetings. 2. Victims services providers are represented on the CoC Coordinated Entry team ensuring confidentiality protocols are enforced for the protection of victims seeking CoC resources and in addition to the annual trainings provided to the CoC at large, these representatives provide victims centered care coordination and safety planning for victims cases presented at the bi-weekly meetings.

1C-3b. Domestic Violence–Community Need Data.

Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking.
(limit 2,000 characters)

In addition to the HMIS data and de-identified data from CoC connected victims services providers, the CoC uses a variety of external data sources to assess community needs of victims including: the Prince George's County State's Attorney's Office (SAO) Special Victims and Family Violence Unit (SVFVU) surveys, 911, 211 and DV hotline calls, Uniformed Crime Reports, Family Justice Center usage reports, PCWA child and adult abuse and exploitation de-identified data, Support, Advocacy, Freedom and Empowerment (SAFE) Center for Human Trafficking Survivors, the National Human Trafficking Resource Center, National Network to End Domestic Violence reports, and District Court domestic filings. This information is then aggregated to create a simulated analysis of community need and used for CoC planning purposes.
In addition to the data systems above, the CoC has engaged the services of the National Alliance for Safe Housing, Inc, to critically evaluate and improve access to safe housing for survivors of domestic violence, trafficking and sexual assault using a three phase comprehensive multi-system approach. Phase 1 is an independent assessment of how well the current system is working for survivors by engaging homeless/housing and victim service providers, community stakeholders and survivors themselves through online surveys, listening sessions and key informant interviews. This data is currently being collected and will be used by NASH to generate a set of recommendations to

CoC for action. Phase 2 is the development of a Safe Housing Strategic Plan for Prince George's County based on Phase 1 recommendations and community priorities and Phase 3 is implementation of the Plan including on-going provision of technical assistance and training support by NASH to the CoC to ensure system shifts and improvements are implemented with efficacy and in accordance with best practices.

*1C-4. PHAs within CoC. Attachments Required.

Applicants must submit information for the two largest PHAs or the two PHAs with which the CoC has a working relationship within the CoC's geographic area.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On
Housing Authority of Prince George's County	13.00%	Yes-Both	Yes-Both

1C-4a. PHAs' Written Policies on Homeless Admission Preferences.

Applicants must:
1. provide the steps the CoC has taken, with the two largest PHAs within the CoC's geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference–if the CoC only has one PHA within its geographic area, applicants may respond for one; or
2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)

The CoC works very closely with the local PHA to develop and implement policies that best serve the County's homeless and low-income population and the PHA is an active member of the CoC. The PHA has adopted several policies supporting prioritization of housing resources for the homeless including:

1. A homeless admissions preference in the PHA's Administrative Plan;
2. Additional admissions preferences for targeted subpopulations prioritized by the CoC (veterans, transitional housing move out, and disabled);
3. CoC set aside vouchers for survivors, mentally ill and disabled, veterans, homeless families in crisis, homeless, family unification, family unification-youth, and VASH;
4. Homeless Eligibility preference question on Public Housing and HCV applications allowing for designation of the applicant as homeless;
5. Protocol for coordination with the CoC and local mainstream benefit agency to assist with identification and location of homeless people who were on the wait list but who did not respond to mailings so they can maintain their eligibility for housing; and
6. Implementation by the CoC of a housing stabilization program with intensive

case management targeting individuals and families receiving PHA housing assistance who are identified by the PHA as at risk of losing their voucher to ensure appropriate supports are in place to keep homeless persons in public housing once they're placed.

In addition, the CoC and PHA are currently building on these successes by partnering on four additional initiatives targeting emerging CoC priorities that will create additional housing opportunities in the next 12 months: Submission of applications for VASH and Mainstream vouchers, set aside vouchers for non systems UHY and ACIS/PFS high system utilizers, expansion of successful strategies to two smaller municipal PHAs in the County to create access to the new FYI vouchers for youth exiting care, and an affordable housing strategy for seniors.

1C-4b. Moving On Strategy with Affordable Housing Providers.

Applicants must indicate whether the CoC has a Moving On Strategy with affordable housing providers in its jurisdiction.

Yes

If "Yes" is selected above, describe the type of provider, for example, multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs.
(limit 1,000 characters)

The CoC has partnered with the PHA, apartment complexes, and private landlords to develop effective "Move On" strategies for families & singles residing in PSH programs. Bi-annual scans of the PSH network identify households that no longer require intensive services and have demonstrated the ability to live independently. These households are prioritized for referral to mainstream housing opportunities including regular and set aside housing vouchers, public housing, project-based voucher units, first time homebuyer programs, low-income senior housing, and regular market rent housing. Additional resources and services are offered to these PSH residents to incentivize the shift to lower intervention housing opportunities including second chance credit preferences, financial literacy classes, low income tax credits, credit counseling, financial move out assistance, housing search, landlord/tenant mediation, rent negotiation and concessions, and post transition follow up support services to ensure stabilization. These strategies allow the CoC to free up high acuity units and services and maximize limited resources.

1C-5. Protecting Against Discrimination.

Applicants must describe the actions the CoC has taken to address all forms of discrimination, such as discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.
(limit 2,000 characters)

The CoC has a universal anti-discrimination policy that is inclusive of all protected classes under the fair housing Act and 24 CFR 5.105(a)(2) and all

member organizations include this policy in their programs and protocols. The CoC requires all providers to maintain and post, an anti-discrimination policy that ensures eligible households are not screened out or denied service based on race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status or disability. Providers are also required to have policies that eliminate Limited English Proficiency barriers to any service or program providing services to those persons who do not speak English as their primary language, have a limited ability to read, write, speak, and/or understand the English language, or are hearing or visually impaired. CoC deployable resources include bi-lingual staff, access to telephonic interpreter services through the Language Line or similar service, and TRS/TTY/TTD or Video Remote Interpreting for the hearing impaired. Representatives from the local Department of Housing and Community Development and the Housing Authority sit on the CoC and provide on-going technical assistance to the CoC regarding fair housing issues that may arise and the CoC monitors annually for compliance and has an appeal process in place for participants who believe that their rights under these protections have been violated. Finally, the CoC continuously works with non CoC landlords, housing providers, faith communities and other service providers to facilitate equal access to community housing assets and to ensure that homeless persons served by the CoC are not subject to discriminatory action.

*1C-5a. Anti-Discrimination Policy and Training.

Applicants must indicate whether the CoC implemented an anti-discrimination policy and conduct training:

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively address discrimination based on any protected class under the Fair Housing Act?	Yes
3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing?	Yes

*1C-6. Criminalization of Homelessness.

Applicants must select all that apply that describe the strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area.

1. Engaged/educated local policymakers:	X
2. Engaged/educated law enforcement:	X
3. Engaged/educated local business leaders:	X
4. Implemented communitywide plans:	X
5. No strategies have been implemented:	

6. Other:(limit 50 characters)	
Engaged/educated municipal leaders	X
Engaged/educated correctional facility leaders	X
EngagedEducated the Court System leaders	X

1C-7. Centralized or Coordinated Assessment System. Attachment Required.

