Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 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.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1B-1.	**Inclusive Structure and Participation–Participation in Coordinated Entry.**	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

	In the chart below for the period from May 1, 2020 to April 30, 2021:
1.	**select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or**
2.	**select Nonexistent if the organization does not exist in your CoC's geographic area:**

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC's Coordinated Entry System
1.	**Affordable Housing Developer(s)**	Yes	Yes	Yes
2.	**Agencies serving survivors of human trafficking**	Yes	Yes	Yes
3.	**CDBG/HOME/ESG Entitlement Jurisdiction**	Yes	Yes	Yes
4.	**CoC-Funded Victim Service Providers**	Nonexistent	No	No
5.	**CoC-Funded Youth Homeless Organizations**	Yes	Yes	Yes
6.	**Disability Advocates**	Yes	Yes	No
7.	**Disability Service Organizations**	Yes	Yes	Yes
8.	**Domestic Violence Advocates**	Yes	Yes	Yes
9.	**EMS/Crisis Response Team(s)**	Yes	Yes	Yes
10.	**Homeless or Formerly Homeless Persons**	Yes	Yes	Yes
11.	**Hospital(s)**	Yes	Yes	No
12.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	Nonexistent	No	No
13.	**Law Enforcement**	Yes	Yes	Yes
14.	**Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates**	Yes	Yes	No
15.	**LGBT Service Organizations**	Yes	Yes	Yes
16.	**Local Government Staff/Officials**	Yes	Yes	Yes
17.	**Local Jail(s)**	Yes	Yes	Yes
18.	**Mental Health Service Organizations**	Yes	Yes	Yes

19.	**Mental Illness Advocates**	Yes	Yes	No
20.	**Non-CoC Funded Youth Homeless Organizations**	Yes	Yes	Yes
21.	**Non-CoC-Funded Victim Service Providers**	Yes	Yes	Yes
22.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes	Yes	Yes
23.	**Organizations led by and serving LGBT persons**	Yes	Yes	Yes
24.	**Organizations led by and serving people with disabilities**	Yes	Yes	Yes
25.	**Other homeless subpopulation advocates**	Yes	Yes	Yes
26.	**Public Housing Authorities**	Yes	Yes	Yes
27.	**School Administrators/Homeless Liaisons**	Yes	Yes	No
28.	**Street Outreach Team(s)**	Yes	Yes	Yes
29.	**Substance Abuse Advocates**	Yes	Yes	No
30.	**Substance Abuse Service Organizations**	Yes	Yes	Yes
31.	**Youth Advocates**	Yes	Yes	No
32.	**Youth Service Providers**	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.	Organizations serving elderly and aging	Yes	Yes	Yes
34.	Organizations serving veterans	Yes	Yes	Yes

1B-2.	**Open Invitation for New Members.**	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	**communicated the invitation process annually to solicit new members to join the CoC;**
2.	**ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
3.	**conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and**
4.	**invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).**

(limit 2,000 characters)

1. The CoC has a continuous open membership process and meetings are publicly announced. New members may join at any time and are automatically added to the distribution list to receive CoC emails, notices and materials. CoC members routinely attend non CoC meetings that impact services and are empowered to invite representatives to join and the CoC regularly reviews its membership for voids and solicits under-represented agencies and individuals to join. Finally, the CoC issues invitations to regional/national experts to provide data, expertise and technical assistance to maximize CoC system impact.
2. 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 street outreach. The CoC also has telephonic and in-person translation, ASL and TTY capability to maximize access.
3. The CoC membership and leadership includes persons with lived experience (past and present). In addition, CoC sub-committees (i.e., the CoC's Youth Action Board) 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.
4. The CoC membership and its HUD funded providers include organizations serving culturally specific communities including Latinx, Black, differently abled, and foreign born. In addition, the CoC continuously solicits participation from newly formed organizations to enhance its equity work and recently appointed several BIPOC community representatives to the CoC's Racial Equity Council which is working with C4 Innovations and 9 other Continuums in the Washington Metropolitan region to analyze and improve racial equity.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,000 characters)

The CoC pro-actively solicits a wide variety of opinions and expertise on preventing and ending homelessness.
1. The CoC is comprised of 100+ agencies and working subcommittees with unique population focus (i.e., survivors, youth, aging, differently abled, and 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 to ensure larger system strategies are developed that are inclusive of the needs of the County's homeless population. Finally, 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.
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: Pay for Success, Youth Homelessness Demonstration Program, SAMSHA System of Care Expansion, and CLASP PATH Learning Collaborative, SAMSHA Sequential Intercept Modeling Initiative (national), ACIS 1115 waiver and UHY tuition waiver (state), and the Coordinated Community Plan, Housing Opportunities for All Plan, and Safe Housing Study (local).

1B-4.	**Public Notification for Proposals from Organizations Not Previously Funded.**	
	NOFO Section VII.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	**that your CoC's local competition was open and accepting project applications;**
2.	**that your CoC will consider project applications from organizations that have not previously received CoC Program funding;**
3.	**about how project applicants must submit their project applications;**
4.	**about how your CoC would determine which project applications it would submit to HUD for funding; and**
5.	**how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.**

(limit 2,000 characters)

1. Notice of the 2021 CoC competition, instructions and submission deadlines were sent to all CoC listservs and publicly posted to the CoC website on 9/28/21.
2. The CoC continuously engages new organizations and has successfully expanded its HUD funded portfolio from 5 providers to 12 (+140%) since 2012. In addition to the public postings, the CoC hosted a virtual forum on 10/1/21 to present critical competition information and encourage community wide participation. The CoC also hosted open office hours on 10/5/21 for organizations pursuing bonus projects to review program designs and offer feedback for proposal improvements. 11 providers (5 new) attended this meeting and 1 new organization has been included in this year's application. Both presentations were posted on the CoC website.
3. The CoC's ranking and selection criteria and application addendum were posted to the CoC website on 10/1/21 and CoC competition office hours were held on 10/7/21 and 10/14/21 to provide technical assistance for all interested applicants. In addition, 1-1 technical assistance was offered to all renewing and new organizations from 10/1/21 through 10/15/21 to ensure successful submission of projects.
4. The CoC's has a comprehensive ranking policy that is publicly posted and an independent CoC ranking panel responsible for the evaluation and scoring of proposals. The 2021 panel met on 10/26/21 to review, score and rank all applications according to CoC published guidelines and notifications were sent to all applicants on 10/29/21 with the CoC decision and appeal process. No appeals were filed. Final recommendations for funding were approved by the CoC plenary on 11/10/21.
5. All competition materials were made accessible in electronic and physical paper formats and transmitted through live online office hours, listservs, the County website, and in person and telephonic contact with translation assistance as needed to ensure equal access to the competition.

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1C-1.	**Coordination with Federal, State, Local, Private, and Other Organizations.**	
	NOFO Section VII.B.1.b.	

	In the chart below:
1.	**select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or**
2.	**select Nonexistent if the organization does not exist within your CoC's geographic area.**

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	**Funding Collaboratives**	Nonexistent
2.	**Head Start Program**	Yes
3.	**Housing and services programs funded through Local Government**	Yes
4.	**Housing and services programs funded through other Federal Resources (non-CoC)**	Yes
5.	**Housing and services programs funded through private entities, including Foundations**	Yes
6.	**Housing and services programs funded through State Government**	Yes
7.	**Housing and services programs funded through U.S. Department of Health and Human Services (HHS)**	Yes
8.	**Housing and services programs funded through U.S. Department of Justice (DOJ)**	Yes
9.	**Housing Opportunities for Persons with AIDS (HOPWA)**	Yes
10.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	Nonexistent
11.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes
12.	**Organizations led by and serving LGBT persons**	Yes
13.	**Organizations led by and serving people with disabilities**	Yes
14.	**Private Foundations**	Yes
15.	**Public Housing Authorities**	Yes
16.	**Runaway and Homeless Youth (RHY)**	Yes
17.	**Temporary Assistance for Needy Families (TANF)**	Yes
	Other:(limit 50 characters)	

18.	Department of Housing and Community Development (Local and State ESG, CDBG, HOME, etc)	Yes

1C-2.	**CoC Consultation with ESG Program Recipients.**	
	NOFO Section VII.B.1.b.	

	Describe in the field below how your CoC:
1.	**consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;**
2.	**participated in evaluating and reporting performance of ESG Program recipients and subrecipients;**
3.	**provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and**
4.	**provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.**

(limit 2,000 characters)

1. 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). All 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 ESG funds are targeted to the most pressing CoC identified needs and adjustments can be 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. The CoC conducts annual monitoring of ESG funded programs to track performance measures and report on outcomes to ensure accountability and efficacy of performance. ESG funded projects are also independently monitored by the ESG program recipients which provides valuable secondary program oversight.
3. The CoC provides annual PIT and HIC data to the consolidated plan jurisdictions;
4. 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 lead is also an appointed member of the Maryland Interagency Council on Homelessness which helps set statewide homeless priorities. These efforts ensure alignment and consistency between all plans and keeps CoC priorities at the forefront.

