

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 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2022 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 2022 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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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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.p., and VII.B.1.r.	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
	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 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.	Disability Advocates	Yes	Yes	No
5.	Disability Service Organizations	Yes	Yes	Yes
6.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
7.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
8.	Hospital(s)	Yes	Yes	No
9.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
10.	Law Enforcement	Yes	Yes	Yes
11.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
12.	LGBTQ+ Service Organizations	Nonexistent	No	No
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	Yes	Yes	Yes
15.	Mental Health Service Organizations	Yes	Yes	Yes
16.	Mental Illness Advocates	Yes	Yes	Yes

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
19.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	Yes	Yes
22.	School Administrators/Homeless Liaisons	Yes	Yes	No
23.	State Domestic Violence Coalition	No	No	No
24.	State Sexual Assault Coalition	No	No	No
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	Yes	Yes
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Organizations serving aging and elderly	Yes	Yes	Yes
35.	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 a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 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. The CoC membership and leadership includes persons with lived experience (past and present) and 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. In addition, 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. 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 its HUD funded providers include organizations serving culturally specific communities including Latinx, Black, differently abled, and foreign born. The CoC has also identified specific underrepresented sub-populations and has targeted trusted providers to host focus groups to identify opportunities to improve access and system outcomes these groups. 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. Finally, the CoC has initiated a workgroup comprised solely of persons with lived experience and expertise to further inform its operations and programs to ensure maximum benefit for all residents accessing CoC services.

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 2,500 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 crosspollination between agencies has led to a number of successful partnerships and new Federal and State grants being awarded. The CoC is also in the process of engaging consultants with expertise in targeted challenge areas as part of the larger 2023-2032 strategic planning effort which includes significant community engagement and equity activities that will ensure the CoC considered the widest variety of opinions possible.
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, minor right to consent to shelter and UHY tuition waiver (state), the YHDP Coordinated Community Plan, Housing Opportunities for All Plan, Safe Housing Study, Families First, and the HOME-ARP plan (local).

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section VII.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.	

(limit 2,500 characters)

1. The CoC continuously engages new organizations and has successfully expanded its HUD funded portfolio from 5 providers to 15 (+200%) since 2012. Notice of the 2022 CoC competition was sent to all CoC and partner listservs and publicly posted to the CoC website on 8/8/22. In addition to the public postings, the CoC hosted a virtual forum on 8/11/22 to present critical competition information and encourage community wide participation. The presentation, along with competition instructions and submission deadlines were posted to the CoC website on 8/12/22. The CoC hosted special office hours on 8/18/22 for organizations pursuing bonus projects to review program designs and offer feedback for proposal improvements. 11 providers (3 new) attended this meeting and 1 new organization has been included in this year's application.
2. The CoC's competition requirements were posted to the CoC website on 8/12/22 and final ranking and selection criteria and the application addendum were posted on 8/25/22. CoC competition office hours were held on 8/22/22 and 8/25/22 to provide final technical assistance for all interested applicants and 1-1 technical assistance was offered to all renewing and new organizations from 8/11/22 through 9/26/22 to ensure successful submission of final projects.
3. 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 2022 panel met on 9/8/22 to review, score and rank all applications according to CoC published guidelines and notifications were sent to all applicants on 9/9/22 with the CoC decision and appeal process. No appeals were filed. Final recommendations for funding were approved by the CoC plenary on 9/12/22.
4. 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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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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 the 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 LGBTQ+ 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
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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 2,500 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 recipient 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 of Bowie 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 sexual orientation and gender identity:

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 or separate family members	Yes

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

1. The CoC is a Youth Homelessness Demonstration Program (YHDP) site and team members include the local and state education administrations, Career/Tech Ed 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.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	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 2,500 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-4c.	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--Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1. The CoC works closely with Prince George’s Domestic Violence and Human Trafficking Division, the Safe Housing Stakeholder group, people with lived experience, and non-profits who provide services and housing for victims of intimate partner violence (IPV), stalking, and human trafficking to develop and update COC-wide policies that address the needs of survivors. The CoC is lucky to count among its members an expert who presents nationally on how providers can work with their local CoC’s to provide more comprehensive safety and stability services for persons experiencing IPV and homelessness. Policies and operating protocols are reviewed annually utilizing an equity and trauma-informed lens to ensure they meet the needs of survivors. Data collection policies and reporting are reviewed to confirm compliance with VAWA and ensure client confidentiality and safety. The Coordinated Entry process is reviewed annually to ensure that it is following best practices and that the hardest to serve – including victims of IPV – are quickly linked to resources without barriers or privacy risks.

2. A wide range of training opportunities are offered throughout the year to ensure all housing and service providers within the CoC are equipped to serve survivors of domestic violence, dating violence, sexual assault, and stalking. A trauma-informed training designed to help attendees recognize the signs of trauma and implement trauma-informed approaches and policies is offered to CoC members multiple times per year. A multi-day training on the dynamics of domestic and sexual violence and stalking, the criminal & civil justice systems that respond to those crimes, and resources in the community for survivors of domestic violence is also offered two times per year. Additional training topics connected to serving this population that were offered in the past year included serving male-identified survivors of intimate partner violence, family violence research, a review of related legislation, economic abuse, and responding to survivors of human trafficking. Safety planning protocols are woven throughout all the topics covered.

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
NOFO Section VII.B.1.e.		
Describe in the field below how your CoC coordinates to provide training for:		
1.	project staff that addresses 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 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 2,500 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-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

Describe in the field below:

1.	the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.

(limit 2,500 characters)

1. In addition to the HMIS data and de-identified data from the two 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.

2. The CoC then uses the de-identified aggregate data described in element 1 of this question to create a simulated analysis of community need 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. The information gathered from these efforts have resulted in the CoC addition of a survivor specific RRH project during the HUD 2021 competition and the submission of a new TH-RRH DV bonus project in the HUD 2022 competition to meet the needs of survivors in the community.

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
1.	the emergency transfer plan policies and procedures; and	
2.	the process for individuals and families to request an emergency transfer.	

(limit 2,500 characters)

1. The CoC's Emergency Transfer Plan is trauma-informed and person-centered. It was developed in collaboration with homeless and domestic violence service providers, housing providers (including providers using ESG and CoC funding), national experts, persons with lived experience, and legal service providers. All people receiving services in ESG and CoC funded projects are informed of their rights at program entry regardless of whether their survivor status is known. Additionally, all CoC and ESG program staff are made familiar with the plan and receive training on what it entails. The plan covers eligibility, the request process, documentation, confidentiality, safety and security, notification of approval or denial, as well as a detailed appeal process. Included in the plan are Occupancy Rights, which provides an overview of the protections available through the Violence Against Women Act, including protections to both applicants and tenants of rapid rehousing and permanent supportive housing projects.

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.

1C-5d.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC's geographic area.

(limit 2,500 characters)

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. The CoC also 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. Finally, all known survivors needing higher level housing supports are referred through the CoC's Coordinated Entry system using a de-identifying referral system to ensure access to all of relevant housing and services available within the CoC's geographic area.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC's coordinated entry includes:	
1.	safety protocols,	
2.	planning protocols, and	
3.	confidentiality protocols.	