Applicants must:
1. demonstrate the coordinated entry system covers the entire CoC geographic area;
2. demonstrate the coordinated entry system reaches people who are least likely to apply for homelessness assistance in the absence of special outreach; and
3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner. (limit 2,000 characters)

1. The CoC Coordinated Entry System covers the entire CoC geographic area. The Homeless Hotline, a long established, language agnostic, toll-free number communicated across many print, digital, and social media, which is widely known throughout the homeless services community. The Hotline matches callers to all available services, including diversion, prevention, mainstream housing and/or short term emergency shelter. If rapid exit and permanency is not achieved through these interventions, participants are then referred to a second tier for access to higher acuity CoC RRH, Joint TH-RRH, and PSH resources.
2. Outreach teams and homeless Drop-in Centers work to reach individuals who are less likely to apply for homelessness assistance by working with special populations, including at-risk youth, individuals experiencing mental health crises, non-English speakers, justice connected homeless persons, and veterans. Partnerships with law enforcement, Fire/EMA mobile integrated health teams, faith communities, and local non-profit organizations ensure that experiencing homelessness in any urban, suburban, or rural area of the County is not a barrier to being connected to services.
3. The Coordinated Entry Team meets bi-weekly and reviews the by name list using a robust set of data points including HMIS, standardized assessment tools (Housing Prioritization Tool and VI-SPDATs), and case conferencing to prioritize and match homeless residents to CoC assets based on level of acuity, vulnerability and chronicity. Case conferencing among client referrers, supportive housing providers, and other stakeholders results in a transparent, multi-disciplinary, mutually accountable, and client centered process and ensures that all homeless individuals are fairly and expeditiously assessed, prioritized, and connected to the most appropriate and least restrictive services needed to ensure that their homelessness is a brief, one-time experience.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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1D-1. Discharge Planning Coordination.

Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1E. Local CoC Competition

Instructions

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 The FY 2019 CoC Program Competition Notice of Funding Availability at: https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

*1E-1. Local CoC Competition–Announcement, Established Deadline, Applicant Notifications. Attachments Required.

Applicants must indicate whether the CoC:

1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition;	Yes
2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline;	Yes
3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and	Yes
4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline.	Yes

1E-2. Project Review and Ranking–Objective Criteria.

Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition:

1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served);	Yes
2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and	Yes
3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served.	Yes

1E-3. Project Review and Ranking–Severity of Needs and Vulnerabilities.

Applicants must describe:
1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and
2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.
(limit 2,000 characters)

1. The severity of needs of the population served, the demand for the service, and programmatic barriers to serving the homeless were taken into consideration during the ranking process with low barrier programs and those programs providing services to higher need populations receiving higher scores. The CoC considers the following vulnerabilities while ranking projects: significant health or behavioral health challenges, unaccompanied homeless youth, and/or victims of DV or human trafficking. Indicators of severe needs include high utilization of crisis and emergency services including hospitals, jails & psychiatric facilities, and longer lengths of chronicity. The vulnerabilities and severity of the needs of the population served are taken into account when comparing provider outcomes, as are program designs and services that specifically address the needs of these populations and/or reduce their barriers to accessing services.
2. Recognizing that people with severe needs can be more difficult to serve and that the CoC needs more programs that are equipped to effectively serve this population, programs serving or proposing to serve a high percentage of people with severe high needs are awarded additional points in the ranking process. The CoC ranking panel was made up of subject matter experts in key CoC priority areas (Youth and LGBTQ, re-entry, and behavioral health) as well as municipal government whose experiences allowed them to fully evaluate services offered by the applicants. In addition, the CoC scoring criteria allocated escalating point values for applications that addressed certain vulnerabilities and severity of needs (i.e.; Applicants that targeted chronic homeless and persons with severe behavioral health challenges in their application were eligible for 5 points whereas projects that did not were not eligible for those points).

1E-4. Public Postings–CoC Consolidated Application. Attachment Required.

Applicants must:
1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or
2. check 6 if the CoC did not make public the review and ranking process; and
3. indicate how the CoC made public the CoC Consolidated Application–including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected–which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or
** 4. check 6 if the CoC did not make public the CoC Consolidated Application.**

Public Posting of Objective Review and Ranking Process		Public Posting of CoC Consolidated Application including: CoC Application, CoC Priority Listing, Project Listings	
1. Email	X	1. Email	X
2. Mail	☐	2. Mail	☐
3. Advertising in Local Newspaper(s)	☐	3. Advertising in Local Newspaper(s)	☐
4. Advertising on Radio or Television	☐	4. Advertising on Radio or Television	☐
5. Social Media (Twitter, Facebook, etc.)	X	5. Social Media (Twitter, Facebook, etc.)	X
6. Did Not Publicly Post Review and Ranking Process	☐	6. Did Not Publicly Post CoC Consolidated Application	☐

1E-5. Reallocation between FY 2015 and FY 2018.

 Applicants must report the percentage of the CoC's ARD that was reallocated between the FY 2015 and FY 2018 CoC Program Competitions.

Reallocation: 31%

1E-5a. Reallocation–CoC Review of Performance of Existing Projects.

 Applicants must:
 1. describe the CoC written process for reallocation;
 2. indicate whether the CoC approved the reallocation process;
 3. describe how the CoC communicated to all applicants the reallocation process;
 4. describe how the CoC identified projects that were low performing or for which there is less need; and
 5. describe how the CoC determined whether projects that were deemed low performing would be reallocated.
(limit 2,000 characters)

The CoC uses reallocation as one of many tools to continuously realign system resources with community needs to improve overall CoC performance.
1. The CoC has a written reallocation policy. CoC Program funds may be reallocated either by a voluntary process or by a competitive system transformation process.
2. The CoC reallocation policy is reviewed annually and was last updated and approved by the full CoC membership during a monthly CoC plenary meeting on 8/2/19.
3. The reallocation policy is circulated to the membership once a year immediately following the CoC's annual review and ratification of its policies. In addition, these policies are posted on the County website for access by anyone at any time.

4. A determination of low performance by the CoC is based on the following: Low project performance, which takes into consideration exits to permanency, returns to homelessness, maintenance of permanent housing, increases in participant income, and linkages to mainstream resources; Low utilization and effectiveness, which factors bed/unit operating capacity and cost effectiveness relative to project type and population served; Substandard participation in HMIS, including, but not limited to, bed coverage and data quality; and Ineffective grants management, which takes into consideration under-spending, timely draws, and recaptured funds. There were no CoC projects identified as at risk of reallocation due to low performance by the CoC in the 2019 competition.

5. If a project is deemed to be low performing, the CoC Lead Agency will initiate a process by which the low performing project works with the CoC Lead agency to develop a project improvement plan. If, in the timeframe outlined in the project improvement plan, the project has not made significant changes to improve its performance or meet set targets, the CoC reserves the right to reallocate the project. There were no reallocations recommended in the 2019 competition.

DV Bonus

Instructions

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1F-1   DV Bonus Projects.

Applicants must indicate whether the CoC is requesting DV Bonus projects which are included on the CoC Priority Listing: Yes

1F-1a. Applicants must indicate the type(s) of project(s) included in the CoC Priority Listing.

1. PH-RRH	X
2. Joint TH/RRH	
3. SSO Coordinated Entry	

Applicants must click "Save" after checking SSO Coordinated Entry to view questions 1F-3 and 1F-3a.

*1F-2. Number of Domestic Violence Survivors in CoC's Geographic Area.

Applicants must report the number of DV survivors in the CoC's geographic area that:

Need Housing or Services	7,604.00

the CoC is Currently Serving	597.00

1F-2a. Local Need for DV Projects.

 Applicants must describe:
 1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and
 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).
(limit 500 characters)

 1. Last year there were 4870 discrete calls to the DV hotline, 1,509 on the homeless hotline, and 1,225 on 2-1-1, for at total of 7,604 count residents calling for services and/or housing assistance because of domestic violence.
 2. The CoC does not fund any victim services providers at this time and relied on data reported in HMIS to determine survivors served in the most recent reporting year in the response to 1F-2a.2 above.

1F-4. PH-RRH and Joint TH and PH-RRH Project Applicant Capacity.

 Applicants must provide information for each unique project applicant applying for PH-RRH and Joint TH and PH-RRH DV Bonus projects which the CoC is including in its CoC Priority Listing–using the list feature below.

Applicant Name	DUNS Number
House of Ruth Mar...	145383642

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

DUNS Number:	145383642
Applicant Name:	House of Ruth Maryland, Inc
Rate of Housing Placement of DV Survivors–Percentage:	88.00%
Rate of Housing Retention of DV Survivors–Percentage:	92.00%

1F-4a. Rate of Housing Placement and Housing Retention.