1C-3.	**Ensuring Families are not Separated.**	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1.	**Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.**	Yes
2.	**Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.**	No
3.	**Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.**	Yes
4.	**Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.**	Yes
5.	**Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.**	No
6.	**Other. (limit 150 characters)**	
	Periodic review of Tier I and Tier II CoC Coordinated Entry System placements to ensure projects do not deny admission to or separate family members	Yes

1C-4.	**CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.**	
	NOFO Section VII.B.1.d.	

	Describe in the field below:
1.	**how your CoC collaborates with youth education providers;**
2.	**your CoC's formal partnerships with youth education providers;**
3.	**how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);**
4.	**your CoC's formal partnerships with SEAs and LEAs;**
5.	**how your CoC collaborates with school districts; and**
6.	**your CoC's formal partnerships with school districts.**

(limit 2,000 characters)

1. The CoC is a Youth Homelessness Demonstration Program site (YHDP) and team members include the LEA, Higher Ed, Career /Tech Ed, the SEA and Higher Education Commission, early childhood education, local management board and other education partners. The team is responsible for policies and programs that advance educational outcomes for homeless children and young adults and related goals are imbedded into the CoC's Coordinated Community Plan. The team was instrumental in passing the Maryland tuition waiver for homeless youth and drafting waiver implementation guidance for higher educational institutions.
2. CoC partnerships include a TH-RRH project with the University of Maryland, College Park (sub-recipient partner), a 2-Gen project with the local community college to reduce family poverty, and First Generation College Bound which provides mentorship, tutoring and application assistance to immigrant students to help navigate complex educational systems.
3. The McKinney-Vento (MV) local and State educational coordinators are active CoC participants and coordinate 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 and have participated in annual homeless youth counts since 2012.
4. MV liaisons provide bi-annual training to all CoC providers on the rights of homeless students and the CoC has an MOU with the 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. The CoC lead also contracts with the LEA to place crisis intervention staff in 20 high risk middle schools to ensure students and families are provided with the supports and stabilization services they need to succeed.
5 & 6. The CoC school district and LEA are the same entity (refer to responses #3 and #4).

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,000 characters)

The CoC provides all families entering shelter with local homeless education rights and responsibilities information. Shelter providers are responsible for working closely with families to ensure children are enrolled as appropriate as homeless with the McKinney Vento liaison at their school of record and/or the school in closest proximity to the shelter based on individual family preference. Arrangements are made in partnership with the school for transportation and shelters provide other educational supports as deemed necessary to ensure student success. The homeless liaison also presents annually at CoC plenary meetings to ensure shelter staff continue to have access to the most current information possible.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	Yes	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	Yes	No
7.	Healthy Start	Yes	No
8.	Public Pre-K	Yes	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC coordinates to provide training for:
1.	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 indicate the frequency of the training in your response (e.g., monthly, semi-annually); 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 and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(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-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your 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 survivors.

(limit 2,000 characters)

In addition to the HMIS data and de-identified data from the one CoC victims services provider, 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 deidentified 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 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 was 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. Phase 2 was the development of a Safe Housing Strategic Plan for Prince George's County based on Phase 1 recommendations and community priorities. The CoC is currently in Phase 3 which is implementation of the Plan and will include ongoing 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-5b.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.**	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:
1.	**prioritize safety;**
2.	**use emergency transfer plan; and**
3.	**ensure confidentiality.**

(limit 2,000 characters)

1. The County maintains a separate call center for 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 43-bed trauma informed, victim centered "safe" shelter. The call center vendor also operates the CoC homeless hotline so victims calling that line can immediately be connected to the trained crisis response staff. Youth survivors 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. Finally, the CoC has a number of resources available that maximize client choice for housing while ensuring safety and confidentiality, including traveler's aid for rapid relocation to safe accommodations in other parts of the Country, a victim resiliency fund i.e., security/lock systems, safety bars, moving, storage, transportation, and short term housing subsidies), and victims specific housing choice vouchers.
2. 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. The County State's Attorney's office also maintains a safe location that provides for immediate shelter and works closely with the CoC when such a response is needed.
3. 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. Survivors requiring higher acuity housing are advanced to

the CoC's Coordinated Entry Team for prioritization and placement using de-identified data to protect the survivor.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Prince George's County Housing Authority	33%	Yes-Both	Yes
Housing Authority of College Park	100%	Yes-Public Housing	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

	Describe in the field below:
1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference–if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,000 characters)

1. The CoC works very closely with the local PHAs to develop and implement policies that best serve the County's homeless and low-income population and the PHAs are active members of the CoC. The PHAs have adopted policies supporting prioritization of housing resources for the homeless including: a. A homeless admissions preference in the PHA's Administrative Plan; b. Additional

admissions preferences for targeted subpopulations prioritized by the CoC; c. Set aside vouchers for survivors, mentally ill and disabled, veterans, homeless families in crisis, homeless, unaccompanied youth, high system utilizers including Pay for Success project customers and joint CoC/PHA applications for dedicated vouchers including family unification, family unification-youth, Foster Youth to Independence, VASH, and EHV; d. Priority waitlist for elderly/disabled; e Homeless Eligibility preference question on Public Housing and HCV applications allowing for designation of the applicant as homeless; f. 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 g. 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. Finally, the CoC and PHA are currently building on these successes by partnering on 10 units for two new expansion projects being submitted under the CoC bonus opportunity and ROSS grant applications to provide additional support and stabilization services for residents of public housing.

2. Not applicable.

1C-7b.	**Moving On Strategy with Affordable Housing Providers.**	
	Not Scored–For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	**Multifamily assisted housing owners**	Yes
2.	**PHA**	Yes
3.	**Low Income Tax Credit (LIHTC) developments**	Yes
4.	**Local low-income housing programs**	Yes
	Other (limit 150 characters)	
5.	Municipal PHA	Yes

1C-7c.	**Including PHA-Funded Units in Your CoC's Coordinated Entry System.**	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes

1C-7c.1.	**Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.**	
	NOFO Section VII.B.1.g.	

	If you selected yes in question 1C-7c., describe in the field below:
1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

(limit 2,000 characters)

1. The CoC maintains a master list of special vouchers provided by the PHA and vacancies are presented during the coordinated entry meetings. The by name list also includes information by customer that enables the Coordinated Entry staff to sort by available resource and easily identify the highest priority resident eligible to be matched to the available opportunities. Regular check-ins are held between CoC and PHA teams to review occupancy rates to ensure maximum utilization.
2. CoC Coordinated Entry practices are formalized in memorandums of agreement with each of the PHAs and include roles and responsibilities and referral prioritization. The CoC also has established application forms, processes and standards for making appropriate referrals for available vouchers. Representatives from local and municipal PHAs are participating members of the CoC and continue to review and make recommendations for improvements in the CES process to ensure effective utilization of site based, section 8 and other set aside vouchers. In addition, a municipal or local PHA representative sits as an appointed member of the CoC's review and ranking team each year.

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes

1C-7d.1.	CoC and PHA Joint Application–Experience–Benefits.	
	NOFO Section VII.B.1.g.	

	If you selected yes to question 1C-7d, describe in the field below:
1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

(limit 2,000 characters)

1. The CoC and the PHA have submitted joint applications for funding for Family Unification Program (FUP)/Family Unification Program (FUP-Y), Foster Youth to Independence (FYI), Veterans Administration Supportive Housing (VASH), Mainstream, and Emergency Housing vouchers (EHV).
2. FUP, VASH, and EHV are approved and fully operational. FYI is in process and should be approved by the end of November 2021. Mainstream was not approved.
3. The CoC and PHA have an extremely strong partnership and together have provided more than 800 high risk households with permanent subsidized housing.

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes

1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
Housing Authority...