(limit 2,500 characters)

1. The CoC's Coordinated Entry system is designed with a trauma-informed lens that considers the unique needs of domestic violence, dating violence, sexual assault, and stalking survivors. The operator of the County's 24-hour domestic violence and homeless hotlines is also the County's 211 and 988 provider, operates a 24 hour crisis response hotline, and uses an evidenced-based Lethality Assessment to consider safety. Safety protocols include our confidential hotlines/chat lines to get information with complete anonymity and individuals are assessed for immediate physical safety from the start of all contacts. Staff are highly trained and have immediate access to police/mobile crisis/child-adult protective services to ensure Survivors assessed to be at imminent risk of lethality are prioritized for shelter placement and transportation provided for individuals to escape dangerous situations as needed.
2. Safety planning is offered to all survivors that seek services. Once an individual is safe, counselors complete a more comprehensive assessment including a lethality assessment and a brief mental health screening. As a part of these screens, individual situations are assessed for current needs including food, clothing, emergency safety plan, financial support, security protocols, and short term and long term housing.
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. The CoC Coordinated Entry System is equipped to receive referrals from all survivor access points and Survivors requiring higher acuity housing are advanced for prioritization and placement using de-identified data to protect the survivor and ensure survivors can access all housing opportunities in the CoC they may be eligible for, including CoC and ESG funded projects. Referrals are done only with the permission of the individual seeking services and individuals have the right to stay anonymous when accessing a multitude of services. Consideration and prioritization of households happens in a closed meeting with participants who have either signed the standard HMIS confidentiality agreement, or (if they are not HMIS users) a Coordinated Entry confidentiality agreement.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--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 LGBTQ+ 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 in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy—Updating Policies—Assisting Providers—Evaluating Compliance—Addressing Noncompliance.	
	NOFO Section VII.B.1.f.	

Describe in the field below:

1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;
2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1. Prince George's County's CoC Governance Policy (ratified by the CoC on 8.22.2022), provides that the CoC operate in compliance with federal nondiscrimination and equal opportunity requirements. The Governance Policy is reviewed annually and updated to incorporate stakeholder feedback, including LGBTQ+ serving organizations and LGBTQ+ program participants and the CoC's Lived Experience Committee. The CoC's Coordinated Entry Manual, which was developed in collaboration with a wide range of community partners and updated in the same manner, also references the Equal Access and Gender Identity Final Rule as a fundamental principle in the day-to-day operations of all services and housing provided.
2. The CoC collaborates with all homeless service providers to ensure all individuals and families, regardless of gender identity or sexual orientation, receive supportive services, shelter, and housing free from discrimination, and provides anti-discrimination and racial bias training. The CoC is currently partnering with nine jurisdictions in a Regional Racial Equity Initiative led by C4 Innovations to develop coordinated goals and strategies that can be implemented to achieve a more racially equitable approach to ending homelessness. This work focuses on addressing racial equity as well as creating inclusive projects that operate free of discrimination.
- 3) The CoC monitors compliance with anti-discrimination policies through contract monitoring visits, interviews with participants, and through customer satisfaction surveys. The Ranking and Selection tool used annually to evaluate HUD CoC Program funded projects includes questions focused on the project's compliance with the Equal Access and Gender Identity Final Rule.
- 4)The CoC provides technical support to ensure all providers have fully implemented anti-discrimination policies throughout their operations. If a program is found to be out of compliance – either during contract monitoring or the deep dive that is part of the preparation for the annual CoC competition – a corrective action plan is instituted. Failure to meet the requirements of the corrective plan may result in program sanctions and eventual reallocation of program funds if performance issues, including compliance with the anti-discrimination policy, are not successfully addressed. The CoC has also created an Equity Advocate position that will be charged with ensuring continued policy and practice improvements.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section VII.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report 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 2021 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	45%	Yes-Both	Yes

Housing Authority of College Park	100%	Yes-Public Housing	Yes
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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 2,500 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; 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; h. ROSS grant awards with 2 PHA partners to provide additional support and stabilizations services for joint CoC/PHA residents of public housing; and i. successful implementation of EHV (97% leased up) and 10 subsidized units for 2 PSH expansion grants funded in the HUD 2021 competition. Finally, the CoC and PHA are currently building on these successes by partnering on 5 units for a new PSH expansion project under the HUD 2022 competition, 30 units for a new PSH project under the HUD 2022 unsheltered competition, and a notice of interest filed for the new HUD housing stability vouchers anticipated for release in the near future. All PHA(s) funded units are included in the CoC's Coordinated Entry process.

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 Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.	Municipal PHA	Yes

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry. NOFO Section VII.B.1.g.	
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In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process?

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	Yes
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	No
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	Yes
8.	Other Units from PHAs:	
	FUP-Y, FYI and other CoC/PHA special population set aside vouchers	Yes

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness. NOFO Section VII.B.1.g.	
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1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	FUP, FUP-Y, EHV, VASH, and FYI

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV). NOFO Section VII.B.1.g.	
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	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
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active 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

1D. Coordination and Engagement Cont'd

1D-1.	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

1D-2.	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 2022 CoC Program Competition.	26
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 2022 CoC Program Competition that have adopted the Housing First approach.	26
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section VII.B.1.i.	

Describe in the field below:

1.	how your CoC evaluates every recipient—that checks Housing First on their Project Application—to determine if they are actually using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1. 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.
2. 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.
3. 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.

1D-3.	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 2,500 characters)

The CoC has a number of strategic partnerships that support a robust and comprehensive street outreach presence in the County Including:

1. A street outreach team led by the CoC Lead's street outreach team lead who supervises three street outreach navigators who conduct daily outreach and a partner network comprised of 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 meet weekly and report newly identified persons to the street outreach team lead for tracking and follow-up if an offer of emergency shelter is not accepted by the individual at the initial point of contact. 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.
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. Homeless residents of the County who are least likely to request assistance still rely on a network of support within the community and Street Outreach Navigators work every day to expand their connections with those supportive systems to build trust with persons experiencing unsheltered homelessness. The street outreach (SO) program works closely with faith communities, civic associations, food pantries, libraries, COPS officers, drop in centers, and other partners in order to help identify unsheltered persons who need case management, supportive services, and referral to housing programs. The diversity of backgrounds and languages of our SO team also allows the program to adjust the approach with unsheltered clients to ensure that clients feel comfortable receiving services.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	No
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	No	No
5.	Other:(limit 500 characters)		
	Engaged partners in Sequential Intercept Modeling and Pay for Success Initiatives to reduce criminalization	Yes	No

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.l.	

		2021	2022
	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.”	144	189

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC’s geographic area:

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	
	Maryland Purchase of Child Care	Yes

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC:

1.	systemically provides 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.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 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. 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.