 Applicants must describe:
 1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

1. Placement/retention rates were calculated using data from other House of Ruth Maryland's (HRM) Safe Homes Strong Communities Rapid Re-Housing programs operating in an adjacent community and included entry, exit, and re-entry data to forecast rates for the new project.
2. The data resides in a comparable database (Social Solutions) using a Measuring Success Outcomes model developed by IPV practitioners and experts focused on 3 key outcomes and 10 indicators of survivor safety and success.

1F-4b. DV Survivor Housing.

 Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing.
(limit 2,000 characters)

The proposed project is new however HRM has over 40 years of experience providing intimate partner violence services and 10 years of experience providing rapid re-housing programs that move survivors into permanent housing; successfully placing an average of 88% of all survivors served with a 92% retention rate. In addition, HRM has operated programs aimed at special sub-sets of survivors requiring additional levels of trauma response including immigrant populations and has developed a database of housing resources available for those harder to serve survivors.
All survivors served by HRM are assigned a skilled Community Advocate (CA), who uses client interviews and the Campbell Danger Assessment to determine partner lethality so survivors may decide if rapid re-housing is appropriate and safe. A needs assessment is conducted, rapid re-housing is explained, and the CA works with the survivor on stability building including: obtaining documents; DV safety planning; referrals for health/mental health care and workforce development; connections to HRM legal support; applications for mainstream benefits and other victim centered services for which they are eligible in order to facilitate access to – and stability in - more permanent housing.

HRM's RRH programs work closely with coordinated entry to link housing and needed services with DV survivors as soon as they are identified by the CoC. They maintain strong relationships with landlords and property management companies throughout the region in order to ensure that they can quickly assist survivors in moving into safe housing in the area of their choice. Housing and supportive services are tailored specifically to survivors and survivors are usually placed in permanent housing within 30 days. HRM's staff is highly experienced in providing services to survivors and is trained in trauma-informed responses.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
(a) training staff on safety planning;
(b) adjusting intake space to better ensure a private conversation;
(c) conducting separate interviews/intake with each member of a couple;
(d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
(e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
(f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.
(limit 2,000 characters)

1. HRM has confidentiality protocols that meet HIPAA and trauma-centered guidelines that safe guard a victim's identity, location and service plan and uses a number of strategies to ensure the safety of homeless survivors, including: a. A partnership with CoC leadership and the County's Domestic Violence and Human Trafficking Division to ensure appropriate training is provided regularly to the CoC and that access to survivor safety services and supports occur in real time; b. Enclosed offices for intake and assessment to ensure private conversation; c. Policies for interviewing household members and other family members separately to provide safe opportunities for disclosure; d. Case management that focuses on continuous safety planning and identification of neighborhoods and/or apartment complexes that meet their safety needs including consideration of other housing related amenities including access to public transportation and proximity to work/schools that impact safety; e. Access a victim's resiliency fund for security needs including security systems, door, window and lock replacement, and safety bars (the applicant does not operate any congregate housing); and f. Maintenance of unit bed availability and location confidentiality for units dedicated to survivors and. In addition, HRM uses confidentiality protocols including a de-identified referral process, survivor specific coordinated entry and safety planning for victims cases presented at the bi-weekly meetings, and use of an alternative comparable database along with victim centered care coordination to ensure ongoing survivor safety.
2. HRM measures its ability to safeguard survivors using several indicators including survivor ability to do intentional safety planning, episodes of new abuse, and requests for emergency relocation and continuously evaluates its policies and protocols to ensure implementation of best practices from the field.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:
1. project applicant's experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and
2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
(a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
(b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
(c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
(d) placing emphasis on the participant's strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
(e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
(f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
(g) offering support for parenting, e.g., parenting classes, childcare.
(limit 4,000 characters)

1. HRM has 40 years experience meeting the needs of domestic abuse survivors and is a national leader in using a trauma-informed victim-centered approach. HRM provides evidence-based trauma reduction therapy to address past and current abuse and the resulting emotional impact, and utilizes Trauma Focused Cognitive Behavioral Therapy, motivational interviewing, and other evidence-based best practices in order to meet the recovery needs of participants. Janice Miller, HRM's Director of Programs and Clinical Services has presented at national conferences, provided technical assistance to other non-profits looking to replicate their model and success rates, and trained local CoCs on systems coordination and best practices for survivors.
2. If funded, HRM would utilize these same trauma-informed, victim centered approaches in this project and address survivor needs by implementing:
a. Client choice policies that help survivors identify permanent housing options that serve their individual needs, taking into consideration their preferences in terms of location and type of housing. HRM has excellent relationships with both non-profit and for-profit landlords throughout Prince George's County who offer rental units at a discounted rate or are more lenient when rent payments are sometimes late. These relationships assure diverse housing options.
b. Housing-first approaches that do not require survivors to meet certain standards in order to receive services or housing. Survivors are treated with respect and equality and staff use strength based practices and other case management tools to minimize the power differential, empower and engage survivors, and partner with them to support their transition to safe and fulfilling lives.
c. Practices that target and reduce the trauma symptoms hindering safety, long term economic/housing stability, and recovery. All HRM Therapists practice evidence based trauma reduction therapies such as TF-CBT and work with

adult survivors and child witnesses to educate the family on the effects of trauma and provide evidence-based therapy to reduce trauma symptoms.
d. Policies that support a strength based approach at all levels of interaction including forms, assessment tools, case management and coaching practices, and case plans that focus on survivor strengths, interests, aspirations, talents, and resiliency and that help the survivor use those strengths to create the lives they want to live.
e. In-house trainings that ensure all staff is culturally competent and nondiscriminatory. HRM staff also attends County HSP trainings on nondiscrimination and case management meetings that focus on providing culturally sensitive services.
f. Formal counseling groups and informal opportunities for program participants to meet and connect with one another. Peer-to-peer mentors are used to provide inspiration and hope, and all participants are encouraged to become involved in community activities that are appealing to them.
g. Parenting classes and assistance with participant identification of – and access to - appropriate childcare when needed. HRM recognizes the multi-generational aspect of domestic violence and works with the family to address the trauma caused by DV and the patterns that tend to perpetuate it.

1F-4e. Meeting Service Needs of DV Survivors.

 Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
 - Legal Services
 - Criminal History
 - Bad Credit History
 - Education
 - Job Training
 - Employment
 - Physical/Mental Healthcare
 - Drug and Alcohol Treatment
 - Childcare

(limit 2,000 characters)

HRM works closely with national partners to impact policies and practices governing provision of survivor services as well as local partners to leverage public/private funding and maximize opportunities for victims of violence to improve their safety and stability in the County. In addition to the macro work, HRM provides needed direct services such as community based RRH, service coordination, workforce development, evidence-based trauma therapy, and legal assistance. HRM also offers a large array of supportive services, including information on legal rights/representation at protective order hearings and assistance with child custody; transportation assistance to attend appointments, educational classes, and workforce development; funds for application fees, furniture and other moving costs; education and workforce development; employment assistance; financial literacy and credit repair; assistance with childcare; assistance with applications for mainstream benefits;

and trauma-informed mental health services. HRM also works closely with local health care providers, substance abuse treatment centers, and art programming to support survivor families during recovery and re-stabilization.
HRM Therapists work with local churches to provide space for support groups that are in neighborhoods near underserved populations, thus reducing transportation barriers and accepts donations of material goods from the community for redistribution to survivors (diapers, clothing, etc.). Volunteer interns working toward their professional counseling and social work licenses provide individual and group therapy under a licensed supervisor. Victim service dollars are used to provide therapeutic services, legal assistance, and other services that reduce trauma and build safety for those fleeing domestic violence - all while the survivor is working to build roots in a safe community of their choice.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
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2A-1. HMIS Vendor Identification.   Mediware

Applicants must review the HMIS software vendor name brought forward from FY 2018 CoC Application and update the information if there was a change.