1C-7e.1. List of PHAs with MOUs

Name of PHA: Housing Authority of Prince George's County

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your 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.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	**Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.**	22
2.	**Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.**	22
3.	**This number is a calculation of the 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 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.**	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

Prince George’s Co CoC fully embraces the principles of Housing First and has adopted a housing first approach as a core strategy to end homelessness. 100% of all providers and projects funded by the CoC or local dollars follow housing first tenets and operate zero to low barrier programs that rapidly place

and stabilize the homeless in housing and do not require program participation or have preconditions. The Coordinated Entry Policy Manual lists housing first as a fundamental principal and lays out detailed descriptions of what it means to be housing first as well as checklists to help determine provider fidelity to housing first principles. Contract monitors for the CoC Lead utilize these checklists as well as data points like participation in Coordinated Entry, referral rejections, time from CE referral to housing, service turn-a-ways, and program expulsions, as well as client surveys and provider self-reporting to regularly evaluate projects to ensure they are using a housing first approach. Bi-weekly CE case conferencing meetings matching open housing to people on the CoC's by-name list allow the lead agency to monitor projects to ensure there are no unnecessary barriers to entry or service participation requirements and there is an ongoing focus on housing stabilization. Further, the Coordinated Entry Steering Committee meets monthly to discuss system challenges and review both system and individual provider performance. These reviews include identifying areas where the system, or a provider, may be struggling with housing first principles and opportunities for continued technical assistance.

1C-9b.	**Housing First–Veterans.**	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes

1C-10.	**Street Outreach–Scope.**	
	NOFO Section VII.B.1.j.	

	Describe in the field below:
1.	**your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;**
2.	**whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;**
3.	**how often your CoC conducts street outreach; and**
4.	**how your 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 led by a street outreach program manager who supervises three street outreach navigators who conduct daily outreach and coordination with other outreach agencies and organizations. We rely on a partner network which includes 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 communities, librarians, parks and recreation site staff, Emergency Room Personnel, and drop in centers. These teams report newly identified persons to the street outreach coordinator for tracking and follow-up if an offer of emergency shelter 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. 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 Center at Adam’s House targeting returning citizens, and e. Unsheltered Veterans’ outreach in partnership with the VA and SSVF providers.

1C-11.	Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC’s geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	No
5.	Other:(limit 500 characters)	
	SAMSHA funded Sequential Intercept Modeling initiative currently in progress	Yes

1C-12.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.l.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of “Current.”	60	144

1C-13.	Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	No
4.	Other (limit 150 characters)		

Maryland Health Exchange	Yes	Yes

1C-13a.	**Mainstream Benefits and Other Assistance–Information and Training.**	
	NOFO Section VII.B.1.m	

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1.	**systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;**
2.	**communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;**
3.	**working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and**
4.	**providing assistance with the effective use of Medicaid and other benefits.**

(limit 2,000 characters)

1. The CoC Lead is the lead agency for all local public welfare (TANF, SNAP, Medicaid), SOAR, 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 during CoC plenary sessions. The CoC also 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. The CoC Lead has established numerous health insurance enrollment sites with evening and virtual hours for easy access. Sister agencies, hospitals, FQHAs and the non-profit community operate additional enrollment sites. Availability of Navigators as well as extended enrollment campaigns have proven particularly effective during COVID with 39,000+ new Prince George's County residents enrolled into coverage through the Covid-19 Special Enrollment Period (more than any other County in Maryland).
4. Homeless persons presenting without income or insurance are immediately linked to a mainstream benefit specialist and/or health navigator to facilitate enrollment in available and appropriate programs. CoC staff review benefits with participants to ensure continuity and provide assistance with recertification to keep benefits active. In addition, staff provide direct support to participants needing assistance with utilization of benefits including transportation to medical, therapy and other appointments necessary to support good health, housing, financial, and other homelessness trauma recovery outcomes. These efforts, combined with COVID related state waivers including automatic extension of benefits, SNAP emergency supplements, and summer SNAP benefits for families with school aged children greatly enhance financial resources for CoC households.

1C-14.	**Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC's coordinated entry system:

1.	**covers 100 percent of your CoC's geographic area;**
2.	**reaches people who are least likely to apply for homeless assistance in the absence of special outreach;**
3.	**prioritizes people most in need of assistance; and**
4.	**ensures people most in need of assistance receive assistance in a timely manner.**

(limit 2,000 characters)

1. The CoC Coordinated Entry System (CES) covers the entire CoC geographic area.
2. The Homeless Hotline, a long established, language agnostic, toll-free number communicated across many print, digital, and social media, is widely known throughout the homeless services community. The Hotline matches callers to all available services, including diversion, prevention, mainstream housing and emergency shelter. Outreach and Drop-in Center teams also reach out to individuals who are least likely to apply for homelessness assistance, including youth/young adults, individuals experiencing mental health crises, non-English speakers, justice connected, and veterans. Partnerships with law enforcement, Fire/EMS mobile integrated health teams, Behavioral Health Crisis Response 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. CES meets bi-weekly and reviews the by-name list using case conferencing and a robust set of data points (including HMIS) 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.
4. CES prioritizes clients on the by name list by vulnerability to ensure that resources are being allocated for the people most in need. CES also "pre-qualifies" clients based on the approved prioritization order to reduce delays and to ensure that as soon as CES is notified of a housing resource, a client referral can be made.

1C-15.	**Promoting Racial Equity in Homelessness–Assessing Racial Disparities.**	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes

1C-15a.	**Racial Disparities Assessment Results.**	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	**People of different races or ethnicities are more likely to receive homeless assistance.**	No
2.	**People of different races or ethnicities are less likely to receive homeless assistance.**	Yes
3.	**People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.**	Yes
4.	**People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.**	Yes
5.	**There are no racial or ethnic disparities in the provision or outcome of homeless assistance.**	No
6.	**The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.**	No

1C-15b.	**Strategies to Address Racial Disparities.**	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	**The CoC's board and decisionmaking bodies are representative of the population served in the CoC.**	Yes
2.	**The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.**	Yes
3.	**The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.**	Yes
4.	**The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.**	Yes
5.	**The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.**	Yes
6.	**The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.**	Yes
7.	**The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.**	Yes
8.	**The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.**	Yes
9.	**The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.**	Yes
10.	**The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.**	Yes
11.	**The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.**	Yes
	Other:(limit 500 characters)	
12.	The CoC is engaged in a one year regional racial equity analysis in partnership with the Washington Metropolitan Council of Governments and C4 Center for Social Innovation to assess regional homeless systems and make recommendations for regional and local homeless system improvements	Yes

1C-15c.	**Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.**	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

The CoC is engaged in several efforts to evaluate and continue to advance racial equity practices impacting homelessness including: 1) Representation on the Healthcare Action Coalition to examine disparities impacted by social determinants of health and share data and evidence-based strategies to create an action plan to transform structures, systems and policies to support and advance health equity; 2) Participation in a 9 CoC regional racial equity systems analysis coordinated by the Metropolitan Washington Council of Governments and facilitated by C4 Center for Social Innovations to inform and transform systems and create better, more equitable outcomes for persons of color in our community; 3. Collaboration with the Department of Housing and Community Development and the Office of Technology's GIS and Data Warehouse Team with support from Montgomery County to develop a COVID assistance prioritization map. The map was created using poverty, housing type, property turnover rates, employment sectors most impacted by COVID, positivity rates, racial composition, family size, and other factors to help target financial assistance to those most likely to experience housing loss; 4. Participation in a local SAMSHA funded sequential intercept modeling effort to engage cross sector partners in improving interventions at every point of contact, developing alternate responses and reducing repeated incarcerations, and 5. Selection by the Center for Law and Social Policy for the PATH Learning Community to reimagine youth and young adult mental health systems and advance systems and policy changes that support well-being for transition-aged youth.

1C-16.	Persons with Lived Experience–Active CoC Participation.	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	15	0
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	8	0
3.	Participate on CoC committees, subcommittees, or workgroups.	9	0
4.	Included in the decisionmaking processes related to addressing homelessness.	8	0
5.	Included in the development or revision of your CoC's local competition rating factors.	1	0

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement 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.**	Yes
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, data entry).**	Yes
3.	**The CoC works with organizations to create volunteer opportunities for program participants.**	Yes
4.	**The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).**	Yes
5.	**Provider organizations within the CoC have incentives for employment and/or volunteerism.**	Yes
6.	**Other:(limit 500 characters)**	
	CoC has established a youth action board comprised of youth with lived experience that have authentic representation on local, state and national policy making entities driving best practices and informing policy. The County is currently pursuing UNICEF "child friendly community" certification and was recognized in 2021 for its work in this space..	Yes

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	**Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:
1.	**unsheltered situations;**
2.	**congregate emergency shelters; and**
3.	**transitional housing.**

(limit 2,000 characters)