2. The CoC Lead directly operates health insurance enrollment sites with evening and virtual hours for easy access and hospitals, FQHAs and non-profit community partners operate additional sites. Use of navigators as well as extended enrollment campaigns have proven very effective (39,000+ new residents enrolled during the Covid-19 Special Enrollment Period - largest in Maryland). Homeless persons presenting without income or insurance are immediately linked to a mainstream benefit specialist and/or health navigator for enrollment in available and appropriate programs and CoC staff review benefits with participants to ensure continuity and provide assistance with recertification to keep benefits active. In addition, staff provide support to participants including transportation to medical, therapy and other appointments necessary to support good health, housing, financial, and other homelessness trauma recovery outcomes. These efforts greatly enhance financial resources for CoC households and streamline access to critical prevention and intervention healthcare services.

3. The CoC Lead agency also serves as the County's SSI/SSDI Outreach, Access, and Recovery (SOAR) Lead and in that role, recruits and provides training for homeless providers including an online self paced pre-training (5 modules) and a 2-day intensive virtual training. Successful participation in both the Online and Virtual training is mandatory for participants to be approved to submit SOAR applications and ongoing oversight is provided to ensure SOAR workers are consistently using the SOAR Critical Components and serving as the applicant's representative with fidelity throughout the application process. The County's SOAR program retains a 100% approval rating and generated \$200K+ for eligible residents last year.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

The CoC has implemented several strategies to increase the capacity to provide non-congregate sheltering (NCS) including but not limited to 1. Completion of a capital build out project in a pre-existing single women and families emergency shelter facility to create individual spaces in areas that once operated using a dormitory model; 2. Successful partnerships with CoC providers to maximize the use of non-congregate settings when launching new YHDP or other housing programs resulting from the HUD 2021 bonus funding; 3. Temporary lease of a hotel to provide up to 80 rooms of non-congregate shelter that are prioritized for high service needs residents; and 4. Expanded use of public housing and PHA housing vouchers (i.e.; EHV and special population set asides) as alternative permanent housing solutions. In addition, the CoC is actively engaged in building on that success by working with local developers and housing agencies to create additional opportunities to expand NCS resources. Plans include but are not limited to 1. Acquisition of a permanent facility to replace the temporary hotel lease (RFS released 8/18/22); 2. Use of additional housing vouchers to create project based housing for CoC customers referred through Coordinated Entry; 3. Use of HOME-ARP funding to create non-congregate emergency shelter units/beds for persons with severe service needs; and 4. Development of new housing projects with deeply affordable (0-30% AMI) and accessible units with dedicated referral by the CoC.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

The local Health Department is an active member of the CoC and regularly provides expertise and recommendations for improved CoC health responses. Most notably:

1. The CoC has made critical shifts in policies, protocols, and overall operations that significantly improved the ability of the homeless system to respond to future public health emergencies including:
 - a. 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 available when needed.
 - b. 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.
 - c. Increased emphasis on low-barrier shelter reducing inequitable system access restrictions.
 - d. Improved access to – and use of – technology to deliver telehealth services.
 - e. Expanded cleaning and resident/staff health and hygiene protocols.
 - f. Creation of standard isolation areas and quarantine reporting and staffing protocols.
 - g. Utilization of virtual, telephonic, and in-person check-ins to ensure well-being.

2. The CoC institutionalized certain health related strategies into its day to day shelter response including:
 - a. Standardized communication system for ensuring all stakeholders receive timely and appropriate information on disease prevention, community spread, testing and vaccine resources, and assistance programs.
 - b. Stronger ties with public health agencies, federally qualified health centers, and other healthcare partners for testing, treatment, and follow up.
 - c. Permanent building modifications to existing shelter facilities to create isolation areas.
 - d. Modifications to cleaning contracts to improve the prevention and reduction in the spread of infectious disease.
 - e. Acquisition of a non-congregate facility to permanently expand shelter beds for overflow and hypothermic sheltering responses (Anticipated Fall 2022).
 - f. Redesign of existing shelter expansion plans to reduce reliance on congregate sheltering (Anticipated 2023).

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by:	
	1. sharing information related to public health measures and homelessness, and	
	2. facilitating communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1. Emergency Preparedness Policy and Plans ensure that all CoC member organizations and their employees, interns, volunteers, and consumers are aware of expectations in the event of a natural disaster or locally declared emergency, including public health emergencies. The CoC's plan also includes a protocol for immediate notification by providers to the CoC Lead and local health agency of any program participant infectious disease diagnosis and immediate isolation / quarantine to prevent spread. The protocol also contains guidance on site sanitation and PPE protocols for any staff providing services to the impacted resident(s).
2. The CoC has worked closely with its public health agencies (who also serve as CoC plenary members) to include homeless populations and providers serving those populations in the County's overall health response plan as a Priority 1 population in the event of an outbreak. As such, the Health Department continues to conduct Covid testing and vaccinations as well as TB testing and annual flu shots to people living in emergency shelters and the unsheltered. The CoC and public health agencies have also collectively developed COVID and other infectious disease protocols for the unsheltered, congregate facilities, transitional housing, and home visiting based on CDC guidance. They include:
 - a. unsheltered: surveillance testing, vaccine prioritization, distribution of PPE - hand sanitizer, hygiene kits, soap and water, and MREs, increased shelter beds;
 - b. congregate facilities: increased sanitation and cleaning, temperature checks and daily health assessments, testing and vaccine prioritization, social distancing and mask mandates, quarantine space;
 - c. transitional / permanent housing: education, distribution of PPE and cleaning supplies, ongoing access to testing and vaccines, and increased use of virtual, telephonic, and in-person check-ins to ensure well-being.
 These CoC/Public health protocols are regularly reviewed and revised to ensure all safety measures are both communicated to and implemented by the CoC and serve to increase the resiliency of the homeless population to combat infectious disease and help the CoC effectively respond to infectious disease outbreaks in the future.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section VII.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	covers 100 percent of your CoC's geographic area;	
2.	uses a standardized assessment process; and	
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

1. The CoC Coordinated Entry System (CES) covers 100% of the geographic area through three interlinked systems: a. Call Center - The CoC's 24/7 toll free Homeless Hotline which is integrated into the county's 211, 311 and 988 systems and is widely known through by people working with unhoused persons. The Hotline matches callers to all available services, including diversion, prevention, mainstream housing and emergency shelter; b. Outreach - the CoC's Street Outreach program divides the County into three coverage zones, each with a dedicated Navigator, and has a specific Street Outreach team focusing on homeless transition age youth. Street Outreach Navigators work closely with a variety of personnel who are responsible for county-wide systems, including public transport, public safety, public library, and behavioral health crisis response staff, as well as community groups and civic associations; and c. Service Providers – The CoC's CES includes a wide network of diverse service providers including emergency shelters, drop-in centers, criminal justice providers, victim service providers, and behavioral health providers.
2. The CoC has a standardized assessment process which relies on data elements captured by all providers in HMIS and a parallel process that captures the same data elements outside of HMIS for clients whose information is not, or cannot be, entered into HMIS (i.e.; victim service providers). The assessment process and composite scoring tool was developed, and is continually reviewed by, the CE Steering Committee which is made up of an intentionally diverse representation of providers in the CoC. The resulting assessment score is the beginning point of the CoC prioritization process, and adjustments are made to the final prioritization lists in bi-weekly case conferencing meetings. These bi-weekly meetings ensure that all parts of the CES can collaborate to ensure that the households with the highest vulnerabilities are prioritized for limited CoC resources.
3. In addition to feedback from the CoC plenary, weekly meetings with representatives of all access points creates an opportunity for feedback from program staff and participants through their case managers. These meetings are used to continually improve homeless persons' to access Coordinated Entry, standardized assessment, and prioritization in a way that is both standardized and flexible, ensuring that the right resources are made available to households as rapidly as possible.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section VII.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
2.	prioritizes people most in need of assistance;	
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and	
4.	takes steps to reduce burdens on people using coordinated entry.	