2A-2. Bed Coverage Rate Using HIC and HMIS Data.

Using 2019 HIC and HMIS data, applicants must report by project type:

Project Type	Total Number of Beds in 2019 HIC	Total Beds Dedicated for DV in 2019 HIC	Total Number of 2019 HIC Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	221	0	221	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	153	0	153	100.00%
Rapid Re-Housing (RRH) beds	179	0	179	100.00%
Permanent Supportive Housing (PSH) beds	286	0	286	100.00%
Other Permanent Housing (OPH) beds	197	0	197	100.00%

2A-2a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-2.

 For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-2., applicants must describe:

 1. steps the CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
 2. how the CoC will implement the steps described to increase bed coverage to at least 85 percent.
(limit 2,000 characters)

 Not applicable

 ***2A-3. Longitudinal System Analysis (LSA) Submission.**

Applicants must indicate whether the CoC Yes
submitted its LSA data to HUD in HDX 2.0.

 ***2A-4. HIC HDX Submission Date.**

Applicants must enter the date the CoC 04/30/2019
submitted the 2019 Housing Inventory Count
(HIC) data into the Homelessness Data
Exchange (HDX).
(mm/dd/yyyy)

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

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2B-1. PIT Count Date.
Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).   01/23/2019

2B-2. PIT Count Data–HDX Submission Date.
Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).   04/20/2019

2B-3. Sheltered PIT Count–Change in Implementation.

Applicants must describe:
1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC's sheltered PIT count results; or
3. state "Not Applicable" if there were no changes.
(limit 2,000 characters)

The sheltered count went down from 393 in 2018 to 374 in 2019 which is largely attributed to a continued CoC reallocation of its inventory of traditional transitional housing to Permanent Supportive Housing.
1. The CoC uses HMIS and a quality bed utilization check system to conduct the sheltered count. There were no changes in the sheltered county implementation from 2018 to 2019.
2. Not applicable.
3. Not applicable.

*2B-4. Sheltered PIT Count–Changes Due to Presidentially-declared Disaster.

Applicants must select whether the CoC   No
added or removed emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC's 2019 sheltered PIT count.

2B-5. Unsheltered PIT Count–Changes in Implementation.

Applicants must describe:
1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC's unsheltered PIT count results; or
3. state "Not Applicable" if there were no changes.
(limit 2,000 characters)

The unsheltered count went down from 85 in 2018 to 73 in 2019.
1. The CoC uses an app based survey collection tool that eliminates duplication and provides for reduced errors in reporting backed up with paper surveys in the event technology fails on the day of the PIT which did not occur in 2019. The CoC expanded its existing outreach efforts in 2019 (Fire / EMS Mobile Integrated Health teams, Health Care Alliance Community Health Care Worker teams, Crisis Response teams, and Community Policing Outreach Teams) to include new non-profit providers with direct service storefronts, Homeland Security Emergency services staff, providers working with immigrant populations in an effort to overcome resistance and lower anxiety regarding survey completion by those residents, and faith based outreach ministries with local knowledge. This increased unsheltered PIT teams by 20% and expanded coverage territory and route frequency. In addition, implementation continued to make use of 2018 innovations including a. Tactical teams deployed in hard to reach rural areas of the County and hospital emergency rooms, b. Concentrated pre PIT outreach for 8 weeks prior to the Count to build rapport and identify new "hotspots' resulting in a central database that includes over 200 "push pin" locators for ongoing follow-up, and c. A County Command Center that provided support to the field, resolving crises that arose during enumeration; including food, supplies, immediate shelter placement, transportation, animal control, and on-call dispatch by hospitals, ACT teams, police and EMS.
2. These pre-PIT efforts expanded contacts with unsheltered homeless and facilitated immediate placement in shelter which reduced the unsheltered count by 14%. It is important to note however that anxiety related to ICE continues to have a negative impact on the willingness of immigrants to participate so this likely contributed in some part to the reduction.

*2B-6. PIT Count–Identifying Youth Experiencing Homelessness.

Applicants must:

Indicate whether the CoC implemented   Yes
specific measures to identify youth
experiencing homelessness in their 2019 PIT
count.

2B-6a. PIT Count–Involving Youth in Implementation.

Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:
1. plan the 2019 PIT count;
2. select locations where youth experiencing homelessness are most likely to be identified; and
3. involve youth in counting during the 2019 PIT count.
(limit 2,000 characters)

There were 0 unsheltered youth in the 2019 PIT. The CoC began annual counts of youth in 2012, adding them as a separate PIT subpopulation in 2015, and the effectiveness of these efforts is clearly reflected in continued reduction(unsheltered)/increase (sheltered) youth identified during the PIT.
1. The CoC's homeless youth sub-committee (adult advocates and youth-serving service providers), 100 Day Challenge Team (joint adult/youth membership), and youth action board (youth with lived experience) were jointly engaged in the PIT planning process to ensure appropriate targeting of youth experiencing homelessness during the PIT. These groups are well established and comprised of all youth serving organizations in the County and routinely participate in the COC's annual enumerations
2. As a result of on-going consultation with these two sub-committees, several locations were identified for youth specific 2019 PIT survey deployment including: a. Student Union Centers at Prince George's Community College, Bowie State University, and the University of Maryland, b. Maryland National Capital Park and Planning Commission's Recreational Centers, c. Public Libraries, d. PCWA youth identified as AWOL on the day of the PIT, e. Health and Fitness centers typically used by UHY for showers and respite, and f. extended service hours by other key youth partners including Department of Juvenile Services, Healthy Teen Centers, Youth Service Bureaus, high traffic Community centers, and the Prince George's County Public School System's McKinney Vento office. Prioritization of traditionally under-identified Latino youth through collaboration with Maryland Multicultural Youth Center was also targeted for survey.
3. The CoC's Homeless Youth Action Team (an active sub-committee of the CoC comprised of youth with lived experience) were assigned to relevant PIT survey teams and provided peer to peer outreach and survey support with youth identified as homeless during the day of the PIT.

2B-7. PIT Count–Improvements to Implementation.

Applicants must describe the CoC's actions implemented in its 2019 PIT count to better count:
1. individuals and families experiencing chronic homelessness;
2. families with children experiencing homelessness; and

3. Veterans experiencing homelessness.
(limit 2,000 characters)

The CoC routinely conducts targeted outreach to its priority populations and 2019 PIT enhancements included:
1. Chronic homeless: The CoC trained and deployed the County's Assistance in Community Integration Services (ACIS) Community Health Pilot Team which works at the intersection of high acuity, high system utilizers as enumerators for this target group on the day of the PIT. The team includes members from Fire/EMS, hospitals, community health workers, corrections, the CoC, local TCM and ACT teams, and crisis response and has an on-going outreach initiative that ensured maximum coverage of this priority population on the day of the PIT. In addition, the CoC partnered with Mission of Love (a local low barrier non-profit) to serve as a drop-in center and "safe space" for homeless on the day of the PIT. Center volunteers helped visitors to complete surveys and connected them with appropriate support
2. Families with children: In addition to the traditional survey teams, the CoC engaged the County's TNI@Schools, a PCWA led initiative in 41 of the highest risk schools to survey all families with children meeting the HUD definition of homeless on the day of the PIT ensuring immediate connections were made to shelter and appropriate services for them and their families.
3. Veterans: VA and SSVF personnel served as enumerators for the Count helping to identify veterans and staff assigned to the regional center conducted surveys on all veterans presenting for services on the day of the PIT. Note: The closest VA hospital is located in DC which borders the County and homeless veterans often end up being counted in DC rather than in the County where they self-shelter so this number is frequently under-reported.