The CoC was successful in ensuring residents experiencing homelessness were prioritized for testing and included in Priority 1 for vaccines. In addition, the CoC activated several safety protocols including:
1. Unsheltered: The CoC's street outreach (SO) team made daily sweeps, distributed PPE, hand sanitizer, hygiene kits, soap and water, and MREs, provided transportation to testing/vaccination sites, and delivered PPE and other supplies to drop in sites with shower and laundry facilities accessed by the unsheltered and operating on a modified schedule to support residents unwilling to accept shelter. New shelter beds were added and available to SO staff for immediate placement of those accepting shelter. SO members continuously stressed the importance of social distancing and personal hygiene in lowering the risk of infection during all interactions.
2. Congregate Shelters: The CoC installed temperature and sanitation stations in all congregate shelters, expanded professional cleaning to twice daily, retrofitted facilities for social distancing, established onsite COVID isolation areas and protocols, mandated masks, monitored PPEs and other sanitation supplies across providers and redistributed as needed, launched a mandatory daily health assessment for providers to track and report health status of residents, trained providers to conduct testing and provided kits, and established a quarantine hotel with meals, case management and medical monitoring for those who tested positive or were exposed.
3. Transitional housing: Residents were provided with educational materials, PPE, cleaning supplies, and ongoing access to testing/vaccines. Providers maintained regular contact with residents (more frequently for those at high risk for COVID complications) using virtual, telephonic, and in-person check-ins to

ensure well-being. Residents were also assessed using the CoC's move on policy and 22 households were identified for transition creating critical vacancies for new high acuity persons needing housing.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

The COVID-10 public health emergency challenged the CoC to make critical shifts in policies, protocols, sheltering structures and overall operations that significantly improve the ability of the homeless system to respond to future public health emergencies including but not limited to:
a. Stronger ties with public health agencies, federally qualified health centers, and other healthcare partners for testing, treatment, and follow up.
b. New screening, disease tracking, and contact tracing protocols across all levels of the CoC and increased communication among and with providers in order to ensure that information and supplies were being distributed to those in need.
c. Standardized communication system for ensuring all stakeholders receive timely and appropriate information on disease prevention, community spread, testing and vaccine resources, and assistance programs.
d. Permanent identification of homeless populations as a priority for response in a health crisis.
e. Permanent building modifications to existing shelter facilities that provide for long term improved social distancing and isolation areas and permanent upgrade of cleaning and sanitation contracts to reduce future spread of infection.
f. Modifications to the Coordinated Entry System and HMIS data tracking that make them more responsive to the needs of the homeless and the CoC in times of crisis.
g. Increased emphasis on low-barrier shelter permanently eliminating inequitable system access restrictions.
h. Acquisition of a non-congregate facility to permanently expand shelter beds for overflow and hypothermic sheltering responses (Anticipated 2022).
i. Redesign of existing shelter expansion plans to reduce reliance on congregate sheltering (Anticipated 2023).
j. Improved access to – and use of – technology to deliver services.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

	Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:
1.	safety measures;
2.	housing assistance;
3.	eviction prevention;

4.	**healthcare supplies; and**
5.	**sanitary supplies.**

(limit 2,000 characters)

The CoC Lead is the sub-recipient for 100% of the ESG-CV funds and was able to deploy these funds in combination with other local resources to maximize utilization in the CoC's overall responses including but not limited to the following focus areas:
1. Safety measures: The CoC used a combination of ESG-CV, CRF, State and County funds to provide non-congregate shelter for persons experiencing an episode of homelessness, at high risk of COVID-19 infection and complications, and COVID POS/PUI medical beds. ESG-CV funds were also used for Street Outreach expansion to ensure unsheltered persons had immediate access to PPEs, Food, Medical treatment and shelter.
2. Housing Assistance: The CoC used a combination of ESG-CV, CRF, and State and County funds to provide rapid rehousing assistance. In addition, the CoC used ESG-CV funds to provide rapid relocation assistance and post placement stabilization case management to residents impacted by COVID who were mapped by the Coordinated Entry System to EHV, Public Housing, and other set aside voucher programs.
3. Eviction Prevention: The CoC used a combination of ESG-CV and CRF in the first several months of the pandemic to address persons at imminent risk of housing destabilization and operated a consortium of experienced providers to assist customers and landlords with expediting the application process. This element of the CoC ESG-CV response system ceased when other funds became readily available for this purpose.
4. Healthcare supplies: The CoC did not use ESG-CV funds for this purpose as other funds were available.
5. Sanitary supplies: The CoC did not use ESG-CV funds for this purpose as other funds were available.

1D-4.	**CoC Coordination with Mainstream Health.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:
1.	**decrease the spread of COVID-19; and**
2.	**ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).**

(limit 2,000 characters)

1. The CoC worked at several intercept points to actively slow the spread of COVID, including: a. Participation on 2 County COVID workgroups (Populations Experiencing Vulnerabilities and the Ad Hoc Vaccine Working Group) which provided cross-sector collaboration ensuring equity of access by vulnerable populations and regular updates on positivity rates, changes in safety protocols, and new testing/vaccination resources; b. onsite forums by hospital systems for sheltered residents to receive information and ask vaccination questions in a no-judgment zone, onsite testing, and vaccination appointment prioritization; c. a health department liaison to support CoC responses to outbreaks, expedite test results, and assist with hospital care coordination; d. provision of non-congregate COVID POS/PUI beds for homeless and other residents referred by hospitals and health agencies that

could not quarantine in place; e. replacement of church based shelters with non-congregate hotels to reduce person to person contact; and f. reduced bed counts in county operated shelters while facility modifications were made to comply with CDC guidance. Maryland also approved a Special Affordable Care Act (ACA) Enrollment period for COVID-19 and the CoC worked closely with its' ACA navigators to ensure that all eligible uninsured homeless persons were enrolled.
2. The CoC instituted COVID protocols for street outreach teams, provider staff and residents including: a. Daily temperature checks and health assessments (more frequent if entering multiple times), mandatory masks, distribution of PPE, public signage providing CDC guidance on preventing the spread including hand-washing protocols, daily sanitizing of facilities, single user vehicle assignments, onsite testing with isolation areas, protocols for continuity of operations when staff test positive or are exposed, and emergency relocation procedures for off-site quarantine when needed. Protocols are periodically revised to ensure consistency and efficacy throughout the CoC.

1D-5.	**Communicating Information to Homeless Service Providers.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:
1.	**safety measures;**
2.	**changing local restrictions; and**
3.	**vaccine implementation.**

(limit 2,000 characters)

The CoC utilized its member listserv to communicate relevant general public health information as it became available and hosted virtual meetings (daily in the beginning and then reducing in frequency based on need) to coordinate services and communicate operational protocols and other critical information to its direct provider network. These latter meetings also created a forum for providers to share information and resources and to present challenges and brainstorm solutions. Focus areas included:
1. Safety Measures: CoC guidance was provided regarding mandatory health screenings (which included a decision tool for responding to the results) and recommendations for site specific response protocols based on facility layouts. Minimum standards for PPE, cleaning/sanitizing supplies and other critical items were established and regular inventory reviews done to ensure equity in distribution of limited supplies. All providers were trained to administer COVID rapid tests and maintain kits onsite. Additional guidance from HUD, the Maryland Department of Health, and the region's Council of Governments was shared at these meetings along with emerging best practices from neighboring CoC's.
2. Changing local restrictions: The CoC followed local restrictions issued by the County Executive and all providers were registered for the County listserv and received notifications in real time.
3. Vaccine Implementation: The CoC worked with the Health Department to secure set aside vaccination dates for the shelters and coordinated scheduling of appointments and transportation with the providers for residents and staff. Vaccine campaigns and clinics were also held onsite to ensure providers and residents could ask questions and easily access the vaccine. Finally, the CoC

partnered with the National Council of Negro Women's Good Health WINs and Uber to provide free rides for the homeless to future COVID appointments for medical treatment, testing and vaccination.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

The County identified individuals and families experiencing homelessness as a priority 1 population for county-wide COVID-19 vaccination efforts and were therefore automatically eligible and did not have to "qualify". Prior to vaccines being available, the CoC worked with all providers in the homeless system to compile a list of residents who should have access and a system of regular health check-ins was implements. Once vaccines were available, the CoC coordinated with the health department to schedule appointments in blocks of days with the first set targeted for emergency shelters, followed by residents is all other programs with heightened risk of COVID complications due to age and/or pre-existing conditions, followed by all other homeless persons. Slots were set aside in each block for unsheltered homeless ensure immediate access as needed. Vaccines are readily available and the CoC continues to encourage unvaccinated persons to schedule an appointment to receive the vaccine.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

The CoC did not see an increase in DV requests for emergency shelter however the CoC's homeless hotline provider also operates the County's 211 and DV hotline so survivor calls for assistance are triaged for immediate CoC and DV specific housing supports throughout the community. In addition, that same provider also operates the County's safe house and coordinates with the CoC's coordinated entry team to refer survivors for rapid rehousing or other higher acuity housing supports as needed. Finally, most DV community providers have representation on the CoC and are otherwise versed in protocols for accessing system resources helping to ensure that regardless of the entry point, survivors can be quickly connected to the services they need.

1D-8.	Adjusting Centralized or Coordinated Entry System.	

NOFO Section VII.B.1.n.