(limit 2,500 characters)

1. 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. 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.
2. The Coordinated Entry (CE) team 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.
3. CE prioritizes customers on the by name list by vulnerability to ensure that resources are being allocated for the people most in need. CE also “prequalifies” clients based on the approved prioritization order to reduce delays and to ensure that as soon as CE is notified of a housing resource, a client referral can be made.
4. As a part of CE, the Homeless Hotline actively works with outreach personnel who can facilitate contact regardless of access to a phone, location in the county, language, anxiety in calling the Hotline, or other barriers that people might face in calling the Hotline to ensure that there are no systemic barriers to persons seeking emergency shelter. CES also works continually with service providers in the community to ensure that anyone experiencing homelessness has access to the CES referral process and can be added to the CoC’s BNL for prioritization and referral. New providers who have contact with otherwise unidentified persons experiencing homelessness are incorporated into the CES referral process through Street Outreach or as an Access Point directly.

1D-10.	Promoting Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section VII.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	08/24/2022

1D-10a.	Process for Analyzing Racial Disparities—Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section VII.B.1.q.	

	Describe in the field below:
1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1. Over the past year, the CoC has participated 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 and more equitable outcomes for persons of color in our community. As part of this work, the CoC conducted a quantitative racial equity assessment and review of system performance measures by race and ethnicity; collected qualitative regional data from BIPOC focus groups; surveyed CoC stakeholders on the CoC's efforts to address equity began system mapping to identify equity gaps and engaged in development of a regional data dashboard to identify racial disparities. The data metrics identified in this work will continue to be regularly reviewed by the CoC.

2. As part of the work with MWCOG and C4, the CoC found that (1) Black/African Americans were slightly over-represented and Whites slightly underrepresented in the 2019 PIT Count data compared with census data, though the CoC had the lowest disparity when compared with other CoCs in the region, (2) Black/African American consumers had the most positive exit outcomes of any group, but were more like to recidivate, and (3) that the largest discrepancy in the CoC was the underrepresentation of Hispanics in the PIT data, the largest such discrepancy in the region.

1D-10b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.q.	

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

1D-10c.	Actions Taken to Address Known Disparities.	
NOFO Section VII.B.1.q.		

Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC is engaged in several efforts to address identified disparities and continue to advance racial equity practices impacting homelessness including:

1. 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. Collaboration with the Department of Housing and Community Development and the Office of Technology's GIS and Data Warehouse to map poverty, housing type, property turnover rates, employment sectors adversely impacted by the pandemic, racial composition, family size, and other factors to help target financial assistance to those most likely to experience housing loss;
3. 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;
4. Center for Law and Social Policy's PATH Learning Community to re-imagine youth and young adult mental health systems and advance system/policy changes that support well-being for transition-aged youth; and
5. Regional race equity analysis and establishment of high level multi-jurisdictional goals as well as a local set of goals.

There are also a number of newly emerging CoC efforts to further analyze and address disparities including

1. A full review of CoC policies, procedures, and processes to identify and eliminate policies, practices, attitudes, and cultural messages that may directly or indirectly reinforce differential outcomes by race or other group;
2. Equity data analysis of the newly implemented coordinated entry composite scoring system to re-assess for new or changing disparities;
3. Creation of a training schedule to regularly provide implicit bias, cultural humility, and other equity provider trainings to ensure universal delivery of equitable services;
4. Launch two new CoC workgroups (Hispanic/Latin Community and Persons with Lived Experience and Expertise);
5. Focus groups with identified populations having disparate access or outcomes (Hispanic, immigrant, LGBTQ+, unsheltered);
6. Partnerships with Resettlement Agencies and other organizations to address burgeoning numbers of new arrivals and youth aging out of federal foster; and
6. Equity system mapping and gaps analysis.

1D-10d.	Tracking Progress on Preventing or Eliminating Disparities.	
	NOFO Section VII.B.1.g.	

Describe in the field below the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC is committed to continuing to ground its efforts to eliminate disparities in data and authentically imbed equity in all CoC programs and policies. As part of the work with MWCOG and C4, the CoC identified system performance measures and other key data metrics to monitor to ensure equity of system access and outcomes, inclusive of metrics consistent with federal non-discrimination requirements. All identified metrics will be broken down by identified vulnerable groups and special populations, including BIPOC, LGBTQ, person with disabilities, survivors of domestic violence and sexual assault, and youth. In conjunction with the regional data dashboard developed as part of the project, this data will continue to be collected, reported, and regularly reviewed by the CoC, including review by the PLEE subcommittees, as part of a continuous quality improvement process to measure CoC progress against identified gaps in access or disparities in outcomes and to make and implement plans to address these disparities as they are identified. As new policies and practices are implemented, the resulting data will be reviewed to assess whether the implementation has the intended effects. The CoC is working to set benchmark goals for each of the identified metrics and track progress towards meeting those goals as a component of the data reporting. The CoC is currently recruiting for an equity advocate to provide oversight of these targeted efforts.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section VII.B.1.r.	

Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

The CoC has a well-established youth action board (YAB) that is nationally recognized and is 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 YAB attends recruiting events throughout the year where young people gather and have an open and continuous process for onboarding new youth who express an interest in joining their work. The YAB also recently completed a competitive search for a marketing team to develop the social media content and virtual presence for a comprehensive outreach campaign which is slated to launch in January of 2023. In addition to its youth leadership, the CoC has recently hired a consultant to coordinate the development of an adult lived experience committee. The consultant, Donald Whitehead, has worked over the last few months to recruit and train a diverse group of people with lived experience who have received homeless services in Prince George's County. A communitywide announcement was disseminated throughout the County and provided to a wide range of service providers, faith-based organizations and county officials working in the homeless service delivery system. Additional recruitment was conducted through the National Coalition for the Homeless network. The effort produced a group that includes multiple sectors of the population including single adults, youth, families, BIPOC individuals and recent immigrants. The group also includes chronically homeless individuals and those suffering a wide range of structural causes of homeless. The group has made significant progress by creating a mission and values statement and community agreements. Additional plans are in place to coordinate with County leadership to review policy and procedures to ensure that the CoC's lived experience and racial equity work is continuously viewed with an equity and inclusion lens.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

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.	23	12
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	16	5
3.	Participate on CoC committees, subcommittees, or workgroups.	23	12
4.	Included in the decisionmaking processes related to addressing homelessness.	16	5
5.	Included in the development or revision of your CoC's local competition rating factors.	16	5

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

The CoC's Youth Action Board (YAB) maintains an annual training calendar to ensure its members (all with lived experience) are provided with appropriate and relevant professional development opportunities. Recent trainings have included but are not limited to Communication, Emotional intelligence, Meeting Edict, Goal setting, Leadership, Gratitude and giving back, Time Management, Stress management, Self-care, Job Readiness, and Financial Literacy. The CoC has also recently engaged a local consultant (Donald Whitehead) to work with the CoC to recruit and train an adult Persons with Lived Experience and Expertise (PLEE) workgroup that will have a leadership role on the CoC's Steering Committee. This work will include deployment of a Lived Experience Training Academy (LETA) to equip people with lived experience of homelessness to embrace leadership roles and transform CoC policies to be more inclusive. The curriculum was created by a diverse set of national experts in partnership with PLEE and academy topics include Technology Literacy, Wellness and Self-Care, History of Homelessness, Communication, Financial Literacy, and Organizing and Advocacy. Interconnected themes woven into each topic include Transformative Leadership (Best practices for leadership), Legal Connections (Know your rights), Trauma-Informed Care and Healing (How to handle triggers), Public Policy (Legislative process and current policies), Key Vocabulary (Jargon and Acronyms), Extended Learning Resources (Additional resources and tools), and Wellness (Self-care reminders and tips).

YAB members and new PLEE workgroup members will be included in the training academy to continue to support their development and leadership growth.

In addition to the professional development opportunities, the CoC has authentically invested in creating employment opportunities that prioritize the hiring of PLEE. The CoC lead has established two paid youth advocate positions, is in the process of creating an adult advocate position, has hired staff on its street outreach team that have lived experience, and posted all vacant CoC leadership positions with a preference for candidates with lived experience.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC:

1.	how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and
2.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness

(limit 2,500 characters)

1. The CoC uses several outlets to gather feedback from people experiencing homelessness inclusive of customers who have received assistance through the CoC or ESG program. A representative sample of those outlets include: Regular solicitation of feedback from active members of the CoC plenary who are persons with lived experience (PLEE) as well as from the CoC's Youth Action Board and newly formed Adult workgroups which have 100% PLEE representation; weekly meetings with street outreach teams to identify and address gaps or challenges experienced by unsheltered persons they encounter; administration of a confidential (voluntary) survey to sheltered residents requesting their honest feedback on a variety of topics including safety, services, facility operations, and program impact on their stability during the CoC Lead's quality assurance unit's annual monitoring of CoC provider programs; and other targeted focus group sessions hosted by the CoC for program development and evaluation purposes – the most recent of which included a partnership with the National Alliance for Safe Housing to gather the experiences of survivors of domestic violence, sexual assault and human trafficking.

2. The CoC continuously takes actions to address challenges raised by people with lived experience and / or their advocates to improve CoC programs and services. Recent efforts include but not limited to: Removal of adverse documentation requirements that present barriers to access, streamline shelter referral practices to allow direct placement by street outreach; facility renovations improving privacy and safety; inclusion of survivor specific housing programs with a population specific trauma lens; creation of developmentally appropriate shelter and housing response systems for unaccompanied youth and young adults; legislative advocacy for new laws permitting minor rights to consent to shelter and tuition waiver for youth pursuing higher education; targeted recruitment of supportive landlords including dedicated public housing for homeless persons are elderly and/or differently abled; and increased financial incentives for landlords to lease to residents with complex criminal histories and/or credit history challenges.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section VII.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

The CoC lead is a member of the County's Housing Opportunities for All (HOFA) workgroup chaired by the Department of Housing and Community Development (also a CoC member agency) and actively participated in the development of a comprehensive housing strategy with 48 cross-cutting and targeted actions divided into short-, medium-, and long-term timeframes for implementation over the next 10 years. HOFA recommendations aim to increase the supply of new and the preservation of existing affordable housing in the County and supporting strategies include identification of new funding sources, strengthening of existing and creation of new programs / policies, and cross departmental collaboration. All HOFA recommendations are designed to promote equitable access to healthcare, education, jobs, and transportation, assess barriers to fair, affordable, diverse and quality housing opportunities, meet the existing and future needs for the County's diverse populations and promote and preserve housing for all. A representative sample of HOFA actions completed and / or currently underway include:

1. Zoning/land use reform including completion of an inclusionary zoning feasibility study; establishment of a Housing Investment Trust Fund (HITF); technical assistance from the Center for Community Progress to explore the creation of a land bank, and alignment of HOFA goals with the 2021-2025 Consolidated Plan to support pursuit of authorization of two additional tools: Section 108 and Neighborhood Revitalization Strategy Area.
2. Reduction in regulatory barriers to development including redesign of the County's first right of first refusal (ROFR) increasing the committed affordable housing supply by 271 units between December 2020 and May 2021; a proposed framework to guide ongoing development of a universal design policy; and efforts to streamline the development review and permitting process for developments with a certain share of units set-aside for low-income households.

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC's Local Competition Deadline–Advance Public Notice.	
	NOFO Section VII.B.2.a. and 2.g.	
	You must upload the Local Competition Deadline attachment to the 4B. Attachments Screen.	

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/11/2022
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1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.
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.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below. NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	
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You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
 Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	140
2.	How many renewal projects did your CoC submit?	26
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process. NOFO Section VII.B.2.d.	
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- Describe in the field below:
- | | |
|----|---|
| 1. | how your CoC collected and analyzed data regarding each project that has successfully housed program participants in permanent housing; |
| 2. | how your CoC analyzed data regarding how long it takes to house people in permanent housing; |
| 3. | how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and |
| 4. | 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 2,500 characters)

1. The CoC uses a Rating and Ranking Tool (RRT) based on HUD's CoC Program Project Rating and Ranking Tool and input from a variety of stakeholders including persons with lived experience, to review, rank, and rate the CoC renewal projects. The CoC utilized HMIS data, the most recent APRs and Data Quality Reports, and Coordinated Entry data to evaluate projects. The Tool assesses organizational capacity, housing and bed utilization, services and policies, and outcomes – including housing placements and stability, income growth, and linkages to benefits – to measure each projects success in housing people in permanent housing.
2. The CoC utilized HMIS data and Coordinated Entry data to measure the length of time from referral to successful housing placement. The Coordinated Entry Lead regularly tracks this information to identify patterns and determine where issues can be remedied at the system and provider level.
3. The Project Ranking Committee (PRC), who reviews and ranks projects, assign higher points to projects based on the acuity and vulnerability of the populations they serve. They considered the % of households being served with high service needs (having zero income at entry, coming from a place not meant for human habitation, history of DV, multiple incarcerations or emergency room visits) and the % of households with extreme vulnerabilities (cognitive deficits, mental health, substance use, and medical conditions). The more service needs and vulnerabilities, the higher the score the project was able to receive.
4. 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 persons with lived experience and partners with subject matter expertise in key CoC priority areas (i.e; re-entry and behavioral health) whose experiences allowed them to fully evaluate services proposed by the applicants.

1E-3.	Promoting Racial Equity in the Local Competition Review and Ranking Process.	
	NOFO Section VII.B.2.e.	
	Describe in the field below:	
1.	how your CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population;	
2.	how the input from persons of different races, particularly those over-represented in the local homelessness population, affected how your CoC determined the rating factors used to review project applications;	
3.	how your CoC included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; and	
4.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

(limit 2,500 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 continuous input from our BIPOC community resulted in modifications to the CoC's competition addendum requiring responses from all applicants in three key areas - racial equity, lived experience, and behavioral health partnerships - and increased points given for demonstrated commitment to access and equity as well as diversity at all levels of organizational leadership.
3. The CoC's Review and Ranking Committed was comprised of 83% persons of color and / or persons with lived experience to ensure diversity of perspective when ranking. In addition, ranking panel members brought a wide variety of subject matter expertise to the process, representing underserved populations including Latinx and critical CoC subpopulation priorities including returning citizens, systems connected and other UHY youth, chronic homeless, those with significant health and behavioral health challenges and subsidized housing programs.
4. The Review and Ranking Committee used several racial equity factors to review, score and select projects in the 2022 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 under-represented participants into program policies and practices to eliminate identified barriers.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	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; and	
	4. why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

(limit 2,500 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 8/25/22 and publicly posted on the County website.
2. The CoC identified no projects subject to reallocation during the 2022 local competition.
3. The CoC reallocated no projects due to low performance in the 2022 local competition.
4. Not Applicable.

1E-4a.	Reallocation Between FY 2017 and FY 2022.	
	NOFO Section VII.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	Yes
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	Did your CoC inform applicants why their projects were rejected or reduced?	Yes
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/09/2022

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	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. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/09/2022
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1E-5b.	Local Competition Selection Results–Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes
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1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/26/2022
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC’s website or partner’s website.	09/27/2022
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2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.	WellSky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

	Enter the date your CoC submitted its 2022 HIC data into HDX.	05/06/2022
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2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

	In the field below:
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in databases that meet HUD's comparable database requirements; and
2.	state whether your CoC is compliant with the 2022 HMIS Data Standards.

(limit 2,500 characters)

1. The CoC received its first HUD funded DV RRH grant award during the 2021 competition and the provider has an existing comparable database that will collect the same data elements required in HUD's 2022 HMIS Data Standards. In addition, the CoC has one non-HUD funded DV Emergency Shelter and that provider and their vendor (Osniun) are in the process of developing and producing the necessary reports required by the CoC for that project. The CoC's HMIS team is working collaboratively with the providers to ensure compliance with the 2022 HMIS Data Standards and to develop a schedule of regular reporting that will allow for inclusion of these services in future CoC reports. Both comparable reporting systems are scheduled to be fully in place by December 31, 2022.
2. The CoC is compliant with the 2022 HMIS Data Standards.

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

Enter 2022 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	393	0	393	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	183	0	183	100.00%
4. Rapid Re-Housing (RRH) beds	189	0	189	100.00%
5. Permanent Supportive Housing	319	0	319	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 2,500 characters)

Not Applicable. There are 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 February 15, 2022, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC conducted its 2022 PIT count.	01/26/2022
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	05/06/2022
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2B-3.	PIT Count–Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

	Describe in the field below how during the planning process for the 2022 PIT count your CoC:	
	1. engaged stakeholders that serve homeless youth;	
	2. involved homeless youth in the actual count; and	
	3. worked with stakeholders to select locations where homeless youth are most likely to be identified.	

(limit 2,500 characters)

1. The CoC has been completing comprehensive homeless youth specific counts since 2012 and the planning process for the 2022 Point in Time (PIT) involved both organizations that serve unaccompanied homeless youth (UHY) as well as youth with lived experience. In 2022, the planning process also included all newly funded Cohort 3 Youth Homelessness Demonstration Pilot (YHDP) providers and the pre-PIT outreach work of the YHDP outreach and drop in center personnel.
2. Street Outreach personnel who serve all homeless persons including UHY were integral to the planning of the 2022 PIT and worked closely with CoC youth-specific outreach teams in reaching UHY.
3. In the months leading up to the 2022 PIT, CoC YHDP funded partner agencies met with UHY in the CoC system and the CoC's Youth Action Board members to identify zones that would be enumerated along with recommendations for new or improved canvassing and survey strategies. Due to the continued risk presented by COVID-19, the CoC's enumeration was limited to case managers and agency workers who could cover their zones alone or who regularly worked together in socially distanced teams. As a result, youth enumerators did not participate directly in the PIT on the night of the 2022 count, however their expertise from past counts were essential to providing critical information the 2022 teams. In addition to assisting with planning, CoC YHDP agencies sent case managers as PIT teams into the community, working in conjunction with other teams in the same area to ensure complete, developmentally appropriate and age relevant, coverage.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section VII.B.5.a and VII.B.7.c.	
	In the field below:	
	1. describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;	
	2. describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and	
	3. describe how the changes affected your CoC's PIT count results; or	
	4. state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2022.	

(limit 2,500 characters)

1. The CoC made no changes to its sheltered PIT count implementation.
2. The CoC made no changes to its unsheltered PIT count implementation.
3. Not Applicable.

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

In the field below:

1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;
2.	describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time

(limit 2,500 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—CoC's Strategy to Reduce.	
	NOFO Section VII.B.5.c.	
	In the field below:	
	1. describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
	2. describe 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 2,500 characters)

1. The CoC works continuously 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 nontraditional 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—CoC's Strategy	
	NOFO Section VII.B.5.d.	
	In the field below:	
	1. describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
	2. describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 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.
3. The CoC Lead and CoC Housing Subcommittee Co-Chairs oversee this strategy.

2C-4.	Returns to Homelessness—CoC’s Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	
	In the field below:	
1.	describe your CoC’s strategy to identify individuals and families who return to homelessness;	
2.	describe 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 2,500 characters)

1. The Data Subcommittee uses HMIS to track returns to homelessness (RTH) 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 RTH 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–CoC's Strategy.	
	NOFO Section VII.B.5.f.	
	In the field below:	
1.	describe your CoC's strategy to access employment cash sources;	
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness 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 2,500 characters)

1. The CoC has several strategies to increase participant earned income and prioritize access for those experiencing homelessness to job assessment, readiness training and placement services 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.
2. 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.
3. The CoC and WIOA leads oversee this strategy.

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section VII.B.5.f.	
	In the field below:	
	1. describe your CoC's strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,500 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 DSS Mainstream Benefits Liaison oversee this strategy.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project 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
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	
	If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.	

Project Name	Project Type	Rank Number	Leverage Type
Kirstin's Haven P...	PH-PSH	21	Both
Hope and Healing	Joint TH-RRH	22	Housing

3A-3. List of Projects.

1. What is the name of the new project? Kirstin's Haven PSH Expansion
2. Enter the Unique Entity Identifier (UEI): ENE7H34F1W55
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 21
5. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? Hope and Healing
2. Enter the Unique Entity Identifier (UEI): DNSCZMLG4JA7
3. Select the new project type: Joint TH-RRH
4. Enter the rank number of the project on your CoC's Priority Listing: 22
5. Select the type of leverage: Housing

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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 2,500 characters)

Not Applicable.

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

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 2,500 characters)

Not Applicable.

4A. DV Bonus Project Applicants

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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 2022 Priority Listing.