3A. Continuum of Care (CoC) System Performance

Instructions

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The FY 2019 CoC Program Competition Notice of Funding Availability at:
https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

*3A-1. First Time Homeless as Reported in HDX.

Applicants must:

Report the Number of First Time Homeless as Reported in HDX.	852

3A-1a. First Time Homeless Risk Factors.

Applicants must:
1. describe the process the CoC developed to identify risk factors the CoC uses to identify persons becoming homeless for the first time;
2. describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

The CoC reported a reduction in first time homeless from 1,009 in 2017 to 852 in 2018.
1. The CoC uses several data sets to identify causal factors driving first time homelessness including housing distress data, national affordable housing studies, census information, eviction filings, HMIS, PCWA data, health indicators, public safety and corrections data, direct street outreach and drop in center data and detailed hotline call reports. The CoC uses this data to continuously evaluate and forecast shifts in population sets and proactively plan for newly emerging needs.
2. The CoC utilizes 211, a 24/7/365 hotline, as the front door for identifying

families needing immediate intervention to avoid a housing disruption. 211 maintains an active database of over 6,000 resources and ensures callers are linked immediately to needed services. In addition, the CoC has a consortium of providers strategically located throughout the County who provide stabilization services and interventions requiring monetary assistance are coordinated by the CoC using a reservation system to ensure non-duplication of payment and a central banking system to ensure immediate access to funds necessary to resolve the crisis. All providers use a universal application and standardized protocols to ensure uniformity throughout the system and annual refresher training is conducted to ensure system efficacy. Finally, the CoC conducts outreach to FQHCs, municipal officials, pantries, libraries and churches to educate households about available resources, works with landlords and the Sheriff's Office to resolve pending evictions, the McKinney Vento liaison to identify families at risk or doubling up, the PCWA for co-case management of housing unstable families, and the PHA to target units at risk of losing their housing subsidy. In 2019 more than 800 households were successfully diverted from the CoC system.
3. The CoC Lead and 211 CEO oversee this strategy.

*3A-2. Length of Time Homeless as Reported in HDX.

Applicants must:

Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.	165

3A-2a. Strategy to Reduce Length of Time Homeless.

Applicants must:
1. describe the CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2. describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

The CoC reported an increase in LOT from 145 in 2017 to 165 in 2018, largely attributed to the impact of improved coordinated entry efforts and subsequent placement of higher acuity homeless households into TH with longer stays necessary for stabilization and permanency.
1. The CoC is working to reduce the length of time homeless in several ways, including but not limited to: a. Increased family mediation and reunification, b. Training all shelter staff in a FEMA ESF 6 model focused on assessment, triage, and rapid discharge to the least restrictive path to housing, c. rapid exit strategies including mini 100-day housing challenges in the emergency shelter system to engage front end providers in the CoC's rapid re-housing efforts, d. reframing of the upfront assessment process to focus more heavily on housing outcomes using a housing prioritization tool whose results more effectively target caseworker and housing locator efforts, e.bi-weekly multi-agency care coordination panel meetings to brainstorm exit strategies for high system

utilizers, f. a Housing Authority liaison to expedite inspections reducing delays in system exit, g. flex funding for removal of barriers to lease-up (i.e.; security deposits, 1st month's rent, utility deposits, and vital record replacements),h. increased PH capacity (reallocations to CoC funded RRH, Joint TH-RRH and PSH and increased HCV/set aside vouchers for the homeless), and i. initiatives targeting priority sub-populations with higher LOT (1115 waiver, Pay for Success, and SAMSHA system of care expansion for TAY) for specialized housing and intensive wrap around services.
2. The Coordinated Entry Team uses HMIS to identify people with the longest lengths of time homeless and meets bi-weekly to create exit strategies and expedite appropriate connections between homeless persons and appropriate available housing.
3. The CoC planner and Coordinated Entry Manager oversee this strategy.

*3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX.

   Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.	54%
2. Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	98%

3A-3a. Exits to Permanent Housing Destinations/Retention of Permanent Housing.

   Applicants must:
   1. describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
   2. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
   3. describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations; and
   4. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
(limit 2,000 characters)

The CoC reported an increase in permanent housing destinations from 52% in 2017 to 54% in 2018 and an increase in retention from 95% in 2017 to 98% in 2018.
1. The CoC employs several strategies to positively impact permanent housing

exits including: a. Coordination with the local housing authority to create set-asides for homeless and priority sub-populations (i.e.; veterans, survivors, mentally ill and disabled, PCWA connected families, high system utilizers, and youth), b. Creation of faith based transition housing units, c. Creation of second chance housing, d. A shared housing pilot for seniors and chronic homeless, e. Expanded non-CoC funded housing solutions for veterans and survivors (i.e.; SAFE, GOCCP, $1.5M general funded survivor crisis fund, SSVF, GPD, and a faith base funded veterans crisis fund), f. Follow-up case management services for 18 months to ensure formerly homeless persons don't jeopardize their housing, and g. Ensuring all persons moving to PH are linked with mainstream resources to increase income and community support systems.
2. The CoC Lead and CoC Housing Sub-Committee co-chairs oversee this strategy.
3. The CoC employs several strategies to positively impact retention including: a. All CoC PH providers ensure housing continues to be low barrier and staff provide ongoing support and advocacy to ensure housing retention by participants is achieved whenever and wherever possible, b. Households identified as at imminent risk of losing their housing due to severe tenancy challenges are case staffed and additional services offered to prevent disruption, c. All PSH program terminations require prior review by the CoC to ensure every effort has been made to support client success, and d. Acquisition of 50 "move out" vouchers to support participant transition from PSH to lower acuity permanent housing solutions.
4. The CoC Steering Committee and CoC Planner oversee this strategy.

*3A-4. Returns to Homelessness as Reported in HDX.

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.	2%
2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.	3%

3A-4a. Returns to Homelessness–CoC Strategy to Reduce Rate.

Applicants must:
1. describe the strategy the CoC has implemented to identify individuals and persons in families who return to homelessness;
2. describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families return to homelessness.
(limit 2,000 characters)

The CoC reported a reduction in returns to homelessness for 0-6 months from 3% in 2017 to 2% in 2018 and for 6-12 months from 2% in 2017 to 1% in 2018.
1. The Data Subcommittee uses HMIS to track returns to homelessness and produces 2 documents: Monthly reports which track exits with subsequent

placement for up to three years after exit (including RRH/HA case closures) and a report card that tracks recidivism by program. Data analysis of current "frequent flyers" in the homeless system is used to determine commonalities that may indicate risk for recidivism; this analysis includes cross-referencing with the criminal justice and health care system to identify patterns of usage between the 3 systems.
2. Strategies to reduce additional returns to homelessness include: a. Post-placement stabilization and follow-up for a minimum of 18 months for every permanent housing placement made by the CoC in an effort to reduce the spike in increased returns noted by the CoC for the 12-24 month period following placement; b. "Quick fix" rental, food, and utility assistance funds to solve re-emerging housing crises; c. A housing retention liaison that targets voucher holders whose housing subsidies are in jeopardy for CoC crisis resolution; and d. linkages to the faith-based community for additional support.
3. The CoC Steering Committee and co-chairs of the CoC data subcommittee oversee this strategy.

*3A-5.　Cash Income Changes as Reported in HDX.

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.	20%
2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.	14%

3A-5a. Increasing Employment Income.