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

The COC responded to HUD's expectations to prioritize persons at risk of adverse impacts due to COVID-19 by supplementing, and eventually replacing, the VI-SPDAT the primary vulnerability assessment tool with a locally developed Composite Score Index (CSI). The CSI produces a vulnerability score from HMIS data which prioritizes non-health related criteria (like length of time homeless and current living situation) but was specifically tuned to prioritize the most vulnerable COVID-19 populations, such as people over 54 and those with chronic health conditions, multiple health conditions, compromised immune systems, and other physical disabilities. The CSI was initially developed by the Coordinated Entry Steering Committee (CESC) and then modified and ratified by the full CoC to ensure prioritization of the most vulnerable COVID-19 populations. In addition to the functional adaptations which were made to the prioritization process, the CoC also made structural changes to ensure that necessary adaptations could be made to policy and procedures in a timely manner in response to new or changing circumstances in any health emergency. The CoC made and ratified changes to the Coordinated Entry Policy which allows the CESC to make emergency policy amendments in response to changing circumstances, with those changes being ratified at the subsequent meeting of the whole CoC and incorporated permanently into the CE policy if necessary.

1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1E-1.	**Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.a. and 2.g.	

1.	**Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.**	09/28/2021
2.	**Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.**	10/01/2021

1E-2.	**Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.**	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	**Established total points available for each project application type.**	Yes
2.	**At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).**	Yes
3.	**At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).**	Yes
4.	**Used data from a comparable database to score projects submitted by victim service providers.**	No
5.	**Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.**	Yes
6.	**Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.**	Yes

1E-2a.	**Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.**	

	NOFO Section VII.B.2.d.

	Describe in the field below how your CoC reviewed, scored, and selected projects based on:
1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,000 characters)

1. The CoC's Review and Ranking Committee used two years of HMIS performance data and HMIS report cards, Coordinated Entry and contract monitoring reports, APRs, the project application and addendum, and documents provided by the providers to review fiscal soundness, cost effectiveness, housing and capacity, services and policies, data quality, and performance outcomes of all projects. A ranking tool, approved by the HSP, that accounted for the severity of needs and vulnerabilities of populations served was used to review, score and rank projects. Scored elements included percentages of those served with significant chronicity, systems involvement (i.e., high utilization of crisis and emergency services including hospitals, jails & psychiatric facilities) and /or more than one disability. The demand for the service and programmatic barriers to serving the homeless were also taken into consideration during the ranking process with low barrier programs and those programs providing services to higher need populations, including unsheltered persons or people with zero income at entry, receiving higher scores.

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 were awarded additional points in the ranking process. In addition, the CoC scoring criteria allocated escalating point values by project type for applications that addressed certain vulnerabilities and severity of needs. The CoC ranking panel was made up of subject matter experts in key CoC priority areas (i.e.; re-entry, and behavioral health) whose experiences allowed them to fully evaluate services offered by the applicants.

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
	NOFO Section VII.B.2.e.	

	Describe in the field below how your CoC:
1.	obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;
2.	included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;
3.	rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).

(limit 2,000 characters)

1. The CoC serves the largest community of color in the Country. Its members and leadership are representative of that diversity and collectively determine the funding priorities and rating factors for the CoC competition.
2. The CoC's Review and Ranking Committed was comprised of 50% persons

of color and persons with lived experience to ensure diversity of perspectives when ranking. In addition, ranking panel members brought a wide variety of subject matter expertise to the process, representing critical CoC sub-population priorities including returning citizens, systems connected and other UHY youth, chronic homeless, those with significant health and behavioral health challenges and subsidized housing programs.
3. The Review and Ranking Committee used several racial equity factors to review, score and select projects in the 2021 competition, including a weighted focus on participant diversity and alignment with the demographics of the County's homeless population, diverse representation in managerial and leadership positions, and established mechanisms for receiving and incorporating feedback from over / under represented participants into program policies and practices.

1E-4.	**Reallocation–Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	NOFO Section VII.B.2.f.	

	Describe in the field below:
1.	**your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;**
2.	**whether your CoC identified any projects through this process during your local competition this year;**
3.	**whether your CoC reallocated any low performing or less needed projects during its local competition this year;**
4.	**why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and**
5.	**how your CoC communicated the reallocation process to project applicants.**

(limit 2,000 characters)

1. The CoC uses reallocation as one of many tools to continuously realign system resources with community needs to improve overall CoC performance and has a written reallocation policy. CoC Program funds may be reallocated either by a voluntary process or by a competitive system transformation process that prioritizes higher need projects and/or eliminates lower performing programs. CoC determination of lower performing programs is made based on an evaluation of the following criteria: Project performance against CoC system performance measures, Bed utilization, Cost effectiveness, HMIS participation and data quality, and Grants management. 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 10/1/21 and publicly posted on the County website.
2. The CoC identified one project subject to reallocation during the 2021 local competition.
3. The CoC reallocated one project due to low performance in the 2021 competition and ranked part of another project in Tier 2 below three new projects based on reduced performance.
4. Not Applicable.
5. The CoC notified the incumbent project application that that their project was recommended for reallocation by email on 10/29/21. There was no appeal.

1E-4a.	**Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	Yes

1E-5.	**Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.**	
	NOFO Section VII.B.2.g.	

1.	**Did your CoC reject or reduce any project application(s)?**	Yes
2.	**If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.**	10/29/2021

1E-5a.	**Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/29/2021

1E-6.	**Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/12/2021

2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2A-1.	**HMIS Vendor.**	
	Not Scored–For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky

2A-2.	**HMIS Implementation Coverage Area.**	
	Not Scored–For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	**HIC Data Submission in HDX.**	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/11/2021

2A-4.	**HMIS Implementation–Comparable Database for DV.**	
	NOFO Section VII.B.3.b.	

	Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:
1.	**have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and**
2.	**submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.**

(limit 2,000 characters)

1. The CoC does not currently have a HUD funded DV provider however the CoC does have a non-HUD funded DV provider that operates an emergency shelter for survivors at imminent risk and who recently implemented a comparable database that will collect the same data elements required in HUD's 2020 HMIS Data Standards.
2. The provider is currently working with their vendor (Osnium) to develop and produce the necessary reports required by the CoC for that project. The CoC's HMIS team is working collaboratively with the provider to ensure compliance with the standards and to develop a schedule of regular reporting that will allow for inclusion of these services in future CoC reports. This is anticipated to be fully in place by December 31, 2021.

2A-5.	Bed Coverage Rate–Using HIC, HMIS Data–CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	329	0	329	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	181	0	181	100.00%
4. Rapid Re-Housing (RRH) beds	144	0	144	100.00%
5. Permanent Supportive Housing	326	0	326	100.00%
6. Other Permanent Housing (OPH)	183	0	183	100.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
1.	steps your 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 your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

Not applicable. There are no bed coverage rates below 84.99% reported for the CoC.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%

2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	

	NOFO Section VII.B.3.c.

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:
1.	**steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and**
2.	**how your CoC will implement the steps described to increase bed coverage to at least 85 percent.**

(limit 2,000 characters)

Not applicable. There are not no bed coverage rates below 84.99 reported for the CoC.

2A-6.	**Longitudinal System Analysis (LSA) Submission in HDX 2.0.**	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2B-1.	**Sheltered and Unsheltered PIT Count–Commitment for Calendar Year 2022**	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes

2B-2.	**Unsheltered Youth PIT Count–Commitment for Calendar Year 2022.**	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes

2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2C-1.	**Reduction in the Number of First Time Homeless–Risk Factors.**	
	NOFO Section VII.B.5.b.	

	Describe in the field below:
1.	**how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;**
2.	**how your CoC addresses individuals and families at risk of becoming homeless; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.**

(limit 2,000 characters)

1. The CoC uses several data sets to identify causal factors driving first time homelessness including housing distress data, affordable housing studies, census information, eviction filings, HMIS, PCWA data, health indicators, public safety/corrections data, foodbank and drop in center data, hotline calls and a local COVID assistance prioritization map which was created using poverty, housing type, property turnover rates, employment sectors most impacted by COVID, race, family size, and other factors to help target those most likely to experience housing loss. This data is analyzed to identify emerging local trends and is used by the CoC to continuously forecast shifts in population sets, target prevention and diversion activities, and proactively plan for newly emerging needs.
2. The CoC utilizes 211 as the front door for identifying families needing intervention to avoid a housing disruption. 211 maintains a database of over 6,000 resources and ensures callers are linked immediately to needed diversion and eviction prevention services including, conflict mediation, education on tenants' rights, and monetary assistance. Rental assistance is coordinated using a reservation system to prevent duplication and a central banking system to ensure immediate access to funds to resolve the crisis. The CoC's consortium of providers are strategically located throughout the County and use a universal application and standardized protocols to ensure uniformity throughout the system. 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.
3. The CoC Lead and 211 CEO oversee this strategy.