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

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section II.B.11.(e)(1)(c)	

1.	Enter the number of survivors that need housing or services:	11,353
2.	Enter the number of survivors your CoC is currently serving:	611
3.	Unmet Need:	10,742

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

Describe in the field below:	
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and
2.	the data source (e.g., comparable databases, 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 2,500 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 (4,834 DV hotline calls, 1,710 homeless hotline calls, and 1,235 2-1-1 calls) and b. District court Protective order filings (8,936) reduced to 40% to factor for call/filing duplications (net 3,574) for a total net need of 11,353 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 inadequate amount 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. This year the CoC opened its first DV specific rapid re-housing program and the new DV application being advanced by the CoC will help expand our capacity and offers a unique opportunity to positively impact all four of these challenges.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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
Ladies of Hope Mi...

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

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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 2022 Priority Listing:

1.	Applicant Name	Ladies of Hope Ministries
2.	Project Name	Hope and Healing
3.	Project Rank on the Priority Listing	D22
4.	Unique Entity Identifier (UEI)	DNSCZMLG4JA7
5.	Amount Requested	\$492,449
6.	Rate of Housing Placement of DV Survivors–Percentage	100%
7.	Rate of Housing Retention of DV Survivors–Percentage	85%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below

1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1. Placement/retention rates were calculated using data from Ladies of Hope Ministry's RRH projects located in other communities, as well as data from our own CoC and included entry, exit, and reentry data to forecast rates for the new project.
2. Rates account for exits to safe housing destinations.
3. The data resides in an HMIS comparable database (Awards) which houses client data and track HUD data elements.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were quickly moved 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.	determined which supportive services survivors needed;
4.	connected survivors to supportive services; and
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,500 characters)

- Ladies of Hope Ministries (LOHM) was founded in New York City in 2017 and has expanded their successful model of creating hubs of housing and holistic services for survivors impacted by trauma into four other major cities. The transitional housing component is designed to provide immediate access to a healing and safe living space with a holistic environment of support services, guidance, and peer support for survivors impacted by trauma who need additional short-term assistance. The rapid rehousing component quickly matches survivors to permanent housing and LOHM's strong partnerships with landlords and other housing partners ensure survivors can quickly move into safe housing in an area of their choice.
- LOHM works closely with coordinated entry (CE) using a housing first approach to link housing and services with survivors as soon as they are identified. CE and LOHM consider victim lethality in addition to vulnerability when making placements and households can receive and decline multiple housing matches without penalty. LOHM 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.
- LOHM's success road map begins at program entry with a basic needs assessment that addresses essentials like food, transportation, household items, and documents. By ensuring basic needs are met, staff begin to build trust with the survivor. Utilizing motivational interviewing and other EBTs, LOHM then works with each survivor to help them plan the future they want for themselves and then supports the survivor in determining the steps necessary to realize that future. These steps (and any obstacles to them) determine what services the survivor needs.
- The peer navigator assists with obtaining documents, safety planning, health/mental health care, applications for mainstream benefits and other victim centered services to facilitate access to – and stability in – more permanent housing. Additionally, LOHM has an employment and entrepreneurship program available to interested program participants. All services are voluntary to maximize client choice.
- LOHM 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.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:

1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;
3.	keeping information and locations confidential;
4.	training staff on safety and confidentiality policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

1. LOHM has policies to ensure the privacy and confidentiality of survivors during intake and through all subsequent service transactions including: interviewing household members and other family members separately to provide safe opportunities for disclosure; choosing the space used to conduct intake, safety planning, and case management that carefully takes into consideration the participants preferences as well as participant and staff safety.
2. LOHM's case management focuses on continuous safety planning and identification of neighborhoods and/or apartment complexes that meet client's 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.
3. LOHM 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: 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. Private offices for intake and assessment, secure platforms for telehealth, and routine safety checks conducted with survivors before the start of a session.
4. Direct Service staff receive formal training on how to safety plan with project participants through the National Center on Domestic Violence and Sexual Assault. LOHM also provides thorough training on Trauma Informed Care practices as well as Motivational Interviewing and partners with Catholic Charities to facilitate additional best practice training.
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. LOHM's TH units are located in a secure building with a 24-hour staff presence and a security system that includes electronic monitoring. Location of the RRH units is maintained in an alternative comparable database along with victim centered care coordination to ensure confidentiality and ongoing survivor safety.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

LOHM has operated transitional and rapid rehousing projects for survivors for six years and follows Violence Against Women Act requirements and recommendations. LOHM's services as well as safety protocols are continuously evaluated against best practices to ensure participant safety, confidentiality, and success. Survivor information is kept in a stand-alone, secure database that meets HUD standards, and survivors are informed of their confidentiality rights. Safety planning is conducted throughout the survivor's participation in the project. Services are 100% voluntary and follow Housing First principles. LOHM tracks client level outcomes for ability to intentionally safety plan, decrease in risk for abuse, increase in life satisfaction and community connection, and requests for emergency relocation. Exit surveys are conducted asking clients about their perceptions of safety during services.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(d)		
Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:		
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;	
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 the effects of trauma;	
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	

(limit 5,000 characters)

LOHM's programs have realized unparalleled success in creating viable alternatives to women entering the shelter system or returning to unsafe living situations. Through Integrated Case Management and utilization of the ACE Assessment, LOHM puts Trauma Informed Care first. Staff utilize a Brief Trauma Questionnaire (BTQ) assessment and other tools to identify trauma triggers and plan out coping strategies. LOHM staff work with participants to identify barriers and encourage participant choice through Individual Service Planning, thus empowering and supporting the survivors to develop skills and education to more effectively manage their lives. LOHM creates a healing space for survivors that allows them to address the overlapping and intersecting forms of trauma that they have experienced through voluntary participation in spiritual empowerment, peer support, meditative practice, and evidence-based trauma interventions.

1. LOHM has operated a 100% voluntary services/Housing First model of RRH since 2017. 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 LOHM intentionally hires staff with lived experience and trains them in 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 the program 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.
3. LOHM employs licensed therapists who use 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. LOHM hosts optional peer-led survivor support groups and facilitates 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. LOHM uses motivational interviewing and other evidence-based modalities to help clients make progress on their self-identified goals. 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. LOHM is strongly rooted in trauma informed care. During onboarding, staff attend several training sessions to understand the principles and practices surrounding trauma informed care. Program Supervisors work closely with staff members to ensure practices are being utilized in guest interactions and the policies implemented. LOHM training and orientation includes discussion of power and privilege, as well as cultural responsiveness and inclusivity. LOHM's founder and CEO, Topeka K. Sam, originally conceived LOHM while she was incarcerated at the Danbury Federal Prison in 2013. She envisioned creating a place for trauma victims that would provide an abundance of services, empower survivors to create sustainable lives, and encourage healing through trauma-informed care. She is a vocal advocate and a national thought leader for policies and practices that address the needs of women and girls impacted by trauma.
6. LOHM helps survivors build stable lives and thrive in their communities

through crisis management, resources and access to high-quality education, entrepreneurship, spiritual empowerment, advocacy and housing. Live and virtual counseling and peer-led support groups help survivors build the skills necessary to thrive in their communities and provide inspiration and hope. Participants also have the opportunity to engage in LOHM's employment program. LOHM offers several healing circles and is identifying a trainer to lead the Seeking Safety Program for participants. Through partnerships in the community, LOHM offers connections to mentorships, spiritual needs, and other resources.

7. LOHM recognizes the multigenerational aspect of domestic violence and works with the family to address the trauma caused by DV and patterns that perpetuate it. LOHM works with parents to determine if parenting classes, family therapy, and legal services are needed and helps link survivors to these services, provide warm handoffs to legal service providers and the Family Justice Center, and accompanying them to meetings and court when de

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

LOHM provides needed direct services for survivors including safe and welcoming transitional housing, community based RRH, service coordination, workforce development, evidence-based trauma therapy, spiritual empowerment, and meditative practice. LOHM offers a large array of supportive services, including transportation assistance to attend appointments, educational classes, and employment; workforce development and employment assistance; funds for application fees, furniture and other moving costs; financial literacy and credit repair; supplemental food and nutrition resources to remove food insecurity as a significant driver of stress and trauma; assistance with childcare; assistance with applications for mainstream benefits; and trauma-informed mental health services. Through LOHM's Pathways 4 Equity (P4E) program, participants are offered an opportunity to take part in a 12-month career fellowship. The program consists of 3-months of personal and professional development training by the LOHM, as well as a 9-month paid position with an employer partner. LOHM also partners with local health care providers, substance abuse treatment centers, and movement and art programming to support survivors during recovery and re-stabilization. LOHM's program 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. LOHM therapists are licensed and provide evidence-based trauma reduction therapies for adults and children. Support groups are held weekly and interpretation services are provided to limited English speakers. LOHM makes their supportive services available to program participants 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. Many of LOHM's services and support groups are available to participants for as long as they are desired. Participants can choose the services they want and disenroll in services without repercussion to their housing or any other services they may be utilizing. All support services are 100% voluntary.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(e)	
	Provide examples in the field below of how the new project will:	
1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;	
2.	establish 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.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	
4.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;	
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
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	6. provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
	7. offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. This project is 100% voluntary/Housing First. Participants will determine location, type of housing, and features they desire. Staff will provide information to landlords on DV and act as a liaison to support survivors in advocating for their rights and safety. LOHM 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 LOHM 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. LOHM 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. LOHM 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. LOHM 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. LOHM 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. 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. LOHM staff 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.
6. This project will help survivors build stable lives and thrive in their communities through crisis management, resources and access to high-quality education, entrepreneurship, spiritual empowerment, advocacy and housing. Live and virtual counseling and peer-led support groups help survivors build the skills necessary to thrive in their communities and provide inspiration and hope. LOHM offers several healing circles and is hiring a trainer to lead LOHM's Seeking Safety Program (a counseling and practical skills group) for participants. Through LOHM partnerships in the community, connections are to mentorships, spiritual needs, and other resources. Participants also have the opportunity to engage in LOHM's Pathways 4 Equity (P4E) program, which offers participants an opportunity to take part in a 12-month career fellowship.

The program consists of 3-months of personal and professional development training by the LOHM, as well as a 9-month paid position with an employer partner. LOHM also partners with local health care providers, substance abuse treatment centers, and movement and art programming to support survivors during recovery and re-stabilization.

7. LOHM's therapists provide both adult and child therapy as well as parent-child therapy to improve attachment and repair the damage from living in abusive homes. LOHM also partners with local organizations to refer participants desiring parenting classes and staff 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. LOHM also offers opportunities for social-emotional wellness activities that foster feelings of safety and strengthen a healthy parent/child relationship. LOHM staff will link survivors to legal services through the Family Justice Center and accompany them to meetings/court when needed.

4A-3h.	Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(f)	

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.

(limit 2,500 characters)

From its inception one of the guiding principals of LOHM has been to amplify the voices of the disenfranchised and those who have been impacted by trauma, whether stemming from domestic violence, interactions with the criminal legal system, or both. All LOHM programs, including this one should it be funded, puts the voices of the survivor community front and center in determining the array of services and supports that are delivered. Services are designed around the expressed wants and needs of the program participants, and community members who, while not in the program, have similar lived experiences. Program participants are continuously engaged to ascertain what is working or not in the program, what changes they would like to see with operations and policies, and additional services they would like to access. Additionally, members of LOHM's staff and board have lived experience with domestic violence, poverty, and homelessness.

LOHM also provides survivors with formal training on how to advocate for themselves and for programs and policies that serve their needs. LOHM's EPIC Ambassadors Fellowship Program trains people with lived experience to become legislative advocates, grassroots organizers, and lobbyists. These advocates for change speak from their past life experiences to help shape services for survivors and address policies and practices that harm them.

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

- | | |
|----|---|
| 1. | You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete. |
| 2. | You must upload an attachment for each document listed where 'Required?' is 'Yes'. |
| 3. | We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube. |
| 4. | Attachments must match the questions they are associated with. |
| 5. | Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. |
| 6. | If you cannot read the attachment, it is likely we cannot read it either. |
| | . 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). |
| | . We must be able to read everything you want us to consider in any attachment. |
| 7. | After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include. |

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	1C-7. PHA Homeles...	09/29/2022
1C-7. PHA Moving On Preference	No	1C-7. PHA Moving ...	09/29/2022
1E-1. Local Competition Deadline	Yes	1E-1. Local Compe...	09/29/2022
1E-5a. Notification of Projects Accepted	Yes	1E-5a. Notificati...	09/29/2022
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes	1E-5c. Web Postin...	09/29/2022
3A-1a. Housing Leveraging Commitments	No	3A-1a. Housing Le...	09/28/2022
3A-2a. Healthcare Formal Agreements	No	3A-2a. Healthcare...	09/28/2022
3C-2. Project List for Other Federal Statutes	No	3C-2. Project Lis...	09/28/2022
1E-2. Local Competition Scoring Tool	Yes	1E-2. Local Compe...	09/29/2022
1E-2a. Scored Renewal Project Application	Yes	1E-2a. Scored Ren...	09/29/2022
1E-5b. Final Project Scores for All Projects	Yes	1E-5b. Final Proj...	09/29/2022

1E-5. Notification of Projects Rejected-Reduced	Yes	1E-5. Notificatio...	09/29/2022
1E-5d. Notification of CoC-Approved Consolidated Application	Yes	1E-5d. Notificati...	09/28/2022

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/26/2022
1B. Inclusive Structure	09/30/2022
1C. Coordination and Engagement	09/30/2022
1D. Coordination and Engagement Cont'd	09/30/2022
1E. Project Review/Ranking	09/30/2022
2A. HMIS Implementation	09/30/2022
2B. Point-in-Time (PIT) Count	09/30/2022
2C. System Performance	09/30/2022
3A. Coordination with Housing and Healthcare	09/30/2022
3B. Rehabilitation/New Construction Costs	09/30/2022
3C. Serving Homeless Under Other Federal Statutes	09/30/2022

4A. DV Bonus Project Applicants	09/30/2022
4B. Attachments Screen	09/29/2022
Submission Summary	No Input Required