Applicants must:
1. describe the CoC's strategy to increase employment income;
2. describe the CoC's strategy to increase access to employment;
3. describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
4. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase jobs and income from employment.
(limit 2,000 characters)

The CoC reported an increase in employment income from 19% in 2017 to 20% in 2018.
1. The CoC has several strategies to increase participant earned income including: a. Employment performance goals for all CoC providers and production of HMIS reports to measure progress; b. Coordination with local WIOA and Public Welfare agencies to ensure participant access to job assessment, readiness training and placement services; c. Employment assistance funds for employment related needs (i.e.; uniforms, certifications and vocational training), d. Development of "just in time" employers willing to hire transition age youth (18-24) needing immediate mentorship and employment,

and e. Rapid re-employment assistance for those who lose their job.
2. The CoC has several strategies to increase access to employment including:
a. Shelter staff training on how to access the County's employment system to ensure priority connections for participants presenting as unemployed/underemployed, b. Transportation assistance, c. Issuance of job alerts to all providers, d. Targeted in-shelter and community job fairs, and e. Partnerships with unions and other trade organizations to create internships and on the job learning opportunities.
3. The CoC works closely with mainstream employment organizations to help participants increase income. Joint projects include: a. Partnership with the County's WIOA centers and local employers to increase work opportunities, local public welfare agency to leverage welfare to work activities, and the local developmental disabilities agency to leverage supportive employment opportunities, b. Coordination with the "Bridge Center at Adam's House" targeting rapid employment and supportive services for returning citizens, and c. Specialized employment training by the local community college in the 3 largest projected growth industries (transportation and warehousing, retail trade and medical).
4. The CoC Planner and CoC Data Committee oversees this strategy.

3A-5b. Increasing Non-employment Cash Income.

 Applicants must:
  1. describe the CoC's strategy to increase non-employment cash income;
  2. describe the CoC's strategy to increase access to non-employment cash sources;
  3. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase non-employment cash income.

The CoC reported a decrease in non-employment cash income from 18% in 2017 to 14% in 2018.
1. The CoC has implemented several strategies to increase non-employment cash sources including: a. Evaluation of all shelter entries within 72 hours to review eligibility for mainstream resources using a consolidated benefit application (TANF, SNAP and M/A), b. Quarterly program reviews to identify eligible participants who have lost benefits and/or who are still are not linked to non-employment cash resources to facilitate access and/or to help them with recertification, c. Training of street outreach and shelter staff to complete SSI/SSDI Outreach, Access, and Recovery (SOAR) and mainstream benefit program applications, and d. Creation of benefits liaisons within the local public welfare agency that are versed in all programs and help CoC staff and participants navigate complicated eligibility requirements and streamline the application process to ensure participants access mainstream resources whenever and wherever possible.
2. The CoC has a partnership with the local Department of Social Services' eligibility team that expedites all applications for mainstream benefits under their control (TANF, SNAP, M/A, DALP, and EAFC) as well as providing Affordable Care Act navigators for non-M/A insurance opportunities for CoC households. In addition, several CoC member organizations serve as mail stops for unsheltered homeless reducing loss of benefits due to their housing status and provide assistance with replacement of IDs, birth certificates, social security cards and other documents necessary for benefits processing.
3. The CoC Planner and CoC Data Committee oversees this strategy.

3A-5c. Increasing Employment. Attachment Required.

Applicants must describe how the CoC:
1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2. is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.
(limit 2,000 characters)

1. The CoC has a number of members and extended partners that provide either access to, or direct promotion of, employment opportunities for persons who are homeless, including: a. One stop WIOA centers, b. Targeted job fairs (veterans, returning citizens, and youth), c. the annual Veteran Stand Down and Homeless Resource Day which hosts an average of 30 employers with open positions and direct hire authority the first weekend in November every year targeting unemployed/underemployed homeless, d. hiring preferences built in to County contracts, and e. creation of paid CoC positions for persons with lived experience.
2. The CoC has a written MOU (attached) with the local Workforce Development Board, local Economic Development Corporation, Maryland Department of Labor, Licensing and Regulation, Maryland Department of Education/Division of Rehabilitation Services, Career Development Services, the Community College, and other human service agencies that identifies the CoC Lead as an American Job Center System Partner, identifies the needs of those with barriers to employment are provided with access to services including technology and materials, and which prioritizes access to employment opportunities for individuals and families experiencing or at risk of homelessness. In addition, all CoC PSH providers have employment performance goals as part of their move on strategy and work closely with area employers and organizations to create employment opportunities that support both their recovery and their transition to lower acuity mainstream housing.

3A-5d. Promoting Employment, Volunteerism, and Community Service.

Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC's geographic area:

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	☐
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).	☐
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	☐
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	☐
5. The CoC works with organizations to create volunteer opportunities for program participants.	☐

6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	☐
7. Provider organizations within the CoC have incentives for employment.	☐
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	☐

3A-6. System Performance Measures Data–HDX Submission Date 05/31/2019

Applicants must enter the date the CoCs submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
   Please submit technical questions to the HUD Exchange Ask-A-Question at
https://www.hudexchange.info/program-support/my-question/

 Resources:
 The FY 2019 CoC Application Detailed Instruction can be found at:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
 The FY 2019 CoC Program Competition Notice of Funding Availability at:
https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

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3B-1. Prioritizing Households with Children.

 Applicants must check each factor the CoC currently uses to prioritize households with children for assistance during FY 2019.

1. History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
2. Number of previous homeless episodes	X
3. Unsheltered homelessness	X
4. Criminal History	X
5. Bad credit or rental history	X
6. Head of Household with Mental/Physical Disability	X

3B-1a. Rapid Rehousing of Families with Children.

 Applicants must:
 1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;
 2. describe how the CoC addresses both housing and service needs to ensure families with children successfully maintain their housing once

assistance ends; and
3. provide the organization name or position title responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of them becoming homeless.
(limit 2,000 characters)

1. Because families traumatized by homelessness cannot effectively recover and rebuild amidst the chaos of shelter life, the CoC has developed a rapid exit system that relies on effective assessments, crisis remediation, and housing search/placement to stabilize families. CoC hotline responders, TNI@schools and local public welfare crisis workers provide a critical link between schools/mainstream offices and families with a housing crisis and have been trained in diversion methods that include mediation with family and landlords and have access to emergency funds to prevent homelessness. If homelessness cannot be prevented, a neutral assessor administers the CoC's Housing Prioritization Tool and VI-SPDAT to determine the lightest touch needed to re-house the family and the coordinated entry team uses this information to make the most appropriate housing match. For some households this may be 1st month rent and security deposit, others may need longer term rental subsidies coupled with workforce development activities, financial education, mental health supports and case management, and still others may need permanent supportive housing. Since 2016, the CoC has added 68 units of RRH, expanded short term crisis assistance funds to over $750,000, and created a housing locator position that markets RRH to landlords and property managers.
2. The CoC has an active post housing case management system that works with families for up to 18 months after stabilization to provide support as new challenges arise that could negatively impact their housing and present a risk of return to homelessness. This support can take many forms including home visits, check in calls, reminders about events and resources that might be useful, referrals to counseling, workforce development activities or new employment opportunities, and "Quick fix" rental, food, and utility assistance to help solve a re-emerging crises.
3. The CoC Housing Stabilization Team oversees this strategy.

3B-1b. Antidiscrimination Policies.

Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent housing (PSH and RRH)) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.

1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics.	X
2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics.	
3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	X

4. CoC has worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within the CoC geographic area that might be out of compliance and has taken steps to work directly with those facilities to come into compliance.	X

3B-1c. Unaccompanied Youth Experiencing Homelessness–Addressing Needs.

Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied youth experiencing homelessness who are 24 years of age and younger includes the following:

1. Unsheltered homelessness	Yes
2. Human trafficking and other forms of exploitation	Yes
3. LGBT youth homelessness	Yes
4. Exits from foster care into homelessness	Yes
5. Family reunification and community engagement	Yes
6. Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-1c.1. Unaccompanied Youth Experiencing Homelessness–Prioritization Based on Needs.

Applicants must check all that apply that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

1. History of, or Vulnerability to, Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
2. Number of Previous Homeless Episodes	X
3. Unsheltered Homelessness	X
4. Criminal History	X
5. Bad Credit or Rental History	X

3B-1d. Youth Experiencing Homelessness–Housing and Services Strategies.