2C-2.	Length of Time Homeless–Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

	Describe in the field below:
1.	your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	how your 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 your CoC's strategy to reduce the length of time individuals and families remain homeless.

(limit 2,000 characters)

1. The CoC is working to reduce the length of time homeless in several ways, including: a. Family mediation/reunification as a supportive housing strategy, b. housing challenges to promote rapid exit, c. landlord meet and lease events incentivizing rapid lease up, d. care coordination meetings to brainstorm non-traditional exit strategies for high system utilizers, e. increased PH capacity through move on strategies, matching housing subsidies with COC PSH to expand units, use of ESG-CV and state EHP funds to expand RRH, and PHA priorities for homeless (EHV, FUP, FUP-Y, FYI, Homeless, ACIS/PFS, VET, VAWA, VASH, etc.), f. expedited unit inspections and a dedicated PHA representative to mitigate application delays, g. flex funding for removal of barriers to lease-up (i.e.; security deposits, 1st month's rent, utility deposits, furniture, and document vital record replacements), h. specialized housing projects targeting priority sub-populations with higher LOT (1115 waiver, Pay for Success, and YHDP), and i. expanded recruitment of landlords without barriers to leasing, especially those that are "returning citizen friendly". The CoC also contributed to the County's Comprehensive Housing Strategy Report "Housing Opportunities for All (HOFA)" which establishes a framework to reduce housing disparities, provide guidance and innovation in financing and redistribution of County resources, promote strategies for equitable access to healthcare, education, jobs and transportation, and remove barriers to fair, affordable, diverse and quality housing opportunities.
2. The Coordinated Entry Team uses HMIS to create a By-Name list, which is prioritized by chronicity, vulnerability factors, and length of homelessness, and meets bi-weekly to create exit strategies and expedite appropriate connections between homeless persons and available housing. LOT is tracked for all households active on the BNL and is used to prioritize housing placements.
3. The CoC Lead and Coordinated Entry Manager oversee this strategy.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1. The CoC employs several strategies to positively impact permanent housing exits including: a. Coordination with local PHAs to expand homeless priorities for public housing and set asides vouchers; and expand education of landlords regarding the impact of Maryland's recent Housing Opportunities Made Equal Act which adds "source of income" to the list of prohibited forms of housing discrimination and ban landlords and management companies from having policies excluding tenants who use government assistance, such as Housing Choice vouchers, b. Bi-weekly case-conferencing across programs, c. Creation of faith-based transition housing units, d. Creation of second chance housing, e. A shared housing pilot for seniors and chronic homeless, f. Expanded non-CoC funded housing solutions for veterans and survivors (i.e.; SAFE, GOCCP, Survivor Flex Fund, SSVF, GPD, and a faith base funded veterans crisis fund), g. Expanded RRH using ESG-CV and EHP funds, h. Follow-up case management services for 18 months to ensure formerly homeless persons don't jeopardize their housing, and i. Ensuring all persons moving to PH are linked with mainstream resources to increase income and community support systems.
2. The CoC maintains a 99% retention in PSH and 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 "move on" strategy vouchers to support participant transition from PSH to lower acuity permanent housing solutions with the provision of 12 months of post exit case management support.

2C-4.	**Returns to Homelessness–CoC's Strategy to Reduce Rate.**	
	NOFO Section VII.B.5.e.	

	Describe in the field below:
1.	**how your CoC identifies individuals and families who return to homelessness;**
2.	**your 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 your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.**

(limit 2,000 characters)

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. Providers examine individual cases of persons returning to homelessness to determine the cause and identify if there were missed opportunities to engage. 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.

Postplacement stabilization and follow-up for a minimum of 18 months for every permanent housing placement made by the CoC b. “Quick fix” rental, food, and utility assistance funds to solve reemerging housing crises; c. engagement with other systems of care to increase services by non-CoC providers including peer-to-peer mentoring, behavioral health services, and in-home somatic health recovery support; d. A housing retention liaison that targets voucher holders whose housing subsidies are in jeopardy for CoC crisis resolution; and e. linkages to the faith-based community for additional support. The CoC is also engaged in a one year regional racial equity analysis in partnership with the Washington Metropolitan Council of Governments and C4 Center for Social Innovation to assess its homeless systems – including analysis of disproportionality in ROT among various sub-populations - and develop recommendations for targeted system improvements.
3. The CoC Lead and co-chairs of the CoC data subcommittee oversee this strategy.

2C-5.	**Increasing Employment Cash Income-Strategy.**	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	**your CoC’s strategy to increase employment income;**
2.	**how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
3.	**provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase income from employment.**

(limit 2,000 characters)

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 prioritize homeless access to job assessment, readiness training and placement services; c. Employment assistance funds (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, e. Rapid re-employment assistance for those who lose their job, f. Employ Prince George’s training for all CoC providers and staff to improve rapid access the County's employment system and priority connections for participants presenting as unemployed/ underemployed, g. Transportation assistance, h. Targeted in-shelter and community job fairs, and i. Partnerships with unions and other trade organizations to create internships and on the job learning opportunities and contractual incentives to County contractors to hire homeless residents.
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). Maryland also increased the income guidelines for access to

child-care subsidies that when mapped to employment strategies, greatly increase potential for family earnings.
4. The CoC and WIOA leads oversee this strategy.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

	Describe in the field below how your 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, internships, and employment opportunities for program participants.

(limit 2,000 characters)

1. Many of the homeless service providers in the CoC have employment specialists on staff who work with clients to identify employment interests and reduce barriers to employment. They also develop relationships with private employers and staffing agencies, which allows them to rapidly connect clients to immediate job opportunities and establishes a trusted partnership that allows them to intervene if a client is in danger of losing a job. Providers without dedicated employment specialists, partner with local nonprofit workforce development organizations to bring similar employment training and opportunities to clients. Job fairs are held within shelters, and job postings shared among providers.
2. The CoC also works closely with the County's WIOA, community colleges, and unions to provide training, linkages to employers, and increase employment opportunities. Recognizing that connections to immediate and meaningful education, on-the-job training, internships, and employment is an important strategy in helping those experiencing homelessness to increase their income, the CoC and its workforce partners are exploring opportunities to restructure traditional linear training programs to provide non-sequential and short-term training that allows participants to enter at any point in the process. These trainings would be uniquely focused on critical skills aimed at getting the job rather than simply preparing for it and are intended to significantly reduce the time lapse between training and acquisition of active employment.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	your CoC's strategy to increase non-employment cash income;
2.	your CoC's strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,000 characters)

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. Periodic 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. Access to dedicated benefit liaisons within the local public welfare agency that are versed in all mainstream 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. They are also often able to generate system copies of critical documents when impacted residents have been receiving benefits but have lost their documents due to evictions or an unsheltered status greatly reducing the time it takes to secure replacements.
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) and provides Affordable Care Act navigators for non-M/A insurance opportunities for CoC households. Several CoC member organizations also serve as mail stops for unsheltered homeless reducing loss of benefits due to their housing status and can aid with replacement of IDs, birth certificates, social security cards and other documents necessary for benefits processing. The CoC also has a partnership with the local health department's vital records office to provide free replacement birth certificates for homeless residents who were born in Maryland.
3. The CoC Lead and CoC Data Committee oversees this strategy.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3A-1.	**New PH-PSH/PH-RRH Project–Leveraging Housing Resources.**	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes

3A-1a.	**New PH-PSH/PH-RRH Project–Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	**Private organizations**	No
2.	**State or local government**	No
3.	**Public Housing Agencies, including use of a set aside or limited preference**	Yes
4.	**Faith-based organizations**	No
5.	**Federal programs other than the CoC or ESG Programs**	No

3A-2.	**New PSH/RRH Project–Leveraging Healthcare Resources.**	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes

3A-2a.	**Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.b.	

1.	**Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?**	Yes
2.	**Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?**	Yes

3A-3.	**Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.**	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
LARS PSH Expansion	PSH	17	Housing
UCAP PATH I Expan...	PSH	16	Both

3A-3. List of Projects.

1. What is the name of the new project? LARS PSH Expansion

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 17

4. Select the type of leverage: Housing

3A-3. List of Projects.

1. What is the name of the new project? UCAP PATH I Expansion

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 16

4. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3B-1.	**Rehabilitation/New Construction Costs–New Projects.**	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting $200,000 or more in funding for housing rehabilitation or new construction?	No

3B-2.	**Rehabilitation/New Construction Costs–New Projects.**	
	NOFO Section VII.B.1.s.	

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	**Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and**
2.	**HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.**

(limit 2,000 characters)

Not Applicable

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3C-1.	**Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No

3C-2.	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.C.	

	If you answered yes to question 3C-1, describe in the field below:
1.	**how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and**
2.	**how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.**

(limit 2,000 characters)

Not applicable

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	**New DV Bonus Project Applications.**	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes

4A-1a.	**DV Bonus Project Types.**	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

	Project Type	
1.	**SSO Coordinated Entry**	No
2.	**PH-RRH or Joint TH/RRH Component**	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

4A-2.	**Number of Domestic Violence Survivors in Your CoC's Geographic Area.**	
	NOFO Section II.B.11.	

1.	**Enter the number of survivors that need housing or services:**	7,966
2.	**Enter the number of survivors your CoC is currently serving:**	589
3.	**Unmet Need:**	7,377

4A-2a.	**Calculating Local Need for New DV Projects.**	
	NOFO Section II.B.11.	

Describe in the field below:

1.	**how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and**
2.	**the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or**
3.	**if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.**

(limit 2,000 characters)

1. The CoC calculated the number of survivors needing housing or services by combining two factors: a. discrete survivor specific calls to varied County hotlines (3,213 DV hotline calls, 422 homeless hotline calls, and 1,011 2-1-1 calls) and b. District court Protective order filings (8,525) reduced to 40% to factor for call/filing duplications (net 3,410) for a total net need of 7,966 residents calling for services and/or housing assistance because of domestic violence in a one-year period.
2. The CoC calculated the number of survivors served during that same time period using data provided by the CoC's emergency safe shelter for survivors (reported in a comparable database) and those persons sheltered in a non-DV specific shelter but who disclosed an episode of DV during their stay (reported in HMIS).
3. The Coc has identified several barriers impacting the CoC's existing ability to meet the needs of all survivors and is working across systems to actively close the gap. Key barriers include lack of survivor specific shelter and housing programs, limited county-based organizations with subject matter expertise, financial strength and program experience to operate the ideal combinations of housing and supportive services, high shelter and housing program staff turnover rates that challenge the CoC's ability to deliver the ongoing training necessary to ensure new staff are adequately prepared to respond to the unique needs of survivors, and the need for improved collaboration to ensure all providers serving survivors in the broader CoC community are effectively working together to maximize limited resources. The new DV application being advanced by the CoC offers a unique opportunity to positively impact all four of these challenges.

4A-4.	**New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.**	
	NOFO Section II.B.11.	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects–only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
House of Ruth Mar...

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	**New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.**	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1.	**Applicant Name**	House of Ruth Maryland, Inc.
2.	**Rate of Housing Placement of DV Survivors–Percentage**	100.00%
3.	**Rate of Housing Retention of DV Survivors–Percentage**	84.00%

4A-4a.	**Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and**
2.	**the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).**

(limit 1,000 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 reentry 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.

4A-4b.	**Providing Housing to DV Survivor–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below how the project applicant:
1.	**ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;**
2.	**prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;**
3.	**connected survivors to supportive services; and**
4.	**moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.**

(limit 2,000 characters)

1. The House of Ruth Maryland (HRM) has 40 years of experience providing DV services (12+ operating RRH programs) that match survivors to permanent housing. They maintain strong relationships with housing partners throughout the region to ensure survivors can quickly move into safe housing in an area of their choice. In addition, HRM has experience serving unique DV populations including Spanish speaking victims, African immigrant victims, and those whose abuse was made worse by the COVID 19 pandemic and maintains a database of housing resources for rapid placement of those harder to serve survivors. 2. HRM works closely with coordinated entry (CE) using a housing first approach to link housing and services with DV survivors as soon as they are identified. CE and HRM consider victim lethality in addition to vulnerability when making placements and households can receive and decline multiple housing matches without penalty. HRM prioritizes safety related emergency transfers and has protocols facilitating rapid transfer into alternative housing or confidential facilities, including providing emergency shelter or hotel placement on an interim basis. 3. HRM employs licensed therapists trained in evidence-based trauma reduction therapies and attorneys who can represent victims in protective order cases. All survivors are assigned a skilled Community Advocate who works with them on stability building including: obtaining documents; safety planning; health/mental health care; employment; applications for mainstream benefits and other victim centered services in order to facilitate access to – and stability in - more permanent housing. All services are voluntary to maximize client choice. 4. HRM reviews all leases with clients prior to exit to ensure it housing is sustainable without a subsidy and provides one year of follow up services to ensure continued stability and safety, maintaining an 84% retention rate. HRM also maintains a flex fund to bridge subsidy needs and provides additional relocation as needed.

4A-4c.	**Ensuring DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:
1.	**training staff on safety planning;**
2.	**adjusting intake space to better ensure a private conversation;**
3.	**conducting separate interviews/intake with each member of a couple;**
4.	**working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
5.	**maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and**
6.	**keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.**

(limit 5,000 characters)

HRM has protocols in place that safeguard a victim's identity, location and service plan and uses a number of strategies to ensure the safety of homeless survivors, including: 1. Training and technical assistance on trauma informed care, safety planning for survivors, signs of IPV, ethical considerations in working with vulnerable populations, working with abusive partners, and impact of trauma on children. HRM also created an online training curriculum on

recognizing, responding, and referring survivors of IPV to be released in 2022 that will allow new homeless service staff to be trained as they are hired; 2. Private offices for intake and assessment, secure platforms for telehealth, and routine safety checks conducted with survivors before the start of a session; 3. Policies for interviewing household members and other family members separately to provide safe opportunities for disclosure; 4. 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. Applicants are informed of their rights to accept or reject housing offers and staff provide safety planning each step of the search, placement, intervention and follow up stages; 5. Pre-inspection of units conducted by staff help identify potential hazards, including threats to safety from the abuser and advocacy with landlords to improve lighting and other security provisions. HRM also maintains a resiliency fund to address or security needs including security systems, door, window and lock replacement, and safety bars (HRM does not operate any congregate housing); and 6. Maintenance of unit bed availability and location confidentiality for units dedicated to survivors and use of an alternative comparable database along with victim centered care coordination to ensure ongoing survivor safety.

4A-4c.1.	**Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

HRM has over 40 years of experience providing services to people experiencing IPV and homelessness, with 12 years of experience providing RRH to this population. HRM follows Violence Against Women Act requirements and best practice guidelines in the field to ensure survivor safety and confidentiality. This includes keeping survivor information in stand alone, secure databases that meet HUD standards, informing survivors of their confidentiality rights, and requiring informed consent discussions before signing release of information forms. Safety planning is conducted at each step of the process. Services are 100% voluntary and follow Housing First principles. HRM tracks client level outcomes for ability to intentionally safety plan, decrease in risk for abuse, and requests for emergency relocation and continuously evaluates its policies and protocols to ensure implementation of best practices from the field. Exit surveys are also conducted asking clients about their perceptions of safety during services. Finally, HRM recently worked with Dr. Michele Decker to conduct an NIJ funded evaluation of Safe Homes, and results indicate that survivors in the project experienced a reduction in both housing instability and violence from abusive partners. These results held even if survivors were still in contact with their partners (Decker, et. al., 2021).

4A-4d.	**Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	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;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants' strengths, e.g., 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;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

HRM 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. Ms. Miller was also one of the investigators on a NIJ funded research study conducted by Johns Hopkins University examining the impact of RRH versus Transitional Housing for survivors of IPV. This study demonstrated that participants in Safe Homes increased their ability to meet their basic needs, decreased their housing instability, and decreased their rates of abuse.

1. HRM has operated a 100% voluntary services/ Housing First model of RRH since its inception in 2009. Participants determine location, type of housing, and features they are looking for in housing. Staff provide information to landlords on DV and act as a liaison to support survivors in advocating for their rights and safety.

2. Survivors are treated with respect and equality and HRM 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 safe transition. Survivors may access RRH with no requirement to participate in any additional services and are given a copy of their rights to refuse services and still retain housing in plain language. They are told about the grievance procedure at intake. To encourage meeting with Service Coordinators twice monthly, staff travel to survivor homes once per month and ask survivors to come to HRM offices to pick up their rent checks (made out to landlord) once per month. The in-office visit also allows for private conversations away from people who may be monitoring survivor activity.

3. HRM employs licensed Therapists, who use only evidence based trauma reduction therapies 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.. Project staff inform survivors of support group offerings and facilitate individual counseling session referrals as requested. Staff orientation and training includes skills on how to engage traumatized

people.
4. Survivors determine the goals they wish to achieve on their individual service plans. Staff assessment emphasizes client strengths and resources to help them achieve goals. HRM developed and uses the Measuring Success Framework for assessing outcomes. Client level indicators include assisting survivors with increasing their positive, supportive social connections, reducing trauma symptoms, increasing ability to meet basic needs, and increase in intentional safety planning. These measures are all framed in skills-gaining language, and results of progress on these goals are routinely shared with survivors.
5. HRM training and orientation includes discussion of power and privilege, as well as cultural responsiveness and inclusivity. Our staff serving Prince George's County include native born speakers of Spanish and Arabic. HRM has been working with a diversity, equity and inclusion consultant for over a year to critically examine all operations and improve racial equity for staff and clients.
6. HRM offers live and virtual counseling and support groups in English and Spanish and peer-to-peer mentors are used to provide inspiration and hope. Participants also have the opportunity to engage in monthly educational sessions where childcare and meals are provided and are encouraged to become involved in community activities that are appealing to them. HRM's Leadership includes persons with lived experience of IPV and the project team is comprised of 2 white, 4 African/ African American, 1 Asian, 2 Latinx. Spoken languages include English, Arabic, Nepali, Spanish, and Urdu, further cementing their focus on racial equity and ethnic diversity in programs.
7. HRM recognizes the multigenerational aspect of domestic violence and works with the family to address the trauma caused by DV and the patterns that tend to perpetuate it. HRM Therapists provide both adult and child therapy, as well as parent-child therapy to help improve attachment and repair the damage from living in abusive homes. HRM also partners with local organizations to refer participants desiring additional parenting classes and childcare is provided for all HRM events and for adult support groups.

4A-4e.	**Meeting Service Needs of DV Survivors–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and**
2.	**provide examples of how the project applicant provided the supportive services to domestic violence survivors.**

(limit 5,000 characters)

1. 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 for survivors including community based RRH, service coordination, workforce development, evidence-based trauma therapy, and legal assistance. HRM 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 partners 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.

2. HRM's Safe Homes Strong Community model is structured to provide the maximum amount of support to survivors before, during and after receiving rental assistance. Service coordination is focused on creating individualized safety plans for survivors, removing survivor identified barriers to goals (obtaining documentation, arranging transportation and childcare, budget planning, application to public benefits like SNAP, TANF, SSI, etc.), encouraging and supporting clients to connect to positive social networks, facilitating resource referrals, and advocacy for services as requested. A Housing Specialist helps recruit and educate landlords, conducts pre-inspections on units for safety and health, and assists in obtaining necessary Lead and landlord documents. A Job Navigator helps survivors identify their employment and career goals, connects them with local workforce training programs, arranges flex funding to pay for work uniforms and training fees as needed, and supports survivors once employed with education on managing trauma symptoms in the workplace. HRM Therapists are licensed and provide evidence based trauma reduction therapies for adults and children. Support groups are held weekly. HRM Attorneys assist with protective orders as needed and provide legal advice to survivors on their rights and family law matters. Food pantry assistance is provided to help address basic needs. Interpretation services are provided to limited English speakers. HRM also makes many of these supportive services available to their survivors for a minimum of 12 month after exiting the program to mitigate potential disruptions to housing stability and safety and to ensure the long term welfare of the people it serves.

Support services are 100% voluntary. Some participants have only utilized minimal Service Coordination paired with the rental assistance. Some participants have used multiple services. For example, an immigrant survivor with two children was able to access Service Coordination, Therapy for herself and her children, and a legal consultation in her native Spanish language. Her Service Coordinator assisted her with getting into an English as a second language class and apply for SNAP, TANF and Medicaid benefits for her children. HRM's attorney connected her with a local legal partner to apply for a T-Visa. She was able to use flex funding to pay for driver's education classes and obtain a Driver's license, which allowed her to begin working as an Uber driver.

4A-4f.	**Trauma-Informed, Victim-Centered Approaches–New Project Implementation.**	
	NOFO Section II.B.11.	

	Provide examples in the field below of how the new project will:
1.	**prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
2.	**establish and maintain 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;**
3.	**provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;**
4.	**place emphasis on program participants' strengths, e.g., 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;**
5.	**center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
6.	**provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offer support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

1. This project will be 100% voluntary services/Housing First. Participants will determine location, type of housing, and features they are looking for in housing. Staff will provide information to landlords on DV and act as a liaison to support survivors in advocating for their rights and safety. HRM staff will pre-inspect housing and will continue to expand its list of safe and affordable landlords based on the wants and needs articulated by survivors for housing types and location. Survivors work with staff to seek out rental housing, but lease agreements are between landlords and survivors, with checks made out to the landlord and delivered by survivors to foster that relationship.
2. Survivors may access RRH with no requirement to participate in any additional services and HRM staff will use strength-based practices and other case management tools to minimize the power differential, empower and engage survivors, and support their safe transition. HRM staff will pair engagement with support services that survivors want including transportation, trauma reduction, in-home support to foster positive relationships that encourage survivors to share needs before becoming destabilized. HRM staff will engage in home visits as well as provide in-office visits that allow for private conversations away from people who may be monitoring survivor activity. Survivors will be given a plain language copy of their rights to refuse services and still retain housing.
3. HRM employs licensed Therapists, who use only evidence-based trauma reduction therapies and will provide on-site, evidence based, language specific trauma therapy and support groups. HRM staff will work with adult survivors and child witnesses to educate the family on the effects of trauma and provide resources to reduce trauma symptoms. Project staff will also inform survivors of support group offerings and facilitate individual counseling session referrals as requested. Staff orientation and training includes skills on how to engage traumatized people.
4.Survivors will determine the goals they wish to achieve on their individual service plans. Staff assessment will emphasize client strengths and resources to help them achieve goals. HRM will utilize their Measuring Success Framework for assessing outcomes. Client level indicators will include assisting survivors with increasing their positive, supportive social connections, reducing

trauma symptoms, increasing ability to meet basic needs, and increase in intentional safety planning. These measures are all framed in skills-gaining language, and results of progress on these goals will be routinely shared with survivors.
5. HRM training and orientation includes discussion of power and privilege, engagement of persons from multiple diverse cultures, and cultural responsiveness and inclusivity. Agency policies and procedures and operations manuals include diverse inclusion policies including non-discrimination, fair housing, and grievance and client rights under voluntary services. Survivors are also provided with copies of the non-discrimination and clients rights policies. HRM has been working with a diversity, equity and inclusion consultant for over a year to critically examine our operations and improve racial equity for staff and clients and has conducted two workshops – “Having the race equity conversation” and “Engaging Culturally Diverse Organizations” as part of that work. HRM’s Leadership includes persons with lived experience of IPV and spoken languages include English, Arabic, Nepali, Spanish, and Urdu. The project team is comprised of 2 white, 4 African/ African American, 1 Asian, and 2 Latinx and will include native born speakers of Spanish and Arabic as part of the organizational commitment to equity.
6. HRM will offer live and virtual counseling and support groups in English and Spanish and peer-to-peer mentors will be engaged to provide support and inspiration. HRM partners with St. Bernard’s Church to offer spiritual support to survivors and will add partnerships with other faith institutions to expand that support. Participants will also have the opportunity to attend monthly educational sessions where childcare and meals are provided and will receive HRM support with engaging in community activities that are appealing to them.
7. HRM Therapists will provide both adult and child therapy, as well as parent-child therapy to help improve attachment and repair the damage from living in abusive homes. HRM will also partner with local organizations to refer participants desiring parenting classes and childcare will be provided for all HRM events and support groups. Staff will help survivors to develop educational safety plans, including collaboration with school staff to ensure confidentiality and safety while children are attending school or in after school activities, as well as offer opportunities for social-emotional wellness activities that foster feelings of safety and strengthen a healthy parent/child relationship.

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.

We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/14/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/14/2021
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	11/14/2021
1E-1. Local Competition Announcement	Yes	Local Competition...	11/14/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/15/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting–Pr...	11/14/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting–Pr...	11/14/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes	Web Posting–CoC-A...	11/15/2021
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	11/15/2021
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	11/15/2021
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting–Projects Rejected-Reduced

Attachment Details

Document Description: Public Posting–Projects Accepted

Attachment Details

Document Description: Web Posting–CoC-Approved Consolidated Application

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	09/29/2021
1B. Inclusive Structure	11/16/2021
1C. Coordination	11/16/2021
1C. Coordination continued	11/16/2021
1D. Addressing COVID-19	11/15/2021
1E. Project Review/Ranking	11/15/2021
2A. HMIS Implementation	11/13/2021
2B. Point-in-Time (PIT) Count	10/15/2021
2C. System Performance	11/16/2021
3A. Housing/Healthcare Bonus Points	11/12/2021
3B. Rehabilitation/New Construction Costs	11/04/2021

3C. Serving Homeless Under Other Federal Statutes	11/04/2021
4A. DV Bonus Application	11/16/2021
4B. Attachments Screen	11/15/2021
Submission Summary	No Input Required