Applicants must describe how the CoC increased availability of housing and services for:
1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and
2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.
(limit 3,000 characters)

The CoC began targeting unaccompanied homeless youth (UHY) ages 13-24 in 2012 and stabilization of these vulnerable youth and young adults have been a focal point of CoC development efforts.

1. The CoC has brokered a number of UHY housing and services including: 24 emergency and host home beds, 18 transitional beds and a small rapid re-housing pilot; an annual UHY budget of over $1M using ESG, Chaffee, HHS-RHYS, State HSP and SB 1218 EYHA, Generous Juror, Community Development Block Grant, County general funds and other resources; State legislation adding UHY to Maryland's tuition waiver; 60 Family Unification Program Youth Vouchers; completion of a 100 day challenge focused on closing the housing gap for students pursuing higher education (housed 56 UHY); a new UHY student off campus housing project; a child welfare position at the youth shelter to provide care coordination for cross-over PCWA and Homeless youth cases; and PCWA SILA resources to permanently house homeless youth with a prior systems connection. In addition, the CoC was recently selected as a site for the Youth Homelessness Demonstration Program, the Center for Law and Social Policy's year-long PATH initiative to advance policies that support transformation and healing for TAY, and a SAMSHA system of care expansion grant focused on homeless TAY with significant behavioral health needs.

2. While CoC efforts have reduced the number of known unsheltered UHY, many homeless youth do not self-identify as homeless and often take refuge on a friend's sofa for a night or engage in transactional sex for a place to sleep leaving them unidentified and unserved. To address this, the CoC conducts an annual UHY enumerative count (and has since 2012); utilizes homeless and formerly homeless youth as advocates and peer support at known youth "hang-outs"; trains all County agencies that interact with unsheltered UHY to ensure system-wide connections for youth regardless of their entry point and provide immediate access to housing and resources needed by UHY at the first point of contact; created the "R U OK" social media campaign to reach out to and engage disconnected youth; established a Youth Action Board composed of homeless youth to develop strategies for trusted engagement; conduct case planning for PCWA AWOL cases; partnered with colleges and universities to establish liaisons inside the institutions where UHY could be identified and connected to services; partnered with youth providers focused on immigrant populations to ensure access to services by ALL UHY, including those without documentation that are unable or unwilling to access mainstream services; and established the Safe Center to provide needed crisis intervention services for survivors of sex and labor trafficking. These efforts, along with strong collaboration with the McKinney Vento liaison in the public school system, have led to a continuous reduction in unsheltered youth over the last several years.

3B-1d.1. Youth Experiencing Homelessness–Measuring Effectiveness of Housing and Services Strategies.

Applicants must:
1. provide evidence the CoC uses to measure each of the strategies in question 3B-1d. to increase the availability of housing and services for youth experiencing homelessness;
2. describe the measure(s) the CoC uses to calculate the effectiveness of both strategies in question 3B-1d.; and
3. describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of both strategies in question 3B-1d.

(limit 3,000 characters)

1. The CoC uses the CoC's annual youth enumeration (Youth REACH MD) spanning a 15 day period and looks at youth and young adults who are both homeless and/or housing unstable, PIT, HIC, annual funding allocations, HMIS data, service and AWOL data provided by the school system, juvenile justice, child welfare and other County agencies, youth-specific housing program bed utilization, and monthly shelter call/turnaway data to measure the increase and efficacy in local housing and services available for homeless youth.
2. The CoC uses HMIS performance reports with particular focus on exits to permanency and recidivism, length of time homeless, family reunification data, provider level programmatic reports, and youth surveys to assess the effectiveness and accessibility of the housing and services available for homeless youth.
3. These measures allow for both a quantitative and qualitative analysis of CoC UHY services and respects youth voice in determining if the services are aligned and supportive of youth need and choice. In FY 2019, the County provided 47 UHY with emergency shelter and 70 UHY with transitional shelter and only 2 youth were unaccompanied on the day of the PIT.

3B-1e. Collaboration–Education Services.

 Applicants must describe:

 1. the formal partnerships with:
   a. youth education providers;
   b. McKinney-Vento LEA or SEA; and
   c. school districts; and

 2. how the CoC collaborates with:
   a. youth education providers;
   b. McKinney-Vento Local LEA or SEA; and
   c. school districts.
 (limit 2,000 characters)

1. The CoC has several formal partnerships with educational leaders to ensure maximum educational achievement for homeless children and youth including:
a. Representatives from the University of Maryland College Park, Bowie State University and Prince George's Community College who are members of the CoC's 100 Day Challenge and Youth Homeless Demonstration Program teams and team leaders for the Higher Education workgroup.
b. A formal MOU with the local public school system that includes the Board of Education, the Homeless Education Office, the Early Childhood Office, the Department of Food and Nutrition Services, the Title One Office, and the Judy Hoyer Family Learning Center all of whom collectively represent youth education providers, McKinney-Vento LEA and the school district.
c. A contract with the school district to place community resource advocates in 41 of the highest risk schools to ensure they are provided with the supports and stabilization services they need to succeed, up to and including housing assistance.
2. The CoC has a number of collaborative efforts in place with educational providers and institutions including:
a. First Generation College Bound provides mentorship, tutoring and application assistance to immigrant students who are first in their family to pursue a high

school diploma or advanced degree to help them navigate unfamiliar and complicated educational systems.

b. The McKinney-Vento local and State educational coordinators are active CoC participants, provide bi-annual training to all CoC providers on the rights of homeless students, and coordinates services to eliminate barriers to school attendance and academic success. The local liaisons also identify youth within the school system who are experiencing housing instability and makes direct referrals as needed to the CoC.

c. The schools have participated in the homeless youth enumerations since the inception and the local liaison sits on the CoC's UHY sub-committee.

3B-1e.1. Informing Individuals and Families Experiencing Homeless about Education Services Eligibility.

Applicants must describe policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

As a condition of funding all shelter providers serving families and/or youth must have a policy for apprising residents of their eligibility for education services written into their standard operating procedure. At a minimum the SOP must include procedures that ensure that: a. Upon entry into the shelter all families and/or youth receive a copy of their educational rights; b. Educational rights are verbally explained to the family/youth and questions are answered; c. Case managers monitor school attendance and performance and work with the parent(s)/student to identify and remove barriers to school attendance and success; and d. Case managers coordinate with the County's McKinney Vento liaison as well as the appropriate school-based McKinney Vento counselor to ensure each student gets the supports they need. All staff at family and youth shelters are required to receive orientation on the educational rights of homeless youth, and case management staff and supervisors are required to attend bi-annual trainings provided by the McKinney-Vento liaison. Counselors placed at 41 County high schools as part of the TNI@schools initiative, work closely with the McKinney Vento liaison and the CoC providers in order to provide care coordination to homeless youth and ensure they receive services that will keep them in school. Additionally homeless youth seeking to attend college are assisted in applying to a state school under Maryland's newly expanded tuition waiver program and linked to their on campus liaison for continued counseling and support.

3B-1e.2. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

Applicant must indicate whether the CoC has an MOU/MOA or other types of agreements with listed providers of early childhood services and supports and may add other providers not listed.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	No
Head Start	Yes	No

Early Head Start	Yes	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	Yes	No
Public Pre-K	Yes	No
Birth to 3 years	No	Yes
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

3B-2. Active List of Veterans Experiencing Homelessness.

Applicant must indicate whether the CoC uses an active list or by-name list to identify all veterans experiencing homelessness in the CoC.   Yes

3B-2a. VA Coordination–Ending Veterans Homelessness.

Applicants must indicate whether the CoC is actively working with the U.S. Department of Veterans Affairs (VA) and VA-funded programs to achieve the benchmarks and criteria for ending veteran homelessness.   Yes

3B-2b. Housing First for Veterans.

Applicants must indicate whether the CoC has sufficient resources to ensure each veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach.   No

3B-3. Racial Disparity Assessment. Attachment Required.

Applicants must:
1. select all that apply to indicate the findings from the CoC's Racial Disparity Assessment; or
2. select 7 if the CoC did not conduct a Racial Disparity Assessment.

1. People of different races or ethnicities are more likely to receive homeless assistance.	X
2. People of different races or ethnicities are less likely to receive homeless assistance.	X
3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	X
4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	X

5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	☐
6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	X
7. The CoC did not conduct a racial disparity assessment.	☐

3B-3a. Addressing Racial Disparities.

Applicants must select all that apply to indicate the CoC's strategy to address any racial disparities identified in its Racial Disparities Assessment:

1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.	X
2. The CoC has identified the cause(s) of racial disparities in their homeless system.	☐
3. The CoC has identified strategies to reduce disparities in their homeless system.	X
4. The CoC has implemented strategies to reduce disparities in their homeless system.	X
5. The CoC has identified resources available to reduce disparities in their homeless system.	☐
6: The CoC did not conduct a racial disparity assessment.	☐

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.
Please submit technical questions to the HUD Exchange Ask-A-Question at
https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
The FY 2019 CoC Program Competition Notice of Funding Availability at:
https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

4A-1. Healthcare–Enrollment/Effective Utilization

Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and effectively utilizing Medicaid and other benefits.

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		
Federally Qualified Health Centers	Yes	Yes

4A-1a. Mainstream Benefits.

Applicants must:
1. describe how the CoC systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;
2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;
3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in

health insurance;
4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and
5. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits.
(limit 2,000 characters)

1. The CoC Lead is the lead agency for all local public welfare (TANF, SNAP, and Medicaid), SOAR PATH, and Affordable Care Act programs and provides CoC members with extensive training to ensure they have the skills/knowledge to help program participants' access the coverage/services for which they are eligible.
2. Refresher training is conducted annually and new resources introduced on a quarterly basis during CoC plenary sessions. In addition, the CoC hosts monthly case manager trainings covering relevant topics (i.e.; Social Security, DDA and Independence Now, and treatment programs) to ensure staff have the most up to date information available and to minimize knowledge loss resulting from staff turnover.
3. Working with the Health Department, the CoC Lead has established numerous health insurance enrollment sites with extended evening hours for easy access. Sister agencies, hospitals, FQHAs and the non-profit community operate additional enrollment sites and host pop-up health events that significantly increase public access and the deployment of Navigators as well as targeted outreach campaigns have proven particularly effective in connecting individuals to health care. Since 2013, more than 110,000 uninsured residents have been enrolled.
4. Any homeless person presenting without income or insurance is immediately linked to a mainstream benefit specialist and/or health navigator to facilitate enrollment in available and appropriate programs. Once enrolled, CoC staff review benefits with participants to ensure continuity and provide assistance with recertification to keep benefits active. In addition, CoC staff provide direct support to participants needing assistance with utilization of benefits including transportation to important medical, therapy and other appointments necessary to support good health, housing, financial, and other homelessness trauma recovery outcomes.
5. The CoC Lead is responsible for oversight of this strategy.

4A-2. Lowering Barriers to Entry Data:

Applicants must report:

1. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.	18
2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	18
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

4A-3. Street Outreach.

Applicants must:
1. describe the CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2. state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;
3. describe how often the CoC conducts street outreach; and
4. describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)

1. The CoC's street outreach effort is mobilized utilizing a number of strategic partnerships including Mobile Crisis Teams, Community Policing units, Fire/EMS Mobile Integrated Health teams, Community Health Care workers, SSVF and VA outreach teams, the SOAR team, faith ministries, librarians, parks and recreation site staff, Emergency Room Personnel, and drop in centers as well as the CoC street team who routinely canvasses encampments and other places where homeless are known to frequent. These teams report newly identified persons to the Street Outreach coordinator for tracking and follow-up if immediate assistance is not accepted by the individual at the initial point of contact.
2. The CoC's outreach effort covers 100% of the CoC's geographic area.
3. The CoC has a 24/7 presence on the street through its wider partner network and its homeless specific street team runs routine routes two times per week.
4. All teams have bi-lingual staff and / or access to language line services as needed to ensure system access by non-English speaking homeless persons. In addition, the CoC has 5 targeted efforts underway to address subpopulations needing unique interventions: a. "Stop the Silence" campaign targeting DV and trafficking victims, b. "R U OK?" campaign targeting homeless and unaccompanied youth, c. the Mobile Integrated Health Fire / EMS teams targeting high system utilizers, d. The Bridge at Adam's House targeting returning citizens, and e. Unsheltered veterans outreach in partnership with the VA.

4A-4. RRH Beds as Reported in HIC.

Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2018 and 2019.

	2018	2019	Difference
RRH beds available to serve all populations in the HIC	68	179	111

4A-5. Rehabilitation/Construction Costs–New Projects. No

Applicants must indicate whether any new project application the CoC ranked and submitted in its CoC Priority Listing in the FY 2019 CoC Program Competition is requesting $200,000 or more in funding for housing

rehabilitation or new construction.

4A-6. Projects Serving Homeless under Other Federal Statutes.

  No

Applicants must indicate whether the CoC is requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other federal statutes.

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

Document Type	Required?	Document Description	Date Attached
_FY 2019 CoC Competition Report (HDX Report)	Yes	FY 2019 CoC Compe...	08/20/2019
1C-4.PHA Administration Plan–Moving On Multifamily Assisted Housing Owners' Preference.	No	PHA Administratio...	09/12/2019
1C-4. PHA Administrative Plan Homeless Preference.	No	PHA Administrativ...	09/26/2019
1C-7. Centralized or Coordinated Assessment System.	Yes	Centralized or Co...	09/12/2019
1E-1.Public Posting–15-Day Notification Outside e-snaps–Projects Accepted.	Yes	Public Posting–15...	09/26/2019
1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Rejected or Reduced.	Yes	Public Posting–1...	09/26/2019
1E-1.Public Posting–30-Day Local Competition Deadline.	Yes	Public Posting–30...	09/12/2019
1E-1. Public Posting–Local Competition Announcement.	Yes	Public Posting–L...	09/30/2019
1E-4.Public Posting–CoC-Approved Consolidated Application	Yes	Public Posting–Co...	09/26/2019
3A. Written Agreement with Local Education or Training Organization.	No	Written Agreement...	09/30/2019
3A. Written Agreement with State or Local Workforce Development Board.	No	Written Agreement...	09/26/2019
3B-3. Summary of Racial Disparity Assessment.	Yes	Summary of Racial...	09/30/2019
4A-7a. Project List-Homeless under Other Federal Statutes.	No		
Other	No		
Other	No		

Other	No		

Attachment Details

Document Description: FY 2019 CoC Competition Report

Attachment Details

Document Description: PHA Administration Plan–Moving On Preference

Attachment Details

Document Description: PHA Administrative Plan Homeless Preference

Attachment Details

Document Description: Centralized or Coordinated Assessment System

Attachment Details

Document Description: Public Posting–15-Day Notification Outside e-snaps–Projects Accepted

Attachment Details

Document Description: Public Posting–15-Day Notification Outside e-snaps–Projects Rejected or Reduced.

Attachment Details

Document Description: Public Posting–30-Day Local Competition Deadline

Attachment Details

Document Description: Public Posting–Local Competition Announcement

Attachment Details

Document Description: Public Posting–CoC-Approved Consolidated Application

Attachment Details

Document Description: Written Agreements with Local Education and Training Organizations

Attachment Details

Document Description: Written Agreement with State or Local Workforce

Development Board

Attachment Details

Document Description: Summary of Racial Disparity Assessment

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: