

Before Starting the CoC Application

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

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

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

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

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

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1A-1. CoC Name and Number: MD-600 - Prince George's County CoC

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

1A-3. CoC Designation: CA

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

1B. Coordination and Engagement–Inclusive Structure and Participation

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

In the chart below for the period from May 1, 2020 to April 30, 2021:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:

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

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

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

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

(limit 2,000 characters)

1. The CoC has a continuous open membership process and meetings are publicly announced. New members may join at any time and are automatically added to the distribution list to receive CoC emails, notices and materials. CoC members routinely attend non CoC meetings that impact services and are empowered to invite representatives to join and the CoC regularly reviews its membership for voids and solicits under-represented agencies and individuals to join. Finally, the CoC issues invitations to regional/national experts to provide data, expertise and technical assistance to maximize CoC system impact.
2. The CoC uses several mediums to reach its diverse population including written documents, in person events, online platforms (i.e. webpage, twitter, facebook, and Instagram), electronic messaging boards (i.e. MVA and Public Welfare offices), text, 24/7/365 hotline, and street outreach. The CoC also has telephonic and in-person translation, ASL and TTY capability to maximize access.
3. The CoC membership and leadership includes persons with lived experience (past and present). In addition, CoC sub-committees (i.e., the CoC's Youth Action Board) include persons with lived experience in their population target

group as a member of their team. Finally, the CoC uses resident action councils, its annual homeless resource day, street outreach and other methods to encourage homeless and formerly homeless persons to join or inform the work of the CoC.

4. The CoC membership and its HUD funded providers include organizations serving culturally specific communities including Latinx, Black, differently abled, and foreign born. In addition, the CoC continuously solicits participation from newly formed organizations to enhance its equity work and recently appointed several BIPOC community representatives to the CoC's Racial Equity Council which is working with C4 Innovations and 9 other Continuums in the Washington metropolitan region to analyze and improve racial equity.

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

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

(limit 2,000 characters)

The CoC pro-actively solicits a wide variety of opinions and expertise on preventing and ending homelessness.

1. The CoC is comprised of 100+ agencies and working subcommittees with unique population focus (i.e., survivors, youth, aging, differently abled, and high system utilizers); all of which routinely include persons with lived experience and external subject matter experts as well as representatives from businesses, non-profit, government and at large community members who have overlapping interests. CoC members also sit on relevant countywide workgroups to ensure larger system strategies are developed that are inclusive of the needs of the County's homeless population. Finally, the CoC uses several mediums to solicit opinions including written documents, listening sessions, electronic and in person surveys (English/Spanish), focus groups, text, 24/7 hotline, County website, direct street outreach and in person meetings with ASL/TTY capability.
2. The CoC hosts quarterly meetings to share CoC initiatives and progress against the 10-year plan and to ensure on-going access to the full range of opinions in designing and delivering homeless services. This continuously open and inclusive process ensures that the CoC receives real time information necessary for effective program design and decision making and this cross-pollination between agencies has led to a number of successful partnerships and new Federal and State grants being awarded.
3. The CoC uses information collected during the year to inform initiatives, expand local understanding of universal needs and best practices, and improve CoC programs and policies including: Pay for Success, Youth Homelessness Demonstration Program, SAMSHA System of Care Expansion, and CLASP PATH Learning Collaborative, SAMSHA Sequential Intercept Modeling Initiative (national), ACIS 1115 waiver and UHY tuition waiver (state), and the Coordinated Community Plan, Housing Opportunities for All Plan, and Safe Housing Study (local).

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

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

(limit 2,000 characters)

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

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Nonexistent
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Nonexistent
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 2,000 characters)

- The CoC has three ESG program recipients operating within the physical borders of its community (the County, the City of Bowie and the State of Maryland). 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.
- All ESG recipient service data is maintained in HMIS and system reports are used by the CoC in the evaluation and reporting of ESG sub-recipient performance against identified performance outcomes. The CoC conducts annual monitoring of ESG funded programs to track performance measures and report on outcomes to ensure accountability and efficacy of performance. ESG funded projects are also independently monitored by the ESG program recipients which provides valuable secondary program oversight.
- The CoC provides annual PIT and HIC data to the consolidated plan jurisdictions;
- The homeless sections of the County and City Consolidated Plans are prepared by the CoC using PIT, CAPER, AHAR, APRs, HIC, UHY counts, HMIS and other data and shared with the State for inclusion in the State plan. The CoC lead is also an appointed member of the Maryland Interagency Council on Homelessness which helps set statewide homeless priorities. These efforts ensure alignment and consistency between all plans and keeps CoC priorities at the forefront.

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

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

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

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

Describe in the field below:

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

(limit 2,000 characters)

1. The CoC is a Youth Homelessness Demonstration Program site (cohort 3) and all youth education providers are active members of the YHDP stakeholder team that serves as the CoC's UHY sub-committee and helps develop policies and programs that advance child and youth educational outcomes. CoC partners on this committee include the public school system, all higher educational institutes (2 year and 4 year) within the CoC's geographic footprint, Career/Tech Ed agencies, the State Department of Education and the Higher Education Commission, and early childhood education programs. The goals and objectives outlined in the CoC's Coordinated Community Plan related to education are a direct result of these partnerships. Successful initiatives include the 100 Day challenge with the Rapid Results Institute which housed 56 youth in 100 days, passing of the Maryland tuition waiver for homeless youth and development of associated best practice policies for higher educational institutions, and inclusion of the University of Maryland, College Park as a sub-recipient and partner in a new CoC YHDP TH-RRH project.

- 2.
- 3.
- 4.
- 5.
- 6.

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

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

(limit 2,000 characters)

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

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

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

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

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

Describe in the field below how your CoC coordinates to provide training for:

1.	Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
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2.	Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).
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(limit 2,000 characters)

1. CoC leadership works closely with the County’s Domestic Violence and Human Trafficking Division to ensure appropriate training is provided regularly to the CoC and that access to services and supports occur in real time. Recent trainings included identifying red flags, the dynamics of domestic violence, crisis intervention, the Power & Control Wheel, legal interventions, and resources available to victims and survivors. Additionally, the CoC provides related training to all its members on trauma informed care, motivational interviewing, and mental health first aid. Several of the County’s victim services providers including the Prince George’s County Department of Family Services, the Health Department’s Domestic Violence Coordinator, Representatives from the Police Department’s Domestic Violence Unit, the State’s Attorney’s Office, House of Ruth, the Family Justice Center, and Community Advocates for Family and Youth are all members of the CoC and actively share information regarding trends, trainings, and best practices at CoC plenary meetings.

2. Victims services providers are represented on the CoC Coordinated Entry team ensuring confidentiality protocols are enforced for the protection of victims seeking CoC resources and in addition to the annual trainings provided to the CoC at large, these representatives provide victims centered care coordination and safety planning for victims cases presented at the bi-weekly meetings.

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

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

(limit 2,000 characters)

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

listening sessions and key informant interviews. Phase 2 was the development of a Safe Housing Strategic Plan for Prince George's County based on Phase 1 recommendations and community priorities. The CoC is currently in Phase 3 which is implementation of the Plan and will include ongoing provision of technical assistance and training support by NASH to the CoC to ensure system shifts and improvements are implemented with efficacy and in accordance with best practices.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

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

(limit 2,000 characters)

1. The County maintains a separate call center for victims seeking immediate assistance and call takers are trained to assess and mitigate lethality risk and ensure rapid placement when appropriate in the CoC's 43-bed trauma informed, victim centered "safe" shelter. The call center vendor also operates the CoC homeless hotline so victims calling that line can immediately be connected to the trained crisis response staff. Youth survivors are linked to Child Protective Services and/or the CoC's homeless youth emergency shelter (which also serves as an extraction point for youth seeking to exit a gang or escape a trafficker) until longer term interventions can be implemented. Finally, the CoC has a number of resources available that maximize client choice for housing while ensuring safety and confidentiality, including traveler's aid for rapid relocation to safe accommodations in other parts of the Country, a victim resiliency fund i.e., security/lock systems, safety bars, moving, storage, transportation, and short term housing subsidies), and victims specific housing choice vouchers.
2. The CoC has an emergency transfer protocol in place should a survivor experience a repeat violent offense to ensure swift re-access to safety at an alternative site and subsequent relocation to another appropriate housing solution. The County State's Attorney's office also maintains a safe location that provides for immediate shelter and works closely with the CoC when such a response is needed.
3. All first responders and victims service providers have well established confidentiality protocols in place that prioritize safety including the protection of a victim's identity, location and plan while rapid linkages are made to appropriate systems. Survivors requiring higher acuity housing are advanced to the CoC's Coordinated Entry Team for prioritization and placement using de-identified data to protect the survivor.

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

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	No

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

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

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

You must enter information for at least 1 row in question 1C-7.

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

Describe in the field below:

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

(limit 2,000 characters)

1. The CoC works very closely with the local PHAs to develop and implement policies that best serve the County's homeless and low-income population and the PHAs are active members of the CoC. The PHAs have adopted policies supporting prioritization of housing resources for the homeless including: a. A homeless admissions preference in the PHA's Administrative Plan; b. Additional admissions preferences for targeted subpopulations prioritized by the CoC (veterans, transitional housing move out, survivors, and disabled); 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, family unification, family unification-youth, Foster Youth to Independence, VASH, and EHV; d. Priority waitlist for elderly/disabled; e Homeless Eligibility preference question on Public Housing and HCV

applications allowing for designation of the applicant as homeless; f. Protocol for coordination with the CoC and local mainstream benefit agency to assist with identification and location of homeless people who were on the wait list but who did not respond to mailings so they can maintain their eligibility for housing; and g. Implementation by the CoC of a housing stabilization program with intensive case management targeting individuals and families receiving PHA housing assistance who are identified by the PHA as at risk of losing their voucher to ensure appropriate supports are in place to keep homeless persons in public housing once they're placed. Finally, the CoC and PHA are currently building on these successes by partnering on 10 units for two new expansion projects being submitted under the CoC bonus opportunity and ROSS grant applications to provide additional support and stabilization services for residents of public housing.

2. Not applicable.

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

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

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

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

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

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

If you selected yes in question 1C-7c., describe in the field below:

1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

(limit 2,000 characters)

1. The CoC maintains a master list of special vouchers provided by the PHA

and vacancies are presented during the coordinated entry meetings. The by name list also includes information by customer that enables the Coordinated Entry staff to sort by available resource and easily identify the highest priority resident eligible to be matched to the available opportunities. Regular check-ins are held between CoC and PHA teams to review occupancy rates to ensure maximum utilization.

2. CoC Coordinated Entry practices are formalized in memorandums of agreement with each of the PHAs and include roles and responsibilities and referral prioritization. The CoC also has established application forms, processes and standards for making appropriate referrals for available vouchers.

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

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

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

If you selected yes to question 1C-7d, describe in the field below:

1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

(limit 2,000 characters)

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

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

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

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

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

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

PHA
Housing Authority...

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

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

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

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

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

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

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

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

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

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

(limit 2,000 characters)

CONTESSA

1C-9b.	Housing First–Veterans.	
--------	-------------------------	--

Not Scored—For Information Only

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

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

Describe in the field below:

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

(limit 2,000 characters)

1. The CoC's street outreach effort is led by a street outreach program manager who supervises three street outreach navigators who conduct daily outreach and coordination with other outreach agencies and organizations. We rely on a partner network which includes a number of strategic partnerships including Mobile Crisis Teams, Community Policing units, Fire/EMS Mobile Integrated Health teams, Community Health Care workers, SSVF and VA outreach teams, the SOAR team, faith communities, librarians, parks and recreation site staff, Emergency Room Personnel, and drop in centers. These teams report newly identified persons to the street outreach coordinator for tracking and follow-up if an offer of emergency shelter is not accepted by the individual at the initial point of contact.
2. The CoC's outreach effort covers 100% of the CoC's geographic area.
3. The CoC has a 24/7 presence on the street through its wider partner network.
4. All teams have bi-lingual staff and/or access to language line services as needed to ensure system access by non-English speaking homeless persons. In addition, the CoC has 5 targeted efforts underway to address subpopulations needing unique interventions: a. "Stop the Silence" campaign targeting DV and trafficking victims, b. "R U OK?" campaign targeting homeless and unaccompanied youth, c. the Mobile Integrated Health Fire / EMS teams targeting high system utilizers, d. The Bridge Center at Adam's House targeting returning citizens, and e. Unsheltered Veterans' outreach in partnership with the VA and SSVF providers.

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

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

1. Engaged/educated local policymakers	Yes
2. Engaged/educated law enforcement	Yes

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

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

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

You must enter a value for both years in question 1C-12.

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

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

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

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

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

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

(limit 2,000 characters)

1. The CoC Lead is the lead agency for all local public welfare (TANF, SNAP, and Medicaid), SOAR PATH, and Affordable Care Act programs and provides

CoC members with extensive training to ensure they have the skills/knowledge to help program participants' access the coverage/services for which they are eligible.

2. Refresher training is conducted annually and new resources introduced on a quarterly basis during CoC plenary sessions. In addition, the CoC hosts monthly case manager trainings covering relevant topics (i.e.; Social Security, DDA and Independence Now, and treatment programs) to ensure staff have the most up to date information available and to minimize knowledge loss resulting from staff turnover.

3. Working with the Health Department, the CoC Lead has established numerous health insurance enrollment sites with extended evening hours for easy access. Sister agencies, hospitals, FQHAs and the non-profit community operate additional enrollment sites and host pop-up health events that significantly increase public access and the deployment of Navigators as well as targeted outreach campaigns have proven particularly effective in connecting individuals to health care. Since 2013, more than 110,000 uninsured residents have been enrolled.

4. Any homeless person presenting without income or insurance is immediately linked to a mainstream benefit specialist and/or health navigator to facilitate enrollment in available and appropriate programs. Once enrolled, CoC staff review benefits with participants to ensure continuity and provide assistance with recertification to keep benefits active. In addition, CoC staff provide direct support to participants needing assistance with utilization of benefits including transportation to important medical, therapy and other appointments necessary to support good health, housing, financial, and other homelessness trauma recovery outcomes.

5. The CoC Lead is responsible for oversight of this strategy.

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

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

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

(limit 2,000 characters)

1. The CoC Coordinated Entry System covers the entire CoC geographic area. The Homeless Hotline, a long established, language agnostic, toll-free number communicated across many print, digital, and social media, which is widely known throughout the homeless services community. The Hotline matches callers to all available services, including diversion, prevention, mainstream housing and/or short term emergency shelter. If rapid exit and permanency is not achieved through these interventions, participants are then referred to a second tier for access to higher acuity CoC RRH, Joint TH-RRH, and PSH resources.

2. Outreach teams and homeless Drop-in Centers work to reach individuals who are less likely to apply for homelessness assistance by working with special populations, including at-risk youth, individuals experiencing mental health crises, non-English speakers, justice connected homeless persons, and

veterans. Partnerships with law enforcement, Fire/EMA mobile integrated health teams, faith communities, and local non-profit organizations ensure that experiencing homelessness in any urban, suburban, or rural area of the County is not a barrier to being connected to services.

3. The Coordinated Entry Team meets bi-weekly and reviews the by name list using a robust set of data points including HMIS, standardized assessment tools (Housing Prioritization Tool and VI-SPDATs), and case conferencing to prioritize and match homeless residents to CoC assets based on level of acuity, vulnerability and chronicity. Case conferencing among client referrers, supportive housing providers, and other stakeholders results in a transparent, multi-disciplinary, mutually accountable, and client centered process and ensures that all homeless individuals are fairly and expeditiously assessed, prioritized, and connected to the most appropriate and least restrictive services needed to ensure that their homelessness is a brief, one-time experience.

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

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

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

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

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	No
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.	No
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	No
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.		Yes

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

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

(limit 2,000 characters)

The CoC is engaged in a 1 year regional racial equity initiative with the Washington Metropolitan Council of Governments and C4 Innovations to evaluate homeless system access and outcomes and make recommendations for system improvements.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.		

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

You must enter a value of '0' or more for elements 1 through 5 in both columns in question 1C-16.

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

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	No
3.	The CoC works with organizations to create volunteer opportunities for program participants.	No
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	
	CoC has established a youth action board comprised of youth with lived experience that have authentic representation on local, state and national policy making entities driving best practices and informing policy. The County is currently pursuing UNICEF "child friendly community" certification and was recognized in 2021 for its work in this space..	Yes

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

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

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
--------------	---	--

NOFO Section VII.B.1.q.

Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:

1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

(limit 2,000 characters)

- 1.
- 2.
- 3.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
--------------	--	--

NOFO Section VII.B.1.q.

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

(limit 2,000 characters)

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
--------------	---	--

NOFO Section VII.B.1.q

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;	
2.	housing assistance;	
3.	eviction prevention;	
4.	healthcare supplies; and	

5.	sanitary supplies.
----	--------------------

(limit 2,000 characters)

- 1.
- 2.
- 3.
- 4.
- 5.

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

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

- | | |
|----|--|
| 1. | decrease the spread of COVID-19; and |
| 2. | ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks). |

(limit 2,000 characters)

1. Covid PUI/Positive NCS shelter operations for the County
2. Renovated dormitory space and instituted CoC wide policies and procedures / onsite testing / coordination of assets system wide (attach checklists and policies)

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

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:

- | | |
|----|----------------------------------|
| 1. | safety measures; |
| 2. | changing local restrictions; and |
| 3. | vaccine implementation. |

(limit 2,000 characters)

Weekly provider meetings
N/a
prioritization in tier 1 for vaccines / testing / Prince George's County DSS Partners with UBER, National Council of Negro Women, Inc. and Good Health WINs to provide free UBER Rides

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

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

(limit 2,000 characters)

shelter scan
 street outreach
 NCS

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

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

(limit 2,000 characters)

CCSI????
 House of Ruth???
 State's Attorneys???

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

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

(limit 2,000 characters)

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

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

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

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

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

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

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

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

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

NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:
--

- | | |
|----|--|
| 1. | the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and |
| 2. | considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area. |

(limit 2,000 characters)

1. The CoC's Review and Ranking Committee used several factors to review, score and select projects in the 2021 competition, including a weighted focus on severity of needs of the population served. Severity scored elements included percentages of those served with significant chronicity, systems involvement (i.e., high utilization of crisis and emergency services including hospitals, jails & psychiatric facilities) and /or more than one disability. The demand for the service and programmatic barriers to serving the homeless were also taken into consideration during the ranking process with low barrier programs and those programs providing services to higher need populations receiving higher scores.
2. Recognizing that people with severe needs can be more difficult to serve and that the CoC needs more programs that are equipped to effectively serve this population, programs serving or proposing to serve a high percentage of people with severe high needs were awarded additional points in the ranking process. In addition, the CoC scoring criteria allocated escalating point values by project type for applications that addressed certain vulnerabilities and severity of needs. The CoC ranking panel was made up of subject matter experts in key CoC priority areas (i.e.; re-entry, and behavioral health) whose experiences allowed them to fully evaluate services offered by the applicants.

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1. The CoC serves the largest community of color in the Country. Its members and leadership are representative of that diversity and collectively determine the funding priorities and rating factors for the CoC competition.
2. The CoC's Review and Ranking Committed was comprised of 50% persons of color and persons with lived experience to ensure diversity of perspectives when ranking. In addition, ranking panel members brought a wide variety of subject matter expertise to the process, representing critical CoC sub-population priorities including returning citizens, systems connected and other UHY youth, chronic homeless, those with significant health and behavioral health challenges and subsidized housing programs.
3. The Review and Ranking Committee used several racial equity factors to

review, score and select projects in the 2021 competition, including a weighted focus on participant diversity and alignment with the demographics of the County's homeless population, diverse representation in managerial and leadership positions and established mechanisms for receiving and incorporating feedback from over / under represented participants into program policies and practices.

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

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

(limit 2,000 characters)

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

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

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

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

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

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/29/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/12/2021
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2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky
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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 2021 HIC data into HDX.	05/14/2021
---	------------

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

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

- | | |
|----|---|
| 1. | have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and |
| 2. | submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead. |

(limit 2,000 characters)

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

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

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

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

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

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

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

(limit 2,000 characters)

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

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

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

2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
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NOFO Section VII.B.3.c.

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:
--

- | | |
|----|--|
| 1. | steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and |
| 2. | how your CoC will implement the steps described to increase bed coverage to at least 85 percent. |

(limit 2,000 characters)

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

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

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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- 24 CFR part 578

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

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

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

2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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- 24 CFR part 578

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

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

(limit 2,000 characters)

The CoC reported a reduction in first time homeless from 1,009 in 2017 to 852 in 2018.

1. The CoC uses several data sets to identify causal factors driving first time homelessness including housing distress data, national affordable housing studies, census information, eviction filings, HMIS, PCWA data, health indicators, public safety and corrections data, direct street outreach and drop in center data and detailed hotline call reports. The CoC uses this data to continuously evaluate and forecast shifts in population sets and proactively plan for newly emerging needs.

2. The CoC utilizes 211, a 24/7/365 hotline, as the front door for identifying families needing immediate intervention to avoid a housing disruption. 211 maintains an active database of over 6,000 resources and ensures callers are linked immediately to needed services. In addition, the CoC has a consortium of providers strategically located throughout the County who provide stabilization services and interventions requiring monetary assistance are coordinated by the CoC using a reservation system to ensure non-duplication of payment and a central banking system to ensure immediate access to funds necessary to resolve the crisis. All providers use a universal application and standardized protocols to ensure uniformity throughout the system and annual refresher training is conducted to ensure system efficacy. Finally, the CoC conducts outreach to FQHCs, municipal officials, pantries, libraries and churches to educate households about available resources, works with landlords and the Sheriff's Office to resolve pending evictions, the McKinney Vento liaison to identify families at risk or doubling up, the PCWA for co-case management of housing unstable families, and the PHA to target units at risk of losing their housing subsidy. In 2019 more than 800 households were successfully diverted

from the CoC system.
 3. The CoC Lead and 211 CEO oversee this strategy.

2C-2.	Length of Time Homeless–Strategy to Reduce.	
	NOFO Section VII.B.5.c.	
	Describe in the field below:	
1.	your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,000 characters)

The CoC reported an increase in LOT from 145 in 2017 to 165 in 2018, largely attributed to the impact of improved coordinated entry efforts and subsequent placement of higher acuity homeless households into TH with longer stays necessary for stabilization and permanency.

1. The CoC is working to reduce the length of time homeless in several ways, including but not limited to: a. Increased family mediation and reunification, b. Training all shelter staff in a FEMA ESF 6 model focused on assessment, triage, and rapid discharge to the least restrictive path to housing, c. rapid exit strategies including mini 100-day housing challenges in the emergency shelter system to engage front end providers in the CoC's rapid re-housing efforts, d. reframing of the upfront assessment process to focus more heavily on housing outcomes using a housing prioritization tool whose results more effectively target caseworker and housing locator efforts, e.bi-weekly multi-agency care coordination panel meetings to brainstorm exit strategies for high system utilizers, f. a Housing Authority liaison to expedite inspections reducing delays in system exit, g. flex funding for removal of barriers to lease-up (i.e.; security deposits, 1st month’s rent, utility deposits, and vital record replacements),h. increased PH capacity (reallocations to CoC funded RRH, Joint TH-RRH and PSH and increased HCV/set aside vouchers for the homeless), and i. initiatives targeting priority sub-populations with higher LOT (1115 waiver, Pay for Success, and SAMSHA system of care expansion for TAY) for specialized housing and intensive wrap around services.
2. The Coordinated Entry Team uses HMIS to identify people with the longest lengths of time homeless and meets bi-weekly to create exit strategies and expedite appropriate connections between homeless persons and appropriate available housing.
3. The CoC planner and Coordinated Entry Manager oversee this strategy.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	
	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:	
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and	
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.	

(limit 2,000 characters)

The CoC reported an increase in permanent housing destinations from 52% in 2017 to 54% in 2018 and an increase in retention from 95% in 2017 to 98% in 2018.

1. The CoC employs several strategies to positively impact permanent housing exits including: a. Coordination with the local housing authority to create set asides for homeless and priority sub-populations (i.e.; veterans, survivors, mentally ill and disabled, PCWA connected families, high system utilizers, and youth), b. Creation of faith based transition housing units, c. Creation of second chance housing, d. A shared housing pilot for seniors and chronic homeless, e. Expanded non-CoC funded housing solutions for veterans and survivors (i.e.; SAFE, GOCCP, \$1.5M general funded survivor crisis fund, SSVF, GPD, and a faith base funded veterans crisis fund), f. Follow-up case management services for 18 months to ensure formerly homeless persons don't jeopardize their housing, and g. Ensuring all persons moving to PH are linked with mainstream resources to increase income and community support systems.

2. The CoC Lead and CoC Housing Sub-Committee co-chairs oversee this strategy.

3. The CoC employs several strategies to positively impact retention including: a. All CoC PH providers ensure housing continues to be low barrier and staff provide ongoing support and advocacy to ensure housing retention by participants is achieved whenever and wherever possible, b. Households identified as at imminent risk of losing their housing due to severe tenancy challenges are case staffed and additional services offered to prevent disruption, c. All PSH program terminations require prior review by the CoC to ensure every effort has been made to support client success, and d. Acquisition of 50 "move out" vouchers to support participant transition from PSH to lower acuity permanent housing solutions.

4. The CoC Steering Committee and CoC Planner oversee this strategy.

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

Describe in the field below:	
1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC's strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,000 characters)

The CoC reported a reduction in returns to homelessness for 0-6 months from 3% in 2017 to 2% in 2018 and for 6-12 months from 2% in 2017 to 1% in 2018.

1. The Data Subcommittee uses HMIS to track returns to homelessness and produces 2 documents: Monthly reports which track exits with subsequent placement for up to three years after exit (including RRH/HA case closures) and a report card that tracks recidivism by program. Data analysis of current "frequent flyers" in the homeless system is used to determine commonalities that may indicate risk for recidivism; this analysis includes cross-referencing with the criminal justice and health care system to identify patterns of usage between the 3 systems.

2. Strategies to reduce additional returns to homelessness include: a.

Postplacement stabilization and follow-up for a minimum of 18 months for every permanent housing placement made by the CoC in an effort to reduce the spike in increased returns noted by the CoC for the 12-24 month period following placement; b. "Quick fix" rental, food, and utility assistance funds to solve reemerging housing crises; c. A housing retention liaison that targets voucher holders whose housing subsidies are in jeopardy for CoC crisis resolution; and d. linkages to the faith-based community for additional support.
 3. The CoC Steering Committee and co-chairs of the CoC data subcommittee oversee this strategy.

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

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

(limit 2,000 characters)

The CoC reported an increase in employment income from 19% in 2017 to 20% in 2018.

1. The CoC has several strategies to increase participant earned income including: a. Employment performance goals for all CoC providers and production of HMIS reports to measure progress; b. Coordination with local WIOA and Public Welfare agencies to ensure participant access to job assessment, readiness training and placement services; c. Employment assistance funds for employment related needs (i.e.; uniforms, certifications and vocational training), d. Development of "just in time" employers willing to hire transition age youth (18-24) needing immediate mentorship and employment, and e. Rapid re-employment assistance for those who lose their job.
2. The CoC has several strategies to increase access to employment including: a. Shelter staff training on how to access the County's employment system to ensure priority connections for participants presenting as unemployed/ underemployed, b. Transportation assistance, c. Issuance of job alerts to all providers, d. Targeted in-shelter and community job fairs, and e. Partnerships with unions and other trade organizations to create internships and on the job learning opportunities.
3. The CoC works closely with mainstream employment organizations to help participants increase income. Joint projects include: a. Partnership with the County's WIOA centers and local employers to increase work opportunities, local public welfare agency to leverage welfare to work activities, and the local developmental disabilities agency to leverage supportive employment opportunities, b. Coordination with the "Bridge Center at Adam's House" targeting rapid employment and supportive services for returning citizens, and c. Specialized employment training by the local community college in the 3 largest projected growth industries (transportation and warehousing, retail trade and medical).
4. The CoC Planner and CoC Data Committee oversees this strategy.

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

Describe in the field below how your CoC:	
1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

(limit 2,000 characters)

- 1.
- 2.

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

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

(limit 2,000 characters)

The CoC reported a decrease in non-employment cash income from 18% in 2017 to 14% in 2018.

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

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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- 24 CFR part 578

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

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

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

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

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

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

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

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

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

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

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

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

3A-3. List of Projects.

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

2. Select the new project type: PSH

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

4. Select the type of leverage: Housing

3A-3. List of Projects.

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

2. Select the new project type: PSH

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

4. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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- 24 CFR part 578

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

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

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

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

(limit 2,000 characters)

Not Applicable

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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 - 24 CFR part 578

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

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

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

If you answered yes to question 3C-1, describe in the field below:

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

(limit 2,000 characters)

Not applicable

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

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

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

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

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

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

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

1.	Enter the number of survivors that need housing or services:	
2.	Enter the number of survivors your CoC is currently serving:	
3.	Unmet Need:	

You must enter a value for elements 1 and 2 in question 4A-2.

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

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

(limit 2,000 characters)

1. The CoC calculated the number of survivors needing housing or services by combining a. discrete calls to the DV hotline (4870), homeless hotline (1,509), and the 2-1-1 hotline (1225), b. district court protective order filings, and c. circuit court cases for the period October 1, 2020 through September 30, 2021 for a total of 7,604 residents calling for services and/or housing assistance because of domestic violence in a one-year period. 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.
2. The CoC used a combination of local hotlines (Survivor specific and another crisis lines), district and circuit court data to calculate need and data reported using a comparable database by the CoC's sole survivor specific emergency shelter to calculate total survivors served.
3. The Coc has identified several barriers impacting the CoC's existing ability to meet the needs of all survivors and is working across systems to actively close the gap. Key barriers include lack of survivor specific shelter and housing programs, limited county-based organizations with subject matter expertise, financial strength and program experience to operate the ideal combinations of housing and supportive services, high shelter and housing program staff turnover rates that challenge the CoC's ability to deliver the ongoing training necessary to ensure new staff are adequately prepared to respond to the unique needs of survivors, and the need for improved collaboration to ensure all providers serving survivors in the CoC community are effectively working together to maximize limited resources. The new DV application being advanced by the CoC offers a unique opportunity to positively impact all four of these challenges.

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

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

Applicant Name
House of Ruth Mar...

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

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

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

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

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

Describe in the field below:

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

(limit 1,000 characters)

1. Placement/retention rates were calculated using data from other House of Ruth Maryland's (HRM) Safe Homes Strong Communities Rapid Re-Housing programs operating in an adjacent community and included entry, exit, and reentry data to forecast rates for the new project.

2. The data resides in a comparable database (Social Solutions) using a Measuring Success Outcomes model developed by IPV practitioners and experts focused on 3 key outcomes and 10 indicators of survivor safety and success.

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

Describe in the field below how the project applicant:

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

(limit 2,000 characters)

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

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

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

(limit 5,000 characters)

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

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

(limit 2,000 characters)

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

Describe in the field below examples of the project applicant’s experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
NOFO Section II.B.11.		
Describe in the field below:		
1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and	
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.	

(limit 5,000 characters)

4A-4f.	Trauma-Informed, Victim-Centered Approaches–New Project Implementation.	
NOFO Section II.B.11.		
Provide examples in the field below of how the new project will:		
1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;	
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;	
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;	
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;	
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;	
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
7.	offer support for parenting, e.g., parenting classes, childcare.	

(limit 5,000 characters)

4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	Coordinated Entry...	11/12/2021
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	11/12/2021
1E-1. Local Competition Announcement	Yes		
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/12/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting–Pr...	11/12/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting–Pr...	11/12/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	11/11/2021
3A-2a. Healthcare Formal Agreements	No	Healthcare formal...	11/12/2021
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: Coordinated Entry Policy and Assessment Tool

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting–Projects Rejected-Reduced

Attachment Details

Document Description: Public Posting–Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description: Housing Leveraging Commitment

Attachment Details

Document Description: Healthcare formal agreement

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/29/2021
1B. Inclusive Structure	11/11/2021
1C. Coordination	11/11/2021
1C. Coordination continued	Please Complete
1D. Addressing COVID-19	Please Complete
1E. Project Review/Ranking	11/12/2021
2A. HMIS Implementation	11/11/2021
2B. Point-in-Time (PIT) Count	10/15/2021
2C. System Performance	11/03/2021
3A. Housing/Healthcare Bonus Points	11/12/2021
3B. Rehabilitation/New Construction Costs	11/04/2021

FY2021 CoC Application	Page 54	11/12/2021
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3C. Serving Homeless Under Other Federal Statutes

11/04/2021

4A. DV Bonus Application

Please Complete

4B. Attachments Screen

Please Complete

Submission Summary

No Input Required

Notes:

4A. DV Bonus Application list contains 1 incomplete item.

Prince George's County Continuum of Care Coordinated Entry Policy

1. Introduction

The CoC Interim Rule defines several responsibilities of a Continuum of Care in §(578.7(a)(8). One of these responsibilities is to establish and operate either a centralized or coordinated assessment system, in consultation with recipients of ESG program funds within the geographic area. This coordinated entry/assessment system provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Prince George's County Continuum of Care (CoC) has developed the following Coordinated Entry Policy as written standards for providing assistance using McKinney-Vento Homeless Assistance funds in accordance with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act CoC Program Interim Rules. As part of the Prince George's County Continuum of Care (MD-600) all Homeless Services Partnership (HSP) member agencies and organizations must participate in the process and accept housing referrals from the Coordinated Entry System.

A coordinated entry/assessment system is defined to mean a coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. To meet basic minimum requirements, the CoC's coordinated entry system must:

- Cover the entire geographic area of the County,
- Be easily accessed by individuals and families seeking housing or services,
- Be well advertised,
- Include a comprehensive and standardized assessment tool.

The CoC is required to establish and consistently follow written standards for providing assistance. At a minimum, these written standards must include:

- Policies and procedures for evaluating individuals' and families' eligibility for assistance
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance;
- Policies and procedures that ensure assistance is provided fairly and methodically; and
- Policies and procedures to ensure continuous coordinated entry system performance, including implementation of HUD's Coordinated Entry data elements to standardize data collection on core components of coordinated entry -- access, assessment, prioritization, and referral.

Coordinated Entry systems are important in ensuring the success of homeless assistance and homeless prevention programs in communities. In particular, such assessment systems help communities systematically assess the needs of program participants and effectively match each individual or family with the most appropriate resources available to address that individual or family's particular needs.

Prince George's County's Coordinated Entry process is designed to identify, engage, and assist homeless individuals and families and ensure those who request or need assistance are connected to proper housing and services. Coordinated Entry will ensure that the people who receive housing are the ones who are most in need, not those who are the easiest to serve.

There are three core components to the Coordinated Entry system:

1. Standardized access to housing programs
2. Standardized Assessment that prioritizes people with the longest histories of homelessness and the most extensive needs
3. Coordinated referral that ensures persons are housed as appropriately as possible in the least restrictive environment

2. Overview of the Coordinated Entry System

Most communities, Prince George's County included, lack the resources to meet the needs of all people experiencing homelessness. By utilizing Coordinated Entry, the County ensures that households experiencing homelessness receive the level of assistance that is most appropriate to resolving their homelessness, and that households with the most severe service needs are prioritized for assistance and receive it in a timely manner. Severe service needs are defined as at least one of the following: repeated incidents of emergency department (ED) use (defined as more than four visits per year) or hospital admissions, two or more chronic conditions as defined in §1945(h)(2) of the Social Security Act, or frequent and repeated incarceration for crimes related to homelessness i.e. trespassing, public urination.

Key elements of Coordinated Entry are:

- Designated Coordinated Entry staff who facilitate housing referrals within the CoC and have the management responsibility to implement the day-to-day workflow of the process;
- Use of standardized assessment tools to assess client needs;
- Prioritization of clients with the longest time homeless and the most barriers to returning to housing;
- Referrals based on the results of the assessment tool(s) to homeless assistance programs, mainstream services, behavioral health providers, and other appropriate programs;
- The use of a By Name List which documents all literally homeless persons within the CoC (whether they are sheltered or unsheltered) and a Prioritization List made up of clients referred by all Access Points, all clients who meet the HUD definition of "chronically homeless", and all unsheltered individuals known to DSS Street Outreach;
- Documentation of vulnerability scores, ranking on the priority housing list, referrals, etc. in HMIS or other shared database to ensure transparency;
- Regular (bi-weekly) Coordinated Entry Prioritization Team meetings that include representatives from Emergency Shelter (ES), Joint Transitional Housing/Rapid Rehousing (TH-RRH), Rapid Rehousing (RRH), and Permanent Supportive Housing (PSH) providers, Behavioral Health, DSS Street Outreach and other Access Points and CoC housing providers; and
- A Coordinated Entry Steering Committee made up of a relatively small group of executive-level decision-makers from the major providers and/or funders of housing or services and mainstream service providers which meets at least quarterly and is responsible for:

- Policy oversight: establishing and reviewing policies, procedures and performance benchmarks, measuring performance and identifying system gaps;
- Evaluation responsibility to assess the performance of the system and create a feedback loop for policy oversight;
- Conflict Resolution and Coordination of funding resources; and
- Drafting interim amendments to the Coordinated Entry Policy which are needed to address unexpected circumstances, and which will be approved by the CoC at the next meeting of the Homeless Services Partnership and incorporated (if necessary) into the next update to the Coordinated Entry Policy.

The implementation of coordinated entry is a national best practice. When implemented effectively, coordinated entry can:

- Reduce the number of phone calls people experiencing homelessness must make before finding crisis housing or services;
- Reduce new entries into homelessness through coordinated system-wide diversion and prevention efforts;
- Prevent returns to homelessness by placing people in appropriate housing that meets their needs;
- Reduce or remove the need for individual provider wait lists for services;
- Foster increased collaboration between homelessness assistance providers;
- Improve a community's ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act outcomes and make progress on ending homelessness;
- Target limited funding to achieve maximum results.

Nondiscrimination

All housing assistance made available through the Prince George's County CoC is available to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability and without regard to actual or perceived sexual orientation, gender identity, or marital status and must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws in accordance with 24 CFR 5.105 (a) including, but not limited to the following:

- Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;
- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;
- Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color or national origin under any program or activity receiving Federal financial assistance; and
- Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

Data Management/Privacy Protections

The coordinated entry process is designed to ensure adequate privacy protections of all participant information. The CoC has written policies and procedures for obtaining participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process. These are detailed in the Prince George's County's HMIS Policies and Procedures Manual, which is hereby incorporated into this policy.

Training

The CoC will provide training protocols and at least one annual training opportunity to participating staff at organizations that serve as access points or otherwise conduct assessments. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC's coordinated entry process, including its written policies and procedures and any adopted variations.

Evaluation

The Coordinated Entry Steering Committee is responsible for developing and updating written procedures that describe the frequency of and method used for evaluations of the Coordinated Entry System as required by HUD, including how many participants will be selected and the process by which their feedback will be collected, and must describe a process by which the evaluation will be used to update existing policy and procedures. Evaluations will be conducted bi-annually and will be designed to answer the core questions:

- Does the CoC's implementation of coordinated entry efficiently and effectively assist persons to end their housing crisis?
- Are the housing and services interventions in the CoC more efficient and effective because of coordinated entry?

Marketing & Education

In order to reach all County residents who may be in need of services, the CoC affirmatively markets housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, sexual orientation, gender identity, gender expression, age, familial status, or actual or perceived disability. The CoC utilizes a number of means to disseminate information about the county's coordinated entry system and educate potential users of the system, as well as agencies and service providers who may work with people who are experiencing or at-risk of homelessness. Special outreach and marketing campaigns utilizing radio, social media and print media have been designed and are utilized to reach specific subpopulations including domestic violence survivors, transition aged youth, and veterans.

The County's homeless hotline is featured prominently on the county's website as well as being listed in area service guides, and posted in day centers, social service offices, public library branches, and PG Parks Recreation Centers throughout the county. The street outreach team works closely with area emergency rooms, Fire/EMS mobile integrated health, crisis response teams, public safety agencies, and public libraries to ensure that they are knowledgeable about the county's coordinated entry system and

how to help someone access it. Coordinated Entry staff attends cross-disciplinary meetings with the Departments of Health, Corrections, Education, Social Services, specialty courts, and domestic violence and veteran service providers in order to identify potential system users and to ensure that information on how to access services is well known throughout the county. Additionally, public events which serve individuals who are homeless or those at risk of homelessness (like the annual Point in Time enumeration, holiday food and gift giveaway, and Veteran Stand Down/Homeless Resource Day) are advertised widely on social media, in newspapers, and on local radio stations. DSS keeps a record of these marketing activities.

3. Coordinated Entry System in Prince George’s County

Access, Initial Contact, and Engagement

The County has a 24/7 homeless hotline, dedicated drop-in centers, and street outreach teams to ensure that anyone in need of services can easily access them. Broad access allows homeless households to be referred to the hotline or to street outreach (whichever is more appropriate) by day centers, libraries, hospitals, public safety agencies, mental health and social service providers, the religious community, and others.

Homeless Hotline

The County’s 24/7 hotline is staffed by people who are trained in trauma-informed care and well educated in the County’s homeless services and coordinated entry system. Staff screen and assess all callers utilizing the Triage Assessment Tool to determine if they are homeless or at risk of imminent homelessness. All clients are assisted in being linked to mainstream resources outside the Homeless Services System including: Social Services, Energy Assistance, Somatic and Behavioral Health, SOAR, Employment Programs, Food Pantries, etc. Basic client information is entered into HMIS, along with the documentation of any services or referrals which were provided.

If a client meets the criteria for being homeless or at imminent risk of homelessness, hotline staff immediately makes efforts to resolve the household’s housing crisis through mediation, emergency rental assistance, and/or “rapid re-housing lite”. If these diversion efforts are not successful and homelessness for the individual/family cannot be prevented the individual/family will be placed in emergency shelter, provided space is available. Regardless of whether space is available the household’s information will appear on the CoC’s By Name List.

Street Outreach

People living on the street or other places not meant for human habitation are linked to an outreach team who triages the case and ensures the client’s basic needs are being met as completely as possible. They help facilitate obtaining identification, access to behavioral and somatic health providers, food and clothing, and remain in contact with the client until a housing plan can be implemented. Street Outreach team members enter client information in HMIS and in cases where the person is self-reporting more than one year of continuous homelessness or multiple episodes of homelessness, they help gather information to prove chronicity.

Access Points

All providers of services to homeless households within the CoC have the ability to refer clients onto the Coordinated Entry Prioritization List, either directly as an Access Point, or through the Street Outreach program. Access Points must have staff who are trained and authorized in HMIS and must participate in the Coordinated Entry Prioritization Team. PGCCoC Access points include emergency shelters, drop-in centers, outreach teams, special population workgroups, DV providers, and other organizations which provide services to people experiencing homelessness.

Special Populations

Case managers across the CoC are trained to identify when a client is part of a special population which is a prioritized focus of the CoC and where special resources may be available. When a case manager or counselor at any point in the CoC workflow identifies that a client is a member of a special population, appropriate referrals are made:

- Survivors (Domestic Violence, Human Trafficking, Sexual Assault and others): CCSI, House of Ruth, DASH, CAFY, and Trafficking and Sexual Assault Provider partners
- Unaccompanied Youth and Young Adults (13-24): Sasha Bruce Youthwork, Promise Place, Covenant House, iMind, Mary's Center, University of Maryland College Park, MMYF, and St. Ann's
- Veterans: VA and SSVF providers – Friendship Place, Housing Counseling Services, US Vets, Vesta Inc.
- Returning Citizens: PGCDoc Reentry Division, The Bridge Center at Adams House, Welcome Home, American Justice Reentry & Rehabilitation, Destiny Power & Purpose Inc.
- Chronically Homeless and persons experiencing severe somatic and behavioral health challenges: Street Outreach Team, QCI Behavioral Health, Crisis Response, Safe Journey House, iMind Behavioral Health, Mobile Integrated Healthcare (within Fire/EMS), Health Care Alliance, and the CLASP and ACIS teams
- Elderly and Aging: Adult Protective Services, In Home Aide, TDAP, Assisted living and nursing homes, adult day care, and Metro access.

Survivors

Victims of human trafficking, sexual assault and/or domestic violence (including dating violence, sexual assault, or stalking) will be served by a separate DV coordinated entry process that meets HUD requirements as detailed in the Coordinated Entry Notice and maintains confidentiality requirements outlined in the Violence Against Women Act (VAWA). Survivors access the same housing resources available to the CoC as a whole through the Prioritization Team bi-weekly meeting but do so after their personally identifying information is anonymized. This will ensure that confidentiality and therefore safety can be maintained. Victims of domestic violence may enter the DV coordinated entry process through the county's 24 hour crisis intervention hotline, the 24 hour homeless hotline or through a victim service provider, which is defined in section 401 (32) in the McKinney-Vento Act as a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking.

Unaccompanied Homeless Youth and Transitional Age Youth

Because of the unique needs of Transition Age Youth, the CoC uses a process that includes the use of resources that the County has developed specifically to address their needs. Youth enter the coordinated entry process through youth specific street outreach teams and drop in centers, the PGCPs McKinney-Vento Program, the Maryland Crisis Connect Hotline, the Department of Juvenile Services, the Homeless Hotline, and referral from youth service providers.

Veterans

Because of the unique needs of Veterans, the County uses a separate coordinated entry process that meets HUD requirements as detailed in the Coordinated Entry Notice. The process includes the use of the Composite Score Index and full SPDAT and accesses resources that the County has developed specifically to address their needs. Veterans enter the coordinated entry process through special street outreach teams, SSVF and GPD programs, the VA, the homeless hotline, and Serving Together office.

Screening and Assessment

Prince George's County utilizes two assessment tools to guide referrals for emergency rental assistance, rapid re-housing, joint transitional-rapid rehousing, subsidized and unsubsidized housing, and permanent supportive housing based on client need, program eligibility and services offered. The Triage Assessment is our universal initial screening tool, and the Composite Score Index is a more in-depth screening and prioritization schema focused specifically on referrals to supportive housing. Some of the criteria used to determine a client's position on the Priority List include:

- HMIS data, which can help determine chronicity, patterns of homelessness, and prior use of rental assistance.
- The extent to which people, especially youth and children, are unsheltered.
- High utilization of crisis or emergency services, including emergency rooms, jails, and psychiatric facilities, to meet basic needs.
- Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.
- Vulnerability to victimization, including physical assault or engaging in trafficking or sex work.
- Vulnerability to adverse impacts from communicable diseases.

As a method of measuring and sorting these vulnerabilities, the Coordinated Entry Prioritization Team utilizes a Composite Score Index to efficiently identify which clients have the most barriers to returning to housing so they can be prioritized for a housing intervention.

Triage Assessment Tool

The Triage Assessment is an intake and assessment tool which captures data elements required for all clients being served by the CoC, regardless of their point of access into the system. It assesses a client's eligibility for referral to special programs (Veteran, Unaccompanied Homeless Youth, Transition Age Youth, DV, Chronic, etc.) and homelessness prevention and diversion interventions.

It incorporates the HUD required Crisis Needs Assessment and the Current Living Situation and Coordinated Entry Event sub-assessments.

Composite Score Index

A Composite Score allows the particular vulnerabilities of homeless households in consideration for limited housing supports to be weighed against each other in the prioritization process conducted by the Coordinated Entry Prioritization Team. The Composite Score is produced from data elements in HMIS and information provided by case managers at CoC Access Points. The elements of the Composite Score are weighed as follows:

Priority	Approximate % of Composite Score	Factors
Length of Time Homeless	11%	Length of time homeless based on HMIS
Living Situation	19%	Place not meant for human habitation
		Non-congregate shelter
		Emergency shelter
		Other/Institutionalization
		Rapid Rehousing
Sub-Population	28%	Families with children under 4 years old
		Families with children over 4 years old
		Older adults
		Unaccompanied Homeless Youth (UHY)
		Systems Connected Youth
		Veterans
		Returning Citizens
Actively Fleeing DV/Human Trafficking		
Most Needs	43%	Returns to Homelessness
		Multiple evictions
		Medical Needs
		Large family
		Mental health
		Developmental health
		Substance use
		Physical Disability
		Chronic Health Condition
HIV/AIDS		

Participants in the coordinated entry process are free to decide what information they provide during the assessment process. They will not be denied assessment or services if they refuse to provide certain pieces of information, unless the information is necessary to establish or document program eligibility per the applicable program regulations.

Coordinated Entry Prioritization Team Meetings/Referral Protocols

CoC leadership will keep Coordinated Entry staff up to date on the housing resources available within the Coordinated Entry system, including Supportive Housing, Supportive Services Only, and dedicated Housing Voucher programs. Coordinated Entry staff will coordinate with supportive housing program staff to identify openings in real time and provide referrals from the prioritization list as soon as an opening is identified.

The Prioritization Team determines whether potential participants meet project-specific requirements of the projects for which they are prioritized and to which they are referred. The process of collecting required information and documentation regarding eligibility occurs concurrently with the assessment, scoring, and prioritization processes. Eligibility information is not used as part of prioritization and ranking.

The Prioritization Team meets bi-weekly to review the prioritized list of homeless clients. The team is composed of representatives from ES, SSO, RRH, TH-RRH, and PSH providers, the VA, behavioral health providers, the SOAR team and Street Outreach. Prior to the bi-weekly meeting, notice is sent out that includes the minutes from the last meeting, placements made from the prioritization lists, and the current prioritized lists of homeless households.

During the bi-weekly meeting the Prioritization Team discusses individual clients and which program could best serve them. Resources from outside the CoC are discussed and linkages to them provided. The prioritization list for each type of housing is reviewed and the order of priority is confirmed by the Prioritization Team, with adjustments being made as necessary. Once the team confirms the prioritization lists, the households on the prioritization lists are essentially “pre-referred” for any eligible opening which is identified until the next Prioritization Team meeting.

At the time of referral to supportive housing, the referring Access Point will need to provide a verification of homelessness and some proof of legal residency in the United States to the supportive housing provider. Permanent Supportive Housing projects will also need the Access Point to provide the signed Verification of Chronic Homelessness form. If possible, the referring Access Point should also provide the following client documents to the supportive housing program:

- Birth Certificate for all household members
- Social Security cards for all adults
- Government-issued photo ID
- Proof of income
- Verification of homelessness
- DD-214 (for Veteran referrals)

Referral Rejection Policy

No client may be turned away from homeless dedicated housing due to lack of income, lack of employment, disability status, or substance use unless the project's primary funder requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to clients with a specific set of attributes or characteristics. Housing Providers restricting access to projects based on specific client attributes or characteristics will need to provide documentation to the CoC providing a justification for their enrollment policy.

Both CoC housing providers and program participants may deny or reject referrals. Referral rejections from housing providers should be infrequent and must be documented in HMIS with specific justification as prescribed by the CoC. Allowable criteria for denying a referral include:

- Client/household refused further participation (or client moved out of CoC area)
- Client/household does not meet required criteria for program eligibility
- Client/household unresponsive to multiple communication attempts
- Client resolved crisis without assistance
- Client/household safety concerns
- Property management denial (include specific reasons documented by property manager and validated under fair housing laws).

Grievance and Appeal Procedure

If a client or provider is dissatisfied with the decision of the Coordinated Entry Team, they must put their concern in writing and request a meeting with the CoC leadership. CoC leadership will review the written document to schedule a meeting with the client within 5 business days of receiving the request and will render a decision in writing within 5 business days of the meeting.

4. Housing Interventions and Prioritization

Housing First

Housing First is an approach to permanent housing which HUD strongly recommends, and which has been shown to improve the housing outcomes of homeless households and will reduce overall homelessness within a CoC's geographic area. As defined by HUD, the core elements of a Housing First approach are:

- Few to no programmatic prerequisites to permanent housing entry
- Low barrier admission policies
- Rapid and streamlined entry into housing
- Supportive services are voluntary, but can and should be used to persistently engage tenants to ensure housing stability
- Tenants have full rights, responsibilities, and legal protections
- Practices and policies to prevent lease violations and evictions
- Applicable in a variety of housing models

Move On Strategy

The purpose of Coordinated Entry is to connect homeless households with the least restrictive, least intensive intervention which will help them permanently resolve their housing crisis. Some households will need the most intensive ongoing supports in order to maintain their housing, but some households, even those who begin in the most intensive programs, will eventually stabilize and be able to maintain permanent housing without CoC supports and resources. All programs should work with their clients to assess whether the household could be moved to a less intensive program type, or even move on from CoC support and resources entirely. Coordinated Entry staff will work with program staff to routinely screen all CoC programs to identify participants living in a CoC PSH program and certified by the CoC as appropriate for transition from a high acuity level of support into other less intensive housing opportunities to create opportunities for placement of new high acuity admissions from the CoC Prioritization List.

Housing Vouchers

Set-aside Housing Vouchers made available to the CoC by the Prince George's County Housing Authority should be utilized judiciously to resolve housing crises for households who are ready to move on from the need for high acuity projects, or for literally homeless households who have unusual barriers which CoC supportive housing projects cannot overcome (for example a household with more members than can be served in CoC transitional housing programs). Housing Vouchers should be prioritized for households who:

- Have an extensive history of homelessness,
- Are expected to lack of sufficient financial resources to ever afford market rate housing,
- Have sufficient resources that the application of a Housing Voucher would permanently resolve their housing crisis,
- Can handle all activities of daily living including rent payment, utility payments, etc.
- Have the ability to communicate respectfully and responsibly with Rental Offices and Utility companies, so as not to put their voucher at risk,
- If possible, for households who are literally homeless but lack financial prospects without the voucher to make them good candidates for RRH, they may be enrolled in RRH with financial subsidy and case management as a bridge to self-sufficiency with the voucher in place,
- Are otherwise described and/or prioritized in CoC-HAP MOUs or Agreements associated with special voucher types.

Prioritization Standards

The CoC's order of priority ensures that those persons with the longest histories residing in places not meant for human habitation, in emergency shelters, and in safe havens and with the most severe service needs are given first priority in PSH that is dedicated or prioritized for chronic homelessness.

In PSH that is not dedicated or prioritized for chronic homelessness those persons who do not yet meet the definition of chronic homelessness but have the longest histories of homelessness and the most severe service needs and are therefore the most at risk of becoming chronically homeless, are prioritized.

The matching and referral linkage process utilizes these prioritization criteria for each project type and takes into account the severity of the needs, length of time homeless, subpopulation characteristics, use of emergency public safety services and other criteria depending on the specific project type.

Rapid Rehousing

Rapid Re-housing (RRH) provides Prince George’s County residents who are homeless with short-term housing subsidies allowing them to quickly achieve stable housing and become sustainably re-housed. RRH financial subsidy will generally be provided on a declining basis and all participants will be reassessed monthly to determine individual subsidy levels based on need and progress towards goals. Assistance will cease as soon as the participant is determined to be stable but may be provided for a period of no more than twelve (12) months. See the Prince George’s County Continuum of Care: Rapid Re-Housing Policies and Procedures, incorporated herein by reference.

An applicant shall be eligible to receive RRH assistance if they:

1. Are a resident of Prince George’s County, and,
2. Are currently literally homeless as defined by HUD (which includes having a primary nighttime residence that is a publicly or privately operated shelter or transitional housing facility designed to provide temporary living accommodations; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings), and,
3. Are referred by the Coordinated Entry Prioritization Team, and,
4. Have no other housing option (must be validated by the CoC).

Given that there will be more eligible applicants for RRH funds than limited resources can support, additional criteria will be considered by the HSP’s Coordinated Entry Steering Committee and priority will be given to candidates who demonstrate the current capacity (or well-planned, potential capacity) to quickly achieve stable housing, **AND** who meet at least one of the following conditions:

- Homelessness status was a result of a *one-time* crisis – financial, health, domestic violence – for whom it can reasonably be assumed will become self-sustaining once the crisis is resolved.
- Reasonable expectation for career advancement or increased income as indicated by tenure in current employment, expected completion of education/vocational programs, achievement of skills and training certifications, or pending military, retirement or social security benefits.
- Documented opportunity of receiving subsidized housing or an assisted living placement within approximately twelve (12) months.
- Referred and case managed by one of the County’s problem-solving courts (re-entry, drug, veterans, family and youth).
- Defined as Unaccompanied Homeless Youth, elderly, Domestic Violence survivor, or having a diagnosed disability (including HIV).

Joint Transitional-Rapid Rehousing

An applicant shall be eligible to receive Transitional-Rapid Rehousing if they:

1. Are a resident of Prince George’s County, and,

2. Are currently literally homeless as defined by HUD (which includes having a primary nighttime residence that is a publicly or privately operated shelter or transitional housing facility designed to provide temporary living accommodations; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings) , and,
3. Are referred by the HSP's Coordinated Entry Prioritization Team, and,
4. Have no other housing option (must be validated by the CoC).

Given that there will be more eligible applicants for TH-RRH than limited resources can support, additional criteria will be considered by the HSP's Coordinated Entry Steering Committee and priority will be given to candidates who demonstrate planned, potential capacity to achieve stable housing, **AND** who meet at least one of the following conditions:

- Defined as Unaccompanied Homeless Youth or Domestic Violence survivor.
- Reasonable expectation for career advancement or increased income as indicated by tenure in current employment, expected completion of education/vocational programs, achievement of skills and training certifications, or pending military, retirement or social security benefits.
- Referred and case managed by one of the County's problem-solving courts (re-entry, drug, veterans, family and youth).

Permanent Supportive Housing

All admissions into PSH must come through Coordinated Entry and be accompanied by the CoC's *Verification of Chronic Homelessness Documentation Checklist and Summary* (addendum a). Because many of the CoC's PSH units are shared 2- or 3-bedroom apartments, Access Point case managers should work to identify other chronically homeless individuals with whom a person may be compatible. Prince George's County CoC has adopted the provisions and requirements set out in the HUD Notice CPD-14-012 for the Prioritizing Person's Experiencing Chronic Homeless and Other Vulnerable Homeless Persons in Permanent Supportive as the baseline written standards for operations of Permanent Supportive Housing Programs within the CoC.

PSH Dedicated or Prioritized for PSH

Order of Priority 1: A household should be prioritized first in dedicated or prioritized PSH if all of the following are true:

- Individual or head of household meets the definition of chronically homeless per 24 CFR 578.3; and,
- The length of time the individual or head of household has been homeless is at least 12 months continuously or over a of at least four occasions in the past 3 years where the total length of time homeless totals at least 12 months; and,
- The individual or head of household has been identified as having severe service needs (as outlined in Section 2 of this Policy).

Order of Priority 2: A household should be prioritized second in dedicated or prioritized PSH if all of the following are true:

- Individual or head of household meets the definition of chronically homeless per 24 CFR 578.3; and,
- The length of time the individual or head of household has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter is at least 12 months continuously or over a period of at least four occasions in the past 3 years where the total length of time homeless totals at least 12 months; and,
- The individual or head of household has NOT been identified as having severe service needs; and,
- There are no chronically homeless households within the CoC's geographic area that meet the criteria under Order of Priority 1 for dedicated or prioritized PSH.

Order of Priority 3: A household should be prioritized third in dedicated or prioritized PSH if all of the following are true:

- Individual or head of household meets the definition of chronically homeless per 24 CFR 578.3; and,
- The length of time the individual or head of household has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter is at least four occasions in the past 3 years where the total length of time homeless totals less than 12 months; and,
- The individual or head of household has been identified as having severe service needs; and
- There are no chronically homeless households within the CoC's geographic area that meet the criteria under Order of Priority 1 and 2 for dedicated or prioritized PSH.

Order of Priority 4: A household should be prioritized fourth in dedicated or prioritized PSH if all of the following are true:

- Individual or head of household meets the definition of chronically homeless per 24 CFR 578.3;
- The length of time the individual or head of household has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter is at least four occasions in the past 3 years where the total length of time homeless totals less than 12 months; and,
- The individual or head of household has NOT been identified as having severe service needs; and
- There are no chronically homeless households within the CoC's geographic area that meet the criteria under Order of Priority 1, 2, and 3 for dedicated or prioritized PSH.

PSH that is not dedicated or prioritized for Chronically Homeless:

Order of Priority 1: A household should be prioritized first in non-dedicated and non-prioritized PSH if the following are true:

- The household is eligible for CoC Program-funded PSH meaning that there is a household member with a disability, and they are coming from a place not meant for human habitation, a safe haven, or in an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution; and
- The household has been identified as having severe service needs.

Order of Priority 2: A household should be prioritized second in non-dedicated and non-prioritized PSH if all of the following are true:

- The household is eligible for CoC Program-funded PSH meaning that there is a household member with a disability, and they are coming from a place not meant for human habitation, safe haven, or emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution; and,
- The household has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 6 months or has experienced three occasions in the past 3 years of living in one of these locations; and,
- The household has NOT been identified as having severe service needs; and,
- There are no eligible households within the CoC's geographic area that meet the criteria under Order of Priority 1 for non-dedicated or non-prioritized PSH.

Order of Priority 3: A household should be prioritized third in non-dedicated and non-prioritized PSH if all of the following are true:

- The household is eligible for CoC Program-funded PSH meaning that there is a household member with a disability, and they are coming from a place not meant for human habitation, safe haven, or emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution; and,
- The household has NOT been identified as having severe service needs AND has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter for less than six months or has experienced less than three occasions of living in one of these locations in the past 3 years; and,
- There are no eligible households within the CoC's geographic area that meet the criteria under Order of Priority 1 and 2 for non-dedicated or non-prioritized PSH.

Order of Priority 4: A household should be prioritized fourth in non-dedicated and non-prioritized PSH if the following is true:

- Any household that is eligible for CoC Program-funded PSH meaning that there is a household member with a disability, and they are coming from transitional housing where they entered directly from a place not meant for human habitation, emergency shelter, or safe haven.
- There are no eligible households within the CoC's geographic area that meet the criteria under Order of Priority 1, 2, and 3 for non-dedicated or non-prioritized PSH.

Addendum A: Verification of Chronic Homelessness Documentation Checklist and Summary

Verification of Chronic Homelessness Documentation Checklist and Summary

An applicant must be chronically homeless to be considered for PSH. To be considered chronically homeless, the Head of Household (HoH) must meet at least one of the specific elements of each of the following criteria:

1. **Housing Status**
 - a. Currently homeless and has been continuously homeless for one year or longer
 - b. Currently homeless and has experienced four or more occasions of homelessness, totaling 12 months or more, in the past three years
 - c. Has been residing in an institutional care facility for fewer than 90 days and his/her housing status was either a. or b. before entering that facility
2. **Disability**
 - a. Developmental Disability
 - b. HIV or AIDS
 - c. Physical, mental, or emotional impairment that meets all of the following criteria:
 - i. Is expected to be of long-continuing or indefinite duration, and
 - ii. Impedes the individual's ability to live independently, and
 - iii. Is such that the ability to live independently could be improved with more suitable housing

To confirm program eligibility, please complete this form in its entirety.

Head of Household Name: _____ Date: _____

Referring Staff & Organization: _____ VI-SPDAT Score: _____

<p>Disability – as defined by section 401(9) of the McKinney-Vento Homeless Assistance Act (43 U.S.C. 11360(9)).</p> <p>Third Party Documentation is required. Please indicate the type of verification supplied and <u>attach to this form</u>.</p> <p><input type="checkbox"/> Written verification from a licensed professional certifying that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently</p> <p><input type="checkbox"/> Written verification from the Social Security Administration</p> <p><input type="checkbox"/> Receipt of a disability check</p> <p><input type="checkbox"/> <u>Temporary Option</u> – <i>Staff Observations of a disability can be used for program entry, but must be confirmed by one of the above written standards within 90 days of program entry.</i></p>
<p>Current Living Situation – To be considered chronically homeless, the individual must meet one of the following homeless conditions the night before entering the program.</p> <p>Documentation and Details must be provided by completing the <i>Chronic Homeless Summary</i> (attached).</p> <p><input type="checkbox"/> Lives in a place not meant for human habitation or an emergency shelter.</p> <p><input type="checkbox"/> Has been residing in an institutional care facility for fewer than 90 days and met the homelessness criteria above before entering the facility (including but not limited to jail, substance abuse or mental health treatment facility or hospital).</p>
<p>Homeless History – To be considered chronically homeless, the individual must meet one of the following two homeless history conditions. (Documentation and Details must be provided by completing the <i>Chronic Homeless Summary</i> (attached)).</p> <p>The individual must have been living in a place not meant for human habitation, or an emergency shelter:</p> <p><input type="checkbox"/> Continuously for at least 12 months, without a break of 7 or more consecutive nights</p> <p><input type="checkbox"/> On at least 4 separate occasions in the last 3 years, where the combined occasions equal at least 12 months</p> <p>Notes: Stays in institutional care facilities for fewer than 90 days do not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was residing in an emergency shelter or place not meant for human habitation immediately before entering the institutional care facility.</p> <p>A single encounter in a month is sufficient to consider the household homeless for the entire month unless evidence of a break.</p>

Criteria for Documentation of Homeless History: You do not need to complete this page. It is for reference only.

Notes to Providers:

- At least 9 of the 12 months of homelessness or 3 of the 4 incidents of homelessness must be certified by third-party documentation. Three months or one incident can be self-certified.
- A single encounter in a month is sufficient to consider the household homeless for the entire month unless evidence of a break.
- In extreme cases self-certification of homelessness for more than 3 of 12 months or 1 of 4 incidents of homelessness is allowable if third-party documentation cannot be obtained.
 - Attempts to obtain 3rd party documentation must be thoroughly documented along with the reasons why 3rd party documentation was not obtained; and
 - This is limited to rare circumstances. No more than 25% of households served in a program during an operating year can be self-certified.

Current Living Situation	Suitable Documentation
<p>Streets or other place not meant for human habitation</p>	<ul style="list-style-type: none"> • Written Third Party (one or more of the following) <ul style="list-style-type: none"> ○ HMIS record of calls to Hotline and/or street outreach contacts ○ Signed letter on letterhead from street outreach or homeless service provider ○ Signed letter on letterhead from referral sources including: feeding centers, churches, somatic and behavioral health providers, crisis response, police, and libraries. <p>OR</p> <ul style="list-style-type: none"> • Self-Declaration (both of the following): <ul style="list-style-type: none"> ○ Signed declaration of homelessness ○ Written explanation by staff of attempts to secure 3rd party verification
<p>Emergency Shelter (includes hypothermic, church-based, domestic violence and County shelters)</p>	<ul style="list-style-type: none"> • Written Third Party (one or more of the following) <ul style="list-style-type: none"> ○ HMIS record of shelter stay ○ Signed letter on letterhead from the shelter provider <p>OR</p> <ul style="list-style-type: none"> • Self-Declaration (both of the following): <ul style="list-style-type: none"> ○ Signed declaration of homelessness ○ Written explanation by staff of attempts to secure 3rd party verification
<p>Hospital, Jail, or Other Institution If the client’s stay was 90 days or less and the client was in shelter or on the streets prior to entry, the time at the institution is counted as time homeless. If the client’s institutional stay is over 90 days it is counted as a break in homelessness.</p>	<ul style="list-style-type: none"> • Written Third Party (one or more of the following) <ul style="list-style-type: none"> ○ Letter or discharge paperwork from hospital or other institution, including admission and discharge dates ○ Referral from Dept of Corrections, Offender Reentry Program or one of the County’s Specialty Courts ○ Record of institutional stay pulled from institutional database <p>AND, to document homelessness, at least one of the types of documentation required for streets or shelter homelessness related to the client’s housing status immediately prior to stay in the institution, or identification as homeless upon intake at the institution.</p>

Chronic Homelessness Summary: Please complete this form in its entirety.

In the table below, chart the HoH's housing situation for one year or three years, depending on the category by which s/he is being qualified. Attach sufficient documentation for each change in housing situation. Up to 3 months (or one episode) can be documented through self certification.

The HoH is eligible because s/he has experience (check one)

- Continuous homelessness on the streets or in shelters for 1 year or longer (document at least the past 1 year)
- 4 or more occasions of homelessness totaling 12+ months on the streets or in the shelters in the past 3 years (document the past 3 years)

Start Date	End Date	Duration	Location (Type)	Location (Provider name or location description)	Documentation	Attached
Episode 1			<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Institution < 90 days		<input type="checkbox"/> HMIS or Institutional record <input type="checkbox"/> Housing/ Service Provider <input type="checkbox"/> Outreach/ Referral Provider <input type="checkbox"/> Client Self-Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Episode 2			<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Institution < 90 days		<input type="checkbox"/> HMIS Institutional record <input type="checkbox"/> Housing/ Service Provider <input type="checkbox"/> Outreach/ Referral Provider <input type="checkbox"/> Client Self-Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Episode 3			<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Institution < 90 days		<input type="checkbox"/> HMIS Institutional record <input type="checkbox"/> Housing/ Service Provider <input type="checkbox"/> Outreach/ Referral Provider <input type="checkbox"/> Client Self-Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Episode 4			<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Institution < 90 days		<input type="checkbox"/> HMIS Institutional record <input type="checkbox"/> Housing/ Service Provider <input type="checkbox"/> Outreach/ Referral Provider <input type="checkbox"/> Client Self-Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No

Certifications

I, the Head of Household named below, certify that the timeline documented above is accurate to the best of my recollection.

Head of Household Name (printed): _____ Signature: _____ Date: _____

I, the Staff named below, certify that the timeline documented above is accurate as the HoH described it during the interview(s) conducted on the following date(s): _____

Staff Name (printed): _____ Signature: _____ Date: _____

Coordinated Entry Workflow - Version 3.8								
Who: Homeless Hotline	Who: Homeless Hotline (cont.)	Who: Prevention Ass't/Post Placement Providers	Who: DV Service Providers (cont.)	Who: Outreach/Non-shelter Service Provider	Who: Emergency Shelters	Who: Coordinated Entry Staff & Case Conferencing Team	Who: Access Point (Referral Source)	Who: Supportive Housing Provider
<p>1 The Prince George's County Homeless Hotline (1-800-731-0995) is the central information and access point for homeless services including emergency shelter. The Hotline screens for Domestic Violence, Human Trafficking, Sexual Assault, Veteran status, and Transitional Age Youth status to screen callers to appropriate services.</p> <p>2 The Prince George's County Triage Assessment is a universal intake and assessment tool which captures the data elements required for all clients in HIMS. It assesses a client's eligibility for referral to special programs (Veteran, TAY, DV, Chronic, etc.) and incorporates the Crisis Needs Assessment, Current Living Situation, and Coordinated Entry Event Sub-assessments for Coordinated Entry.</p> <p>3 Homeless Prevention Assistance is for households who are at risk of homelessness within 14 days due to an external event.</p> <p>4 A Coordinated Entry Event (CEE) is any referral or result of referral which is tracked in HIMS for the Coordinated Entry System.</p> <p>5 Eligibility for programs in Prince George's County may depend on program requirements. See https://bit.ly/2E7RZmZ for more details about the four categories of homelessness defined by the McKinney-Vento Act, or consult the Coordinated Entry Policy.</p> <p>6 Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them remain in or return to permanent housing.</p>	<p>7 Post placement/follow up case management services are CoC funded and available to households leaving a CoC program for a permanent housing solution.</p>	<p>8 DV Service Providers who can perform intake into the DV Service System of the Prince George's County CoC include members of the Prince George's County DV Coalition.</p> <p>9 Information on clients experiencing domestic violence, human trafficking, or sexual assault (collectively referred to as DV) cannot have Personally Identifying Information (PII) entered into HIMS, per the Violence Against Women Act of 1994 (VAWA). Client information including PII is maintained in a Comparable Database. Information necessary for the clients' referral to Coordinated Entry is entered into HIMS with the PII anonymized. See Prince George's County Domestic Violence Policy for more details.</p> <p>10 Rapid Resolution is an intervention designed to prevent immediate entry into homelessness or immediately resolve a household's homelessness once they enter shelter, transitional housing or an unsheltered situation.</p> <p>11 The Housing Needs Assessment is a Coordinated Entry Assessment (CEA) used to assess a household to determine the best fit among available permanent housing solutions.</p> <p>12 The Coordinated Entry Summary is created when an Access Point case manager enters case information into a CE created Google Form. The CE Summary collects all CE information that is not already contained in HIMS.</p>	<p>13 Outreach and non-shelter service providers are projects or programs within or outside of the CoC which serve unsheltered homeless individuals and have the ability to perform assessments and make referrals in HIMS. This includes DSS Street Outreach, the Bridge Center at Adams House, homeless drop-in centers, the Healthcare Alliance, PGC Department of Corrections and others.</p>	<p>14 Emergency Shelters provide shelter for people experiencing homelessness and includes case management which is documented in HIMS.</p>	<p>15 The CE Case Prioritization Team (CE Team) is made up of representatives of the defined Access Points, CoC Supportive Housing Providers, and is chaired by the Coordinated Entry Program Manager (CEPM). The CE Team meets bi-weekly to review and approve the Prioritization Lists.</p> <p>16 The Composite Score Index produces a vulnerability score from questions and data elements in HIMS.</p> <p>17 The By Name List is made up of all homeless individuals in the CoC who are unsheltered, meet the HUD definition of Chronically Homeless, and/or are referred to Coordinated Entry because their homelessness is not expected to resolve through routine case management.</p> <p>Chronic homelessness has been defined by HUD as a single individual (or head of household) with a disabling condition who has either experienced homelessness for longer than a year (living in a shelter, safe haven, or a habitation) or experienced at least 12 months of homelessness in four or more instances in the last three years.</p> <p>18 The Prioritization Lists are made up of the highest vulnerability clients on the By Name List and are case conferred and considered for referral to supportive housing resources by the Coordinated Entry Team.</p> <p>19 The "Yellow Book" is the resource used at the Coordinated Entry Bi-weekly Meeting to prioritize clients. It is made up of the Prioritization List of clients and a summary sheet for each client on the list derived from the CE Summary Google Form. It's called the "Yellow Book" because the original resources were placed in yellow report covers.</p>	<p>20 Access Points are service providers who encounter unsheltered homeless individuals or households and can make referrals to the Prioritization List. They are the primary point of case management for clients who have not yet been placed in supportive housing. At this writing the Prince George's County CoC Access Points are:</p> <ul style="list-style-type: none"> • ACIS • Chronic Homelessness Workgroup • Department of Corrections • DSS Street Outreach • Domestic Violence Workgroup • Family Emergency Shelter • Housing Initiative Partnership • LARS • Mission of Love • Charities Day Center • PG Plaza Day Center • Prince George's House • Promise Place • CCI • Safe Passages • Senior Homelessness Workgroup • Shepherd's Cove • SOAR • Veteran Homelessness Workgroup • VOA • Warm Nights • Youth Homelessness Workgroup 		

MEMORANDUM OF UNDERSTANDING
BETWEEN
HOUSING AUTHORITY OF PRINCE GEORGE'S COUNTY
AND
THE PRINCE GEORGE'S COUNTY DEPARTMENT OF SOCIAL SERVICES AS THE
CONTINUUM OF CARE LEAD
FOR
HOMELESS VOUCHERS

This Memorandum of Understanding (MOU) between the Housing Authority of Prince George's County (HAPGC) and the Prince George's County Department of Social Services as the lead agency and collaborative applicant for the MD-600 Continuum of Care (PGCDSS/CoC) contains program content and purpose along with specific guidelines for the implementation and administration of the Homeless Voucher (HV). HAPGC and PGCDSS/CoC may be referred to individually as "Party" and collectively as "the Parties." Prince George's County may be referred to as "COUNTY". This agreement shall commence on the date of execution by the parties and shall continue in effect until terminated in accordance with Paragraph XI of this MOU, however the Parties shall be obligated to perform such duties as would normally extend beyond this term including, but not limited to, obligations with respect to indemnification and confidentiality. The relationship between the Parties with regard to this MOU is based upon the following.

I. Introduction and Goals

- a. The Parties recognize the critical importance of the role of housing in stabilization of families and individuals experiencing homelessness and are jointly committed to the full implementation and administering of the HV in Prince George's County, Maryland.
- b. The desired outcomes of this MOU are to promote long term housing stability for homeless families and individuals by pairing housing choice vouchers with supportive services to provide permanent housing for individuals who are homeless, to reduce and prevent further incidents of homelessness and the associated trauma; to increase health, safety and financial circumstances for HV participants; and to reduce the need for CoC and other higher acuity public response systems or subsidized assistance.
- c. The following staff of the HAPGC and the PGCDSS/CoC will serve as the lead HV liaisons and will be collectively responsible for all activities related to the successful administration of HV:

PHA Representative: Michelle Johnson, Rental Assistance Division Manager
CoC Representative: Renee Ensor Pope, CoC Lead

II. Statement of Cooperation

The HAPGC and PGCDSS/CoC agree to cooperate with HUD by providing requested non-client specific statistical data to the HUD office responsible for program evaluations.

III. Populations to be served

An HV-Eligible participant is defined as any family that is a resident of Prince George's County; that has been certified by the PGCDSS/CoC as homeless; has been prioritized for HV; has been determined by the HAPGC as eligible for a Housing Choice Voucher (HCV); and meets one or more of the following criteria:

- a. Lacks a fixed, regular, and adequate nighttime residence;
- b. Has a primary nighttime residence that is a public or private place not meant for human habitation;
- c. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs);
- d. Is living in a CoC PSH program and certified by the PGCDSS/CoC as appropriate for transition from a high acuity level of support.**
- e. Is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
- f. Is fleeing/attempting to flee human trafficking;

IV. HAPGC responsibilities:

- a. Train PGCDSS/CoC staff on the HAPGC's HCV procedures.
- b. Set aside two hundred (200) Housing Choice Vouchers for HV.
- c. Accept families and individuals certified by the PGCDSS/CoC as meeting the eligibility criteria for a HV Housing Choice Voucher, provided the family also meets HCV eligibility criteria
- d. Determine if families and individuals referred by PGCDSS/CoC are eligible for rental assistance under the Housing Choice Voucher Program, and provide assistance in accordance with the Housing Choice Voucher Program guidelines.
- e. Brief the family or individual on compliance with the HCV program participant requirements.
- f. Provide notification to the PGCDSS/CoC of all HAPGC appointments scheduled with HV participants.
- g. Provide the status of the unit inspection and lease up activities to PGCDSS/CoC representatives.
- h. Provide notification to the PGCDSS/CoC when housing violations committed by HV participants occur so that intervention and housing stabilization services can be provided to avoid termination from the program whenever and wherever possible. In the event assistance for a family or individual under this program is terminated, the Housing Choice Voucher will be reissued to another eligible family or individual referred by PGCDSS/CoC under this program, as long as HUD continues to fund the Housing Choice Voucher Program.

- i. Refer HV participants to the FSS program which enables HUD-assisted families to increase their earned income and reduce their dependency on welfare assistance and rental subsidies and enroll those families that qualify. At its discretion, the HAPGC may also refer HV/FSS participants to outside providers for counseling on job preparation and attainment, such as, where to look, how to apply, how to dress, grooming, and relationships with supervisory personnel, counseling on educational and career advancement regarding attainment of general equivalency diploma (GED), counseling on attendance and financing of education at technical school, trade school or college, including successful work ethic and attitude models, and other services as deemed appropriate to assist HV participants in the assessment, development, and implementation of an individual case plan for services to be received, and the HV participant's commitment to the plan.
- j. Participate in meetings with the PGCDSS/CoC a minimum of quarterly to conduct care coordination in specific cases and to review program deliverables and assess system performance against desired outcomes.
- k. Administer the HV vouchers in accordance with applicable program regulations and requirements.
- l. Amend the HAPGC Administrative Plan as necessary.
- m. Comply with the provisions of this MOU.

V. PGCDSS/CoC Responsibilities

- a. Establish and implement a system to identify eligible families and individuals within PGCDSS/CoC caseload that qualify for HV, review referrals and refer them to HAPGC for program eligibility; including but not limited to:
 1. Conduct monthly reviews of the PGCDSS/CoC active HMIS caseload and the CoC Coordinated Entry Registry to identify potential HV participants;
 2. Coordinate with local CoC providers to identify HV-eligible families and individuals that should be referred to the HAPGC; including street outreach and mobile integrated health teams;
 3. Fully integrate the prioritization and referral process for HV-eligible families into the CoC's coordinated entry process and establish criteria for prioritization; and
 4. Provide written certification to HAPGC for each family or individual referred by PGCDSS/CoC, is eligible for HV.
 5. Train HAPGC staff on the PGCDSS/CoC's coordinated entry prioritization and referral procedures.
 6. Assist HV participants with completing the voucher application process and leasing process.
 7. Once a voucher is issued, assist HV participants with housing search activities and coordinate unit inspection and lease up activities in partnership with the HAPGC; including the provision

of cash assistance necessary for successful transition (i.e.; security deposit, pro-rata rent, furniture, utility startup, moving assistance, first year rental insurance, etc).

8. Provide follow-up housing stabilization and supportive services;
9. Participate in meetings with the HAPGC a minimum of quarterly to conduct care coordination in specific cases and to review program deliverables and assess system performance against desired outcomes.
10. Comply with the provisions of this MOU.

VI. Confidentiality

The Parties agree to maintain confidentiality of all records and information about persons pursuant to all applicable federal and/or State laws or regulations. All records and information concerning any and all persons referred to HAPGC by PGCDSS/COC or HAPGC's designee shall be considered and kept confidential by PGCDSS/COC, PGCDSS/COC's staff, agents, employees and volunteers. PGCDSS/COC shall require all of its employees, agents, and volunteer staff who may provide services for PGCDSS/COC under this MOU to sign an agreement with PGCDSS/COC before commencing the provision of any such services, to maintain the confidentiality of any and all materials and information with which they may come into contact, or the identities or any identifying characteristics or information with respect to any and all participants referred to PGCDSS/COC by HAPGC, except as may be required to provide services under this MOU. PGCDSS/COC shall provide reports and any other information required by HAPGC in the administration of this MOU, and as otherwise permitted by law. PGCDSS/COC shall inform all of its employees, agents, volunteers, and partners of this provision and that any person knowingly and intentionally violating the provisions of said State law may be guilty of a crime.

VII. Indemnification

The parties agree that they shall defend, indemnify and save harmless, to the extent permitted by law, each other, their respective officers, agents, servants and employees against and from all suits, losses, demands, payments, actions, recoveries, judgments and costs of every kind and description and from all damages to which the other party or any of its officers, agents, servants, employees may be subjected by reasons of injury to person or property of others resulting from the performance of this MOU, or through any act of omission on the part of the other party or its agents, employees or servants.

XI. Termination

HAPGC may terminate this MOU without penalty immediately with cause or after thirty (30) days' written notice without cause, unless otherwise specified. Notice shall be deemed served on the date of mailing. Cause shall be defined as any breach of this MOU, any misrepresentation, or fraud on the part of PGCDSS/COC. Exercise by HAPGC of the right to terminate this MOU shall relieve HAPGC of all further obligations under this MOU. Upon termination, or notice thereof, the Parties agree to cooperate with each other in the orderly transfer of service responsibilities, case records, and pertinent documents. The obligations of HAPGC under this MOU are contingent upon the availability of Federal and/or State funds, as applicable, and inclusion of sufficient funds for the services hereunder in the budget approved by Prince George's County. In the event that such funding is terminated or reduced, HAPGC may immediately terminate or modify this MOU, without penalty. The decision of HAPGC shall be binding on PGCDSS/COC. HAPGC shall provide PGCDSS/COC with written notification of such determination. PGCDSS/COC shall immediately comply with HAPGC's decision.

XV. General Provisions

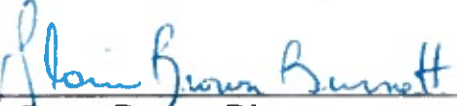
With the exception of client records or other records referenced in Paragraph IX, entitled Confidentiality, all records, including but not limited to, reports, audits, notices, claims, statements and correspondence, required by this agreement may be subject to public disclosure. HAPGC shall not be liable for any such disclosure.

This MOU represents the entire understanding of the Parties with respect to the subject matter. No change, modification, extension, termination or waiver of this MOU, or any of the understandings herein contained, shall be valid unless made in writing and signed by duly authorized representatives of the Parties hereto.

This MOU has been negotiated and executed in the State of Maryland and shall be governed by, and construed, under the laws of the state of Maryland. In the event of any legal action to enforce or interpret this MOU, the sole and exclusive venue shall be a court of competent jurisdiction located in Prince George's County, Maryland, and the parties hereto agree to and do hereby submit to the jurisdiction of such court. Furthermore, the parties specifically agree to waive any and all rights to request that an action be transferred for trial to another county.

WHEREFORE, the parties hereto have executed the Memorandum of Understanding in Prince George's County.

By: 
Eric C. Brown, Executive Director
Housing Authority of Prince George's
County

By: 
Gloria Brown Burnett, Director
Prince George's County Department of
Social Services and Continuum of Care
Lead for MD-600

Dated: 11/30/18

Dated: 11/30/18

Prince George's County Continuum of Care
CoC Program - Ranking and Selection Process

Each year the U.S. Department of Housing and Urban Development (HUD) allocates funding for homeless assistance programs through the Continuum of Care (CoC) competition process. In order to receive funding, each Continuum of Care must submit a consolidated application for funding that describes how local activities meet or exceed HUD requirements and are aligned with community needs. The CoC is required to rank in order of priority funding requests from all eligible providers for inclusion in the Consolidated Application. In accordance with HUD's Homeless Policy and Program Priorities (as stated in the 2021 HUD CoC Program Application Notice of Funding Opportunity (NOFO)), the CoC will prioritize project applications based on the extent to which they advance these goals:

1. **End homelessness for all persons.** The CoC will consider at a minimum, each applicant's:
 - a. performance against system outcomes including the average length of homeless episodes, rates of return to homelessness, and other factors to determine whether the applicant is effectively serving people experiencing homelessness;
 - b. outreach strategies to identify and continuously engage unsheltered individuals and families;
 - c. Serve individuals and families identified by the CoC as having the highest needs and longest experiences of homelessness;
 - d. **partnerships with housing, health care and service agencies** to increase permanent housing options for unsheltered people with high rates of physical and mental illness and substance use disorders; and
 - e. Other CoC specific criteria outlined in the CoC's annual application scoring document(s).

2. Create a systemic response to homelessness and **improve system performance.** The CoC will consider at a minimum, a. how effectively each applicant's project ensures that homeless assistance is well coordinated, well managed, inclusive, transparent, and achieves positive outcomes, b. Meets CoC System Performance Goals including length of stay, exits to permanent housing, increased income, and recidivism, c. Participates in the CoC's Coordinated Entry process to promote participant choice, coordinate homeless assistance and ensure timely access to mainstream housing and services, d. Is cost effective, and e. looks to implement continuous quality improvement and other process improvement strategies.

3. Strategically allocate and use resources. The CoC will consider at a minimum, each applicant's: a. Cost effectiveness, b. Match and leveraging contributions, c. Project quality and performance, d. Use of mainstream and community-based resources, e. Partnerships with other government, faith-based, and nonprofit resources specializing in areas such as treating mental illness and substance abuse, job training, life skills, and similar activities that help CoC Program participants, whenever possible, reach recovery, self-sufficiency, and independence.

4. **Use a Housing First Approach.** The CoC will prioritize projects that use a housing first approach and employ strong use of data and evidence, including cost-effectiveness and impact of homelessness programs on positive housing outcomes, recovery, self-sufficiency, and reducing homelessness. The CoC will evaluate projects using these measures: a. **Reduces unsheltered homelessness,** b. Prioritizes rapid placement and stabilization in permanent housing, c. Rates of positive housing outcomes, d. Improvements in employment and income, e. Improvements in overall well-being, f. Engages landlords and property managers as partners in housing re-stabilization, and g. promotes client-centered services.

5. Promote **racial equity**: The CoC will consider at a minimum, each applicant's a. policies, procedures and processes for addressing racial disparities, b. organizational diversity, and c. intentional efforts to improve access by - and positive program outcomes for – Black, Indigenous, and other people of color (BIPOC).
6. Authentic and continuous partnership with **persons with lived experience**: The CoC will consider at a minimum, each applicant's a. inclusion of past and current participants in policy development and decision making; and b. hiring practices that seek opportunities to hire people with lived experience.

Prince George's County CoC (MD-600) is eligible to renew a total of 19 projects for the 2021 HUD CoC Program Competition. Projects are eligible for renewal for FY 2021 funds if they have an executed grant agreement by December 31, 2021 and have an expiration date that occurs in Calendar Year 2022 (the period between January 1, 2022 and December 31, 2022). These projects are renewable under the CoC Program Competition as set forth in 24 CFR 578.33 to continue ongoing leasing, operating, supportive services, rental assistance, HMIS, and project administration costs. "The FY 2021 CoC Program Competition Estimated ARD Report" for the CoC reflects the opportunity for funding at the following levels: \$6,141,336 for renewal/reallocation/consolidation/transition projects, \$201,484 for the planning project, \$335,807 for new projects under the permanent housing bonus, and \$676,957 for new projects under the DV housing bonus to provide survivors of domestic violence with PH-RRH or TH-RRH.

All applications will be ranked in two tiers; Tier 1 is equal to **\$6,141,336** and Tier 2 is equal to **\$1,012,764**. Tier 1 ranked projects will be fully funded as long as the CoC's application meets all threshold and eligibility requirements and the Federal government provides sufficient funding. Tier 2 projects will be evaluated based on a combination of the CoC application score, ranking order, and adoption of Housing First tenets and will be assigned eligible points based on their ranking by the CoC in Tier 2. HUD will select projects in order of point value until there are no more funds available. Projects placed in Tier 2 are at the highest risk of non-funding.

The Homeless Services Partnership (HSP) is the CoC operating body in Prince George's County, and as such is responsible for the creation, implementation and monitoring of the County's 10-Year Plan to prevent and end homelessness. In order to ensure a fair and transparent ranking process for the Continuum of Care competition, the process will be:

1. Publically announced by the CoC;
2. Described and distributed in writing to the entire CoC;
3. Reviewed by the entire membership of the CoC during a designated meeting;
4. Recorded in the minutes of the designated meeting including all decisions made concerning the review and ranking; and
5. Minutes distributed to the entire CoC.

As part of the process, the Executive Committee of the HSP (CoC Board) reviews HUD requirements and priorities, reviews local data to determine CoC housing needs and priorities including the use of the reallocation process to create new projects that improve overall CoC performance and better responds to the needs of the County's homeless, and develops ranking criteria for all projects seeking funding through the Continuum of Care Competition.

The HSP ratifies these criteria and creates an ad-hoc Project Review Committee (PRC) that includes public and private representatives of the HSP who are not employees, board members or volunteers of a project applicant that is requesting new or renewal funding. The PRC is responsible for reviewing and ranking project applications, and recommending projects for inclusion in the application submitted to HUD.

The Prince George's County Department of Social Services (PGCDSS), acting as the Collaborative Applicant for the Prince George's County MD Continuum of Care, supports the PRC but is not a voting member -- their role is to coordinate the ranking process and provide necessary data to the PRC including analysis of CoC housing needs and program performance reports. PGCDSS identifies HUD requirements and priorities for funding, compiles materials for each renewal project, announces funding availability to agencies interested in submitting new projects, develops an evaluation tool used to rate projects, schedules committee meetings to conduct the review process, and provides technical assistance to applicants.

Members of the committee review information related to the needs of the CoC such as the most recent housing inventory chart, Point-in-Time data, federal priorities & identified service gaps. Committee members review renewal projects based on utilization, outcome performance, cost effectiveness, Continuum of Care priority needs, alignment with HUD priorities, and compliance with HUD funding requirements. New bonus project applications will be reviewed for project quality in alignment of HUD priorities and priority to the Prince George's County Continuum of Care.

Each Project Application is scored individually with ranking priority determined by committee consensus. All applicants will be notified directly regarding the recommendations of the committee. If a project is not recommended for funding, the committee will notify the project applicant, in writing, of this decision. Once the PRC has concluded its review and ranking, the committee's recommendations will be presented to the entire HSP for discussion and ratification. At this time there will be an opportunity for any person or organization disagreeing with the ranking order to provide argument for an alternative ranking. Final ratification will be determined by majority vote of all HSP members present, with each organization or agency in good standing receiving a single vote.

Applicants may appeal any of the following decisions of the CoC PRC:

- Placement of a project in Tier 2
- Reduction of a renewal grant amount (i.e. renewal grant partially re- allocated to a new project).
- Reallocation of a renewal grant (i.e. entire grant reallocated to a new project) if not previously notified that the grant was to be reallocated as a result of low performance.

Applicants may request a debriefing but may not appeal the following decisions of the CoC PRC:

- Non selection of a project for inclusion in the CoC application.

Applicants placed in Tier 1 may not appeal their rank on the Project Priority Listing.

Any agency that wishes to appeal or request a debriefing must notify the CoC Planner in writing via email at contessa.riggs@maryland.gov with a copy to COC.princegeorges@maryland.gov no later than two business days after the priority ranking has been communicated in writing.

An appeal and/or debriefing request must state the following:

Agency name

Project name

Reason for appeal / debriefing (no longer than two pages)

If an appeal is filed, other agencies whose rank may be affected will be notified as a courtesy. Such agencies will not be able to file an appeal until after the appeals process is complete.

The PRC will review all appeals and will make recommendations to the HSP Executive Committee for final approval. All impacted applicants (if any) will be notified of the outcome within 3 days of receipt of their appeal.

If a debriefing is requested, the CoC Lead will schedule the meeting and provide comments to the applicant regarding their application submission and factors impacting non-selection. There is no impact on other applicants or the PRC related to this administrative review.

Renewal Projects

Federal Threshold Criteria: Active SAM registration; Valid DUNS number; Nonprofit documentation; Not disbarred and otherwise federally qualified; Financial capacity and sufficient financial management system

CoC threshold criteria: HMIS participation; Coordinated Entry participation; Qualified Housing type; Housing first; Documented minimum match; Race Equity and COVID-19 response

Program Effectiveness – 25 points maximum

Available Points	Description	Score
5	Cost effectiveness: RRH cost per positive exit is within 10% of CoC average TH cost per positive exit is within 10% of CoC average PSH annual cost per household is within 10% of CoC average 10 pts: 10% or more below avg. 5 pts: within 10% of CoC avg. 0 pts more than 10% above avg.	
5	Bed Utilization: Threshold 85% Above 85% - 5 pts. 85% - 3 pts. Below 85% - 0 pts	
5	Coordinated Entry referrals: 100% of program entries are from CE and 90% of CE referrals enter program	
5	Housing First: Review and monitoring of project policies and procedures show fidelity to housing first principals	
5	Partnerships: Documented partnerships with other service providers including behavioral health, employment, and in-home medical support	

Past Performance Monitoring – 15 points maximum

Available Points	Description	Score
5	Audits and monitoring. No unresolved findings and clean monitoring reports	
5	Expenditures. Consistent draw downs (at least quarterly) and expended all funds	
5	Data Quality: Above 95% - 5 pts. 90% - 3 pts. Below 90% 0 pts.	

Population Served – 15 points maximum

Available Points	Description	Score
5	Chronically Homeless	
5	Highest needs	
5	System involvement: Percent of people with a history of victimization/abuse, criminal history, and/or foster care involvement RRH – 50%. PSH – 75%. TH – 50%. TH-RRH – 50%	

Severity of Needs – 15 points maximum

Available Points	Description	Score
5	Disability: Percent of participants with more than one disability at entry RRH – 50%. PSH – 75%. TH – 50%. TH-RRH – 50%	
5	Income: Percent of participants with zero income at entry RRH – 25%. PSH – 80%. TH – 50%. TH-RRH – 50%	
5	Prior habitation: participants entering the project from a place not meant for human habitation RRH – 25%. PSH – 75%. TH – 25%. TH-RRH – 25%	

Performance Measures– 50 points maximum

Available Points	Description	Score
15	Housing stability: at a minimum 80% of participants remain housed in the program or exit the program to permanent housing 80-84% 1 pt. 85-90% 3 pts. 91-94% 5 pts. 95-97% 7 pts. 98% or greater 10 pts.	
15	Returns to homelessness: No more than 10% of exits return to homelessness within 24 months More than 10% 0 pts. 5-10% 5pts. Less than 5% 10 pts.	
10	Income: At least 50% of adults increased or maintained income	
5	Benefits: At least 50% of adults received non-cash benefits	
5	COVID-19	

Equity Factors – 20 points maximum

Available Points	Description	Score
5	Recipient has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions	
5	Recipient’s Board of Directors includes representation from people with lived experience	
5	Recipient has mechanisms in place for receiving and incorporating feedback from people with lived experience	
5	Do program participants mirror the demographics of the County’s homeless population? If not have plans been made to address this discrepancy?	

5 bonus points if match exceeds the required 25%

New Projects - CoC Bonus

Federal Threshold Criteria: Active SAM registration; Valid DUNS number; Nonprofit documentation; Not disbarred and otherwise federally qualified; Financial capacity and sufficient financial management system

CoC threshold criteria: HMIS participation; Coordinated Entry participation; Qualified Housing type; Housing first; Documented minimum match; and Race Equity

All new permanent housing projects (PSH, TH-RRH & RRH) must be able to meet at least 3 of the 4 following goals and provide information on how they will do so.

Yes/no	Description
	The type of housing proposed, including the number and configuration of units, will fit the needs of program participants
	The supportive services offered will ensure successful retention in or help to obtain permanent housing.
	The proposed project has a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply (e.g., Medicare, Medicaid, SSI, Food Stamps, workforce training, early childhood education)
	Program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of permanent housing)

Bonus Project Evaluation Criterion

Experience – 25 points maximum

Available Pts	Description	Score
5	Experience of the applicant or sub-recipients in providing services including but not limited to housing support, behavioral health, case management, and employment to the proposed population.	
5	Experience of the applicant or sub-recipients in providing housing to the proposed population.	
10	Experience of the applicant or sub-recipients in applying a Housing First approach	
5	Experience effectively using federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.	

Financial – 30 points maximum

Available Pts	Description	Score
15	Project is cost effective: Cost per household is within 10% of the CoC average cost per household for housing type	
5	No significant findings were identified in most recent annual audited statement. If the organization is not required to have an audit, then proof of timely filing of 990 and satisfactory description of organization's fiscal controls.	
10	Documented match exceeds required 25%. 26-30% - 2 pts. 31-40% - 5 pts. 41-50% - 8 pts. Above 51% - 10 pts.	

Design of Housing and Supportive Services- 40 points maximum

Available Pts	Description	Score
5	Proposed project follows the tenants of housing first	
10	Proposed project will improve overall CoC System Performance (housing retention, reducing length of time homeless, reducing returns to homelessness, reducing unsheltered homelessness)	
5	Project can be implemented rapidly. Describe plan to have project open by July 1, 2022	
10	Describe the plan to assist clients in rapidly securing and maintaining permanent housing, and ensuring housing is appropriate to client household. Plan should address program location, housing type, landlord recruitment and retention, and services designed to assist households in understanding their rights and responsibilities as tenants.	
10	Describe the plan to provide supportive services to the proposed population including type and scale, assistance to obtain mainstream benefits and employment, community integration, connection to additional support services such as home health care and behavioral health, low barrier access, and person centered goal planning	

Coordination with Housing and Health Care – 30 points maximum

Available Pts	Description	Score
15	Leveraging Housing Resources: At least 25% of total units are not funded by HUD CoC or ESG	
15	Leveraging Health Care Resources: An amount that is equivalent to 25 percent of the funding being requested for the project will be covered by the healthcare organization (includes behavioral health)	

New Projects – DV Bonus

Federal Threshold Criteria: Active SAM registration; Valid DUNS number; Nonprofit documentation; Not disbarred and otherwise federally qualified; Financial capacity and sufficient financial management system

CoC threshold criteria: HMIS participation; Coordinated Entry participation; Qualified Housing type; Housing first; Documented minimum match; and Race Equity

All new permanent housing projects (PSH, TH-RRH & RRH) must be able to meet at least 3 of the 4 following goals and provide information on how they will do so.

Yes/no	Description
	The type of housing proposed, including the number and configuration of units, will fit the needs of program participants
	The supportive services offered will ensure successful retention in or help to obtain permanent housing.
	The proposed project has a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply (e.g., Medicare, Medicaid, SSI, Food Stamps, workforce training, early childhood education)
	Program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of permanent housing)

Bonus Project Evaluation Criterion

Experience – 25 points maximum

Available Pts	Description	Score
5	Experience of the applicant or sub-recipients in providing services including but not limited to housing support, behavioral health, case management, and employment to the proposed population.	
5	Experience of the applicant or sub-recipients in providing housing to the proposed population.	
5	Experience of the applicant or sub-recipients in applying a Housing First approach	
5	Experience of the applicant or sub-recipients in providing services to survivors of domestic violence, dating violence, trafficking or stalking	
5	Experience effectively using federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.	

Financial – 30 points maximum

Available Pts	Description	Score
15	Project is cost effective: Cost per household is within 10% of the CoC average cost per household for housing type	
5	No significant findings were identified in most recent annual audited statement. If the organization is not required to have an audit, then proof of timely filing of 990 and satisfactory description of organization's fiscal controls.	
10	Documented match exceeds required 25%. 26-30% - 2 pts. 31-40% - 5 pts. 41-50% - 8 pts. Above 51% - 10 pts.	

Design of Housing and Supportive Services- 40 points maximum

Available Pts	Description	Score
5	Proposed project follows the tenants of housing first	
10	Proposed project will improve overall CoC System Performance (housing retention, reducing length of time homeless, reducing returns to homelessness, reducing unsheltered homelessness)	
5	Project can be implemented rapidly. Describe plan to have project open by July 1, 2022	
5	Proposed Project has a strong plan to provide trauma-informed, victim centered services.	
10	Describe the plan to assist clients in rapidly securing and maintaining permanent housing, and ensuring housing is appropriate to client household. Plan should address program location, housing type, landlord recruitment and retention, and services designed to assist households in understanding their rights and responsibilities as tenants. Plan should also include an immediate safety relocation policy.	
5	Describe the plan to provide supportive services to the proposed population including type and scale, assistance to obtain mainstream benefits and employment, community integration, connection to additional support services such as home health care and behavioral health, low barrier access, and person centered goal planning	

Coordination with Housing, Health Care and CoC Participation – 30 points maximum

Available Pts	Description	Score
10	Leveraging Housing Resources: At least 25% of total units are not funded by HUD CoC or ESG	
10	Leveraging Health Care Resources: An amount that is equivalent to 25 percent of the funding being requested for the project will be covered by the healthcare organization (includes behavioral health)	
10	100% of referrals will come from the Coordinated Entry System	

**Prince George's County Continuum of Care 2021 Competition
Applicant Addendum and Submission Checklist**

APPLICATION ADDENDUM

**All applicants are required to respond to the following questions regarding their organizations and projects.
Applications received without completed addendums will be considered non-responsive.**

Exceptions: CoC CEP, HMIS and Planning projects

Access

1. How do you determine who is eligible for your program? Who is not eligible?
2. Do you conduct interviews prior to placement? If so, describe your process.
3. Do you have documentation requirements for your project? If so, what are they?
4. Are credit scores and background checks required? If so how do they impact housing placement/lease up?

Housing

1. How do you address requests for reasonable accommodations?
2. How long does it take for a referral to be accepted and housed?
3. How do you take into account client preferences in location, size and amenity of their housing?
4. If a tenant is evicted or removed from a unit, what is your commitment to re-house?

Stabilization

1. What happens when a tenant presents with behavioral health concerns such as excessive traffic in the unit, substance use, and/or other unusual behaviors?
2. What happens when a tenant is hospitalized or incarcerated?
3. What steps do you take when a tenant violates the lease?
4. What are the factors that would lead to termination from the program?

Lived Expertise

1. How are people with lived experience involved in programming, planning, policy development, and service delivery?
2. What mechanisms are in place for receiving and incorporating feedback from program participants?

Equity

1. Does the organization have under-represented people (BIPOC, LGBTQ+, etc) in managerial and leadership positions?
2. Does the organization's Board of Directors include people with lived experience?
3. Do program participants reasonably mirror the homeless population demographics? If not, provide an explanation for the discrepancy and a plan to address the disparity

COVID Response * *Current providers only*

1. Describe how the program ensures continuity of services including home visits and face-to-face services while maintaining the health and safety of clients and staff.
2. Describe the program's approach to testing for both clients and staff.
3. Describe the program's efforts to promote and facilitate vaccinations for both clients and staff.
4. How has the program addressed COVID-19 education?

SUBMISSION CHECKLIST

The following is provided by the CoC as a *guide* to potential applicants for successful submission of an application for consideration by the CoC review and ranking committee for funding under the FY 2021 HUD NOFO.

APPLICANTS MUST SUBMIT THE FOLLOWING **IN ESNAPS** FOR EACH PROJECT:

- Applicant Profile
- Project Application

A. APPLICANTS MUST SUBMIT THE FOLLOWING **BY EMAIL** IN PDF FORMAT FOR THEIR ORGANIZATION:

- Active SAM registration documentation
- Valid DUNS number documentation
- Nonprofit or Government IRS documentation
- Most recent 990
- Most recent independent audit
- Copy of the Applicant Profile

B. APPLICANTS MUST SUBMIT THE FOLLOWING **BY EMAIL** IN PDF FORMAT FOR EACH PROJECT:

- Copy of the Project Application
- CoC Application Addendum
- eLOCCS snapshot showing draws * *Renewal applications only*
- Most recent SAGE APR * *Renewal applications only*
- Partnership documentation
- Match documentation

ESNAPS: [e-snaps : CoC Program Applications and Grants Management System - HUD Exchange](#)

EMAIL: coc.princegeorges@maryland.gov



(no subject)

1 message

Contessa Riggs -DHS- Prince Georges County <contessa.riggs@maryland.gov>

Fri, Oct 29, 2021 at 2:01 PM

To: I fountain <lfountain@jobshavepriority.org>, "Yolanda S. Bailey" <ybailey@jobshavepriority.org>

Cc: Renee Pope -DHS- Prince Georges County <renee.pope@maryland.gov>

Hi Lacy and Yolanda,

The Project Ranking Committee (PRC) has recommended that your application(s), JHP PSH & JHP TH-RRH, be included in this year's CoC application. Your application, JHP PGH Shelter, was not recommended for inclusion.

If changes or corrections need to be made to your application(s), a list of recommendations will be provided and the application(s) returned to you in e-snaps. Any corrections will need to be made and the application(s) resubmitted by November 5th. Approval and ratification of the final ranking of all applications for this year's CoC competition will take place at the HSP plenary meeting on Wednesday November 10th at 10 am.

If you wish to appeal any of the decisions or recommendations of the PRC, please follow the steps outlined on pages 3 and 4 of the CoC's Ranking and Selection Process, attached.

Thank you for all your hard work.

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Contessa Riggs
Planner
Office of Housing and Homeless Services
Prince Georges County Department of Social Services

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CoC application

1 message

Contessa Riggs -DHS- Prince Georges County <contessa.riggs@maryland.gov>

Fri, Oct 29, 2021 at 2:35 PM

To: Tim Jansen <timj@ccsimd.org>

Cc: Renee Pope -DHS- Prince Georges County <renee.pope@maryland.gov>

Hi Tim,

The Project Ranking Committee (PRC) has recommended that your application(s), CCSI RRH, be included in this year's CoC competition. Your application for the DV Bonus project was not recommended for inclusion.

If changes or corrections need to be made to your application(s), a list of recommendations will be provided and the application(s) returned to you in e-snaps. Any corrections will need to be made and the application(s) resubmitted by November 5th. Approval and ratification of the final ranking of all applications for this year's CoC competition will take place at the HSP plenary meeting on Wednesday November 10th at 10 am.

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Prince Georges County Department of Social Services

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CoC application

Contessa Riggs -DHS- Prince Georges County <contessa.riggs@maryland.gov>
To: stephen Foncham <sfoncham@kirstinshaven.org>, info@kirstinshaven.org
Cc: Renee Pope -DHS- Prince Georges County <renee.pope@maryland.gov>

Fri, Oct 29, 2021 at 2:44 PM

Good Afternoon,

The Project Ranking Committee (PRC) has recommended that your application(s), Kirstin's Haven PSH, be included in this year's CoC competition. Your application for the non-DV bonus project was not recommended for inclusion.

If changes or corrections need to be made to your application(s), a list of recommendations will be provided and the application(s) returned to you in e-snaps. Any corrections will need to be made and the application(s) resubmitted by November 5th. Approval and ratification of the final ranking of all applications for this year's CoC competition will take place at the HSP plenary meeting on Wednesday November 10th at 10 am.

If you wish to appeal any of the decisions or recommendations of the PRC, please follow the steps outlined on pages 3 and 4 of the CoC's Ranking and Selection Process, attached.

Thank you for all your hard work.

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Contessa Riggs
Planner
Office of Housing and Homeless Services
Prince Georges County Department of Social Services

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CoC applications

1 message

Contessa Riggs -DHS- Prince Georges County <contessa.riggs@maryland.gov>
To: Beverly Bruce -DHR- Prince Georges County <beverly.bruce@maryland.gov>
Cc: Renee Pope -DHS- Prince Georges County <renee.pope@maryland.gov>

Fri, Oct 29, 2021 at 4:31 PM

Hi Beverly,

The Project Ranking Committee (PRC) has recommended that your application(s), DSS TH-RRH, HELP, HMIS, and Coordinated Entry, be included in this year's CoC competition. Your application, PGH TH-RRH, has been recommended for reallocation to another provider.

If changes or corrections need to be made to your application(s), a list of recommendations will be provided and the application(s) returned to you in e-snaps. Any corrections will need to be made and the application(s) resubmitted by November 5th. Approval and ratification of the final ranking of all applications for this year's CoC competition will take place at the HSP plenary meeting on Wednesday November 10th at 10 am.

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Thank you for all your hard work.

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Office of Housing and Homeless Services
Prince Georges County Department of Social Services

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CoC application

1 message

Contessa Riggs -DHS- Prince Georges County <contessa.riggs@maryland.gov>

Fri, Oct 29, 2021 at 5:03 PM

To: Arleen Joell <ajoell@cafyonline.org>

Cc: Renee Pope -DHS- Prince Georges County <renee.pope@maryland.gov>

Good afternoon Arleen,

Thank you for submitting your application for DV bonus funding to the CoC. We had several applicants for the DV funding and unfortunately yours was not selected by the Project Ranking Committee (PRC) for inclusion in this year's CoC competition.

We appreciate the effort that you put into the application and look forward to finding ways to work with you and strengthen your work in the County in the future.

If you wish to appeal the decision of the PRC, please follow the steps outlined on pages 3 and 4 of the CoC's Ranking and Selection Process, attached.

Thank you for all your hard work.

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Contessa Riggs
Planner
Office of Housing and Homeless Services
Prince Georges County Department of Social Services

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**Prince George's County Continuum of Care
CoC Program - Ranking and Selection Process**

Each year the U.S. Department of Housing and Urban Development (HUD) allocates funding for homeless assistance programs through the Continuum of Care (CoC) competition process. In order to receive funding, each Continuum of Care must submit a consolidated application for funding that describes how local activities meet or exceed HUD requirements and are aligned with community needs. The CoC is required to rank in order of priority funding requests from all eligible providers for inclusion in the Consolidated Application. In accordance with HUD's Homeless Policy and Program Priorities (as stated in the 2021 HUD CoC Program Application Notice of Funding Opportunity (NOFO)), the CoC will prioritize project applications based on the extent to which they advance these goals:

1. **End homelessness for all persons.** The CoC will consider at a minimum, each applicant's:
 - a. performance against system outcomes including the average length of homeless episodes, rates of return to homelessness, and other factors to determine whether the applicant is effectively serving people experiencing homelessness;
 - b. outreach strategies to identify and continuously engage unsheltered individuals and families;
 - c. Serve individuals and families identified by the CoC as having the highest needs and longest experiences of homelessness;
 - d. **partnerships with housing, health care and service agencies** to increase permanent housing options for unsheltered people with high rates of physical and mental illness and substance use disorders; and
 - e. Other CoC specific criteria outlined in the CoC's annual application scoring document(s).
2. Create a systemic response to homelessness and **improve system performance.** The CoC will consider at a minimum,
 - a. how effectively each applicant's project ensures that homeless assistance is well coordinated, well managed, inclusive, transparent, and achieves positive outcomes,
 - b. Meets CoC System Performance Goals including length of stay, exits to permanent housing, increased income, and recidivism,
 - c. Participates in the CoC's Coordinated Entry process to promote participant choice, coordinate homeless assistance and ensure timely access to mainstream housing and services,
 - d. Is cost effective, and
 - e. looks to implement continuous quality improvement and other process improvement strategies.
3. Strategically allocate and use resources. The CoC will consider at a minimum, each applicant's:
 - a. Cost effectiveness,
 - b. Match and leveraging contributions,
 - c. Project quality and performance,
 - d. Use of mainstream and community-based resources,
 - e. Partnerships with other government, faith-based, and nonprofit resources specializing in areas such as treating mental illness and substance abuse, job training, life skills, and similar activities that help CoC Program participants, whenever possible, reach recovery, self-sufficiency, and independence.
4. **Use a Housing First Approach.** The CoC will prioritize projects that use a housing first approach and employ strong use of data and evidence, including cost-effectiveness and impact of homelessness programs on positive housing outcomes, recovery, self-sufficiency, and reducing homelessness. The CoC will evaluate projects using these measures:
 - a. **Reduces unsheltered homelessness,**
 - b. Prioritizes rapid placement and stabilization in permanent housing,
 - c. Rates of positive housing outcomes,
 - d. Improvements in employment and income,
 - e. Improvements in overall well-being,
 - f. Engages landlords and property managers as partners in housing re-stabilization, and
 - g. promotes client-centered services.

5. Promote ***racial equity***: The CoC will consider at a minimum, each applicant's a. policies, procedures and processes for addressing racial disparities, b. organizational diversity, and c. intentional efforts to improve access by - and positive program outcomes for – Black, Indigenous, and other people of color (BIPOC).
6. Authentic and continuous partnership with ***persons with lived experience***: The CoC will consider at a minimum, each applicant's a. inclusion of past and current participants in policy development and decision making; and b. hiring practices that seek opportunities to hire people with lived experience.

Prince George's County CoC (MD-600) is eligible to renew a total of 19 projects for the 2021 HUD CoC Program Competition. Projects are eligible for renewal for FY 2021 funds if they have an executed grant agreement by December 31, 2021 and have an expiration date that occurs in Calendar Year 2022 (the period between January 1, 2022 and December 31, 2022). These projects are renewable under the CoC Program Competition as set forth in 24 CFR 578.33 to continue ongoing leasing, operating, supportive services, rental assistance, HMIS, and project administration costs. "The FY 2021 CoC Program Competition Estimated ARD Report" for the CoC reflects the opportunity for funding at the following levels: \$6,141,336 for renewal/reallocation/consolidation/transition projects, \$201,484 for the planning project, \$335,807 for new projects under the permanent housing bonus, and \$676,957 for new projects under the DV housing bonus to provide survivors of domestic violence with PH-RRH or TH-RRH.

All applications will be ranked in two tiers; Tier 1 is equal to \$6,141,336 and Tier 2 is equal to \$1,012,764. Tier 1 ranked projects will be fully funded as long as the CoC's application meets all threshold and eligibility requirements and the Federal government provides sufficient funding. Tier 2 projects will be evaluated based on a combination of the CoC application score, ranking order, and adoption of Housing First tenets and will be assigned eligible points based on their ranking by the CoC in Tier 2. HUD will select projects in order of point value until there are no more funds available. Projects placed in Tier 2 are at the highest risk of non-funding.

The Homeless Services Partnership (HSP) is the CoC operating body in Prince George's County, and as such is responsible for the creation, implementation and monitoring of the County's 10-Year Plan to prevent and end homelessness. In order to ensure a fair and transparent ranking process for the Continuum of Care competition, the process will be:

1. Publically announced by the CoC;
2. Described and distributed in writing to the entire CoC;
3. Reviewed by the entire membership of the CoC during a designated meeting;
4. Recorded in the minutes of the designated meeting including all decisions made concerning the review and ranking; and
5. Minutes distributed to the entire CoC.

As part of the process, the Executive Committee of the HSP (CoC Board) reviews HUD requirements and priorities, reviews local data to determine CoC housing needs and priorities including the use of the reallocation process to create new projects that improve overall CoC performance and better responds to the needs of the County's homeless, and develops ranking criteria for all projects seeking funding through the Continuum of Care Competition.

The HSP ratifies these criteria and creates an ad-hoc Project Review Committee (PRC) that includes public and private representatives of the HSP who are not employees, board members or volunteers of a project applicant that is requesting new or renewal funding. The PRC is responsible for reviewing and ranking project applications, and recommending projects for inclusion in the application submitted to HUD.

The Prince George's County Department of Social Services (PGCDSS), acting as the Collaborative Applicant for the Prince George's County MD Continuum of Care, supports the PRC but is not a voting member -- their role is to coordinate the ranking process and provide necessary data to the PRC including analysis of CoC housing needs and program performance reports. PGCDSS identifies HUD requirements and priorities for funding, compiles materials for each renewal project, announces funding availability to agencies interested in submitting new projects, develops an evaluation tool used to rate projects, schedules committee meetings to conduct the review process, and provides technical assistance to applicants.

Members of the committee review information related to the needs of the CoC such as the most recent housing inventory chart, Point-in-Time data, federal priorities & identified service gaps. Committee members review renewal projects based on utilization, outcome performance, cost effectiveness, Continuum of Care priority needs, alignment with HUD priorities, and compliance with HUD funding requirements. New bonus project applications will be reviewed for project quality in alignment of HUD priorities and priority to the Prince George's County Continuum of Care.

Each Project Application is scored individually with ranking priority determined by committee consensus. All applicants will be notified directly regarding the recommendations of the committee. If a project is not recommended for funding, the committee will notify the project applicant, in writing, of this decision. Once the PRC has concluded its review and ranking, the committee's recommendations will be presented to the entire HSP for discussion and ratification. At this time there will be an opportunity for any person or organization disagreeing with the ranking order to provide argument for an alternative ranking. Final ratification will be determined by majority vote of all HSP members present, with each organization or agency in good standing receiving a single vote.

Applicants may appeal any of the following decisions of the CoC PRC:

- Placement of a project in Tier 2
- Reduction of a renewal grant amount (i.e. renewal grant partially re- allocated to a new project).
- Reallocation of a renewal grant (i.e. entire grant reallocated to a new project) if not previously notified that the grant was to be reallocated as a result of low performance.

Applicants may request a debriefing but may not appeal the following decisions of the CoC PRC:

- Non selection of a project for inclusion in the CoC application.

Applicants placed in Tier 1 may not appeal their rank on the Project Priority Listing.

Any agency that wishes to appeal or request a debriefing must notify the CoC Planner in writing via email at contessa.riggs@maryland.gov with a copy to COC.princegeorges@maryland.gov no later than two business days after the priority ranking has been communicated in writing.

An appeal and/or debriefing request must state the following:

Agency name

Project name

Reason for appeal / debriefing (no longer than two pages)

If an appeal is filed, other agencies whose rank may be affected will be notified as a courtesy. Such agencies will not be able to file an appeal until after the appeals process is complete.

The PRC will review all appeals and will make recommendations to the HSP Executive Committee for final approval. All impacted applicants (if any) will be notified of the outcome within 3 days of receipt of their appeal.

If a debriefing is requested, the CoC Lead will schedule the meeting and provide comments to the applicant regarding their application submission and factors impacting non-selection. There is no impact on other applicants or the PRC related to this administrative review.



CoC applications

1 message

Contessa Riggs -DHS- Prince Georges County <contessa.riggs@maryland.gov>
To: Beverly Bruce -DHR- Prince Georges County <beverly.bruce@maryland.gov>
Cc: Renee Pope -DHS- Prince Georges County <renee.pope@maryland.gov>

Fri, Oct 29, 2021 at 4:31 PM

Hi Beverly,

The Project Ranking Committee (PRC) has recommended that your application(s), DSS TH-RRH, HELP, HMIS, and Coordinated Entry, be included in this year's CoC competition. Your application, PGH TH-RRH, has been recommended for reallocation to another provider.

If changes or corrections need to be made to your application(s), a list of recommendations will be provided and the application(s) returned to you in e-snaps. Any corrections will need to be made and the application(s) resubmitted by November 5th. Approval and ratification of the final ranking of all applications for this year's CoC competition will take place at the HSP plenary meeting on Wednesday November 10th at 10 am.

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Thank you for all your hard work.

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Contessa Riggs
Planner
Office of Housing and Homeless Services
Prince Georges County Department of Social Services

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CoC application

1 message

Contessa Riggs -DHS- Prince Georges County <contessa.riggs@maryland.gov>

Fri, Oct 29, 2021 at 2:18 PM

To: Priya Arokiaswamy -MDH- <priya.arokiaswamy@maryland.gov>

Cc: Renee Pope -DHS- Prince Georges County <renee.pope@maryland.gov>

Hi Priya,

The Project Ranking Committee (PRC) has recommended that your application(s), MDH 15 and MDH 16, be included in this year's CoC competition.

If changes or corrections need to be made to your application(s), a list of recommendations will be provided and the application(s) returned to you in e-snaps. Any corrections will need to be made and the application(s) resubmitted by November 5th. Approval and ratification of the final ranking of all applications for this year's CoC competition will take place at the HSP plenary meeting on Wednesday November 10th at 10 am.

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Contessa Riggs
Planner
Office of Housing and Homeless Services
Prince Georges County Department of Social Services

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CoC application

Contessa Riggs -DHS- Prince Georges County <contessa.riggs@maryland.gov>

Fri, Oct 29, 2021 at 2:12 PM

To: Rasheeda Jamison <rjamison@ucappgc.org>, Candice McCullough <cmccullough@ucappgc.org>

Cc: Renee Pope -DHS- Prince Georges County <renee.pope@maryland.gov>

Good Afternoon,

The Project Ranking Committee (PRC) has recommended that your renewal applications, PATH 1 through 3, be included in this year's CoC application. Your application for non-DV bonus funding, PATH 4, is conditionally approved pending agreement with recommended modifications. **Please let me know if you are available on Tuesday November 2nd between 10 and 12:30 to discuss requested modifications.**

If changes or corrections need to be made to your application(s), a list of recommendations will be provided and the application(s) returned to you in e-snaps. Any corrections will need to be made and the application(s) resubmitted by November 5th. Approval and ratification of the final ranking of all applications for this year's CoC competition will take place at the HSP plenary meeting on Wednesday November 10th at 10 am.

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Thank you for all your hard work.

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Prince Georges County Department of Social Services

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CoC competition

1 message

Contessa Riggs -DHS- Prince Georges County <contessa.riggs@maryland.gov>

Fri, Oct 29, 2021 at 2:27 PM

To: "Christina E. Stanley" <christinas@peponline.org>

Cc: Renee Pope -DHS- Prince Georges County <renee.pope@maryland.gov>

Hi Christinia

The Project Ranking Committee (PRC) has recommended that your application(s), PEP 1&2 and PEP Expansion, be included in this year's CoC competition.

If changes or corrections need to be made to your application(s), a list of recommendations will be provided and the application(s) returned to you in e-snaps. Any corrections will need to be made and the application(s) resubmitted by November 5th. Approval and ratification of the final ranking of all applications for this year's CoC competition will take place at the HSP plenary meeting on Wednesday November 10th at 10 am.

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Thank you for all your hard work.

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Contessa Riggs
Planner
Office of Housing and Homeless Services
Prince Georges County Department of Social Services

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CoC project application

Contessa Riggs -DHS- Prince Georges County <contessa.riggs@maryland.gov>

Fri, Oct 29, 2021 at 2:12 PM

To: Mark Huffman <Mhuffman@laureladvocacy.org>, Laura Wellford <lwellford@laureladvocacy.org>

Cc: Renee Pope -DHS- Prince Georges County <renee.pope@maryland.gov>

Good Afternoon,

The Project Ranking Committee (PRC) has recommended that your renewal application be included in this year's CoC application. Your application for non-DV bonus funding is conditionally approved pending agreement with recommended modifications. **Please let me know if you are available on Tuesday November 2nd between 10 and 12:30 to discuss requested modifications.**

If changes or corrections need to be made to your application(s), a list of recommendations will be provided and the application(s) returned to you in e-snaps. Any corrections will need to be made and the application(s) resubmitted by November 5th. Approval and ratification of the final ranking of all applications for this year's CoC competition will take place at the HSP plenary meeting on Wednesday November 10th at 10 am.

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Thank you for all your hard work.

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Planner
Office of Housing and Homeless Services
Prince Georges County Department of Social Services

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(no subject)

1 message

Contessa Riggs -DHS- Prince Georges County <contessa.riggs@maryland.gov>

Fri, Oct 29, 2021 at 2:23 PM

To: Patricia Bunting <pbunting@voaches.org>

Cc: Renee Pope -DHS- Prince Georges County <renee.pope@maryland.gov>

Hi Patricia,

The Project Ranking Committee (PRC) has recommended that your application(s), VOA PSH, be included in this year's CoC competition.

If changes or corrections need to be made to your application(s), a list of recommendations will be provided and the application(s) returned to you in e-snaps. Any corrections will need to be made and the application(s) resubmitted by November 5th. Approval and ratification of the final ranking of all applications for this year's CoC competition will take place at the HSP plenary meeting on Wednesday November 10th at 10 am.

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Contessa Riggs
Planner
Office of Housing and Homeless Services
Prince Georges County Department of Social Services

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 **HUD 2021 CoC Ranking and Selection Process.pdf**
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CoC application

1 message

Contessa Riggs -DHS- Prince Georges County <contessa.riggs@maryland.gov>

Fri, Oct 29, 2021 at 2:16 PM

To: Mary Hunter <MHunter@hiphomes.org>

Cc: Renee Pope -DHS- Prince Georges County <renee.pope@maryland.gov>

Hi Mary,

The Project Ranking Committee (PRC) has recommended that your application(s), Success RRH, be included in this year's CoC competition.

If changes or corrections need to be made to your application(s), a list of recommendations will be provided and the application(s) returned to you in e-snaps. Any corrections will need to be made and the application(s) resubmitted by November 5th. Approval and ratification of the final ranking of all applications for this year's CoC competition will take place at the HSP plenary meeting on Wednesday November 10th at 10 am.

If you wish to appeal any of the decisions or recommendations of the PRC, please follow the steps outlined on pages 3 and 4 of the CoC's Ranking and Selection Process, attached.

Thank you for all your hard work.

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Contessa Riggs
Planner
Office of Housing and Homeless Services
Prince Georges County Department of Social Services

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(no subject)

1 message

Contessa Riggs -DHS- Prince Georges County <contessa.riggs@maryland.gov>

Fri, Oct 29, 2021 at 2:01 PM

To: I fountain <lfountain@jobshavepriority.org>, "Yolanda S. Bailey" <ybailey@jobshavepriority.org>

Cc: Renee Pope -DHS- Prince Georges County <renee.pope@maryland.gov>

Hi Lacy and Yolanda,

The Project Ranking Committee (PRC) has recommended that your application(s), JHP PSH & JHP TH-RRH, be included in this year's CoC application. Your application, JHP PGH Shelter, was not recommended for inclusion.

If changes or corrections need to be made to your application(s), a list of recommendations will be provided and the application(s) returned to you in e-snaps. Any corrections will need to be made and the application(s) resubmitted by November 5th. Approval and ratification of the final ranking of all applications for this year's CoC competition will take place at the HSP plenary meeting on Wednesday November 10th at 10 am.

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Thank you for all your hard work.

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Contessa Riggs
Planner
Office of Housing and Homeless Services
Prince Georges County Department of Social Services

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CoC application

1 message

Contessa Riggs -DHS- Prince Georges County <contessa.riggs@maryland.gov>

Fri, Oct 29, 2021 at 2:35 PM

To: Tim Jansen <timj@ccsimd.org>

Cc: Renee Pope -DHS- Prince Georges County <renee.pope@maryland.gov>

Hi Tim,

The Project Ranking Committee (PRC) has recommended that your application(s), CCSI RRH, be included in this year's CoC competition. Your application for the DV Bonus project was not recommended for inclusion.

If changes or corrections need to be made to your application(s), a list of recommendations will be provided and the application(s) returned to you in e-snaps. Any corrections will need to be made and the application(s) resubmitted by November 5th. Approval and ratification of the final ranking of all applications for this year's CoC competition will take place at the HSP plenary meeting on Wednesday November 10th at 10 am.

If you wish to appeal any of the decisions or recommendations of the PRC, please follow the steps outlined on pages 3 and 4 of the CoC's Ranking and Selection Process, attached.

Thank you for all your hard work.

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Contessa Riggs
Planner
Office of Housing and Homeless Services
Prince Georges County Department of Social Services

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CoC application

1 message

Contessa Riggs -DHS- Prince Georges County <contessa.riggs@maryland.gov>

Fri, Oct 29, 2021 at 2:37 PM

To: Lorena Memberg <LORENAO@vesta.org>

Cc: Renee Pope -DHS- Prince Georges County <renee.pope@maryland.gov>

Hi Lorena,

The Project Ranking Committee (PRC) has recommended that your application(s), VESTA PSH, be included in this year's CoC competition.

If changes or corrections need to be made to your application(s), a list of recommendations will be provided and the application(s) returned to you in e-snaps. Any corrections will need to be made and the application(s) resubmitted by November 5th. Approval and ratification of the final ranking of all applications for this year's CoC competition will take place at the HSP plenary meeting on Wednesday November 10th at 10 am.

If you wish to appeal any of the decisions or recommendations of the PRC, please follow the steps outlined on pages 3 and 4 of the CoC's Ranking and Selection Process, attached.

Thank you for all your hard work.

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Contessa Riggs
Planner
Office of Housing and Homeless Services
Prince Georges County Department of Social Services

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CoC application

Contessa Riggs -DHS- Prince Georges County <contessa.riggs@maryland.gov>

Fri, Oct 29, 2021 at 2:44 PM

To: stephen Foncham <sfoncham@kirstinshaven.org>, info@kirstinshaven.org

Cc: Renee Pope -DHS- Prince Georges County <renee.pope@maryland.gov>

Good Afternoon,

The Project Ranking Committee (PRC) has recommended that your application(s), Kirstin's Haven PSH, be included in this year's CoC competition. Your application for the non-DV bonus project was not recommended for inclusion.

If changes or corrections need to be made to your application(s), a list of recommendations will be provided and the application(s) returned to you in e-snaps. Any corrections will need to be made and the application(s) resubmitted by November 5th. Approval and ratification of the final ranking of all applications for this year's CoC competition will take place at the HSP plenary meeting on Wednesday November 10th at 10 am.

If you wish to appeal any of the decisions or recommendations of the PRC, please follow the steps outlined on pages 3 and 4 of the CoC's Ranking and Selection Process, attached.

Thank you for all your hard work.

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Contessa Riggs
Planner
Office of Housing and Homeless Services
Prince Georges County Department of Social Services

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CoC competition

1 message

Contessa Riggs -DHS- Prince Georges County <contessa.riggs@maryland.gov>

Fri, Oct 29, 2021 at 4:16 PM

To: Janice Miller <janice@hruthmd.org>

Cc: Renee Pope -DHS- Prince Georges County <renee.pope@maryland.gov>

Hi Janice,

The Project Ranking Committee (PRC) has recommended that your application for the DV bonus to be included in this year's CoC competition.

If changes or corrections need to be made to your application(s), a list of recommendations will be provided and the application(s) returned to you in e-snaps. Any corrections will need to be made and the application(s) resubmitted by November 5th. Approval and ratification of the final ranking of all applications for this year's CoC competition will take place at the HSP plenary meeting on Wednesday November 10th at 10 am.

If you wish to appeal any of the decisions or recommendations of the PRC, please follow the steps outlined on pages 3 and 4 of the CoC's Ranking and Selection Process, attached.

Thank you for all your hard work.

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Contessa Riggs
Planner
Office of Housing and Homeless Services
Prince Georges County Department of Social Services

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**Prince George's County Continuum of Care
CoC Program - Ranking and Selection Process**

Each year the U.S. Department of Housing and Urban Development (HUD) allocates funding for homeless assistance programs through the Continuum of Care (CoC) competition process. In order to receive funding, each Continuum of Care must submit a consolidated application for funding that describes how local activities meet or exceed HUD requirements and are aligned with community needs. The CoC is required to rank in order of priority funding requests from all eligible providers for inclusion in the Consolidated Application. In accordance with HUD's Homeless Policy and Program Priorities (as stated in the 2021 HUD CoC Program Application Notice of Funding Opportunity (NOFO)), the CoC will prioritize project applications based on the extent to which they advance these goals:

1. **End homelessness for all persons.** The CoC will consider at a minimum, each applicant's:
 - a. performance against system outcomes including the average length of homeless episodes, rates of return to homelessness, and other factors to determine whether the applicant is effectively serving people experiencing homelessness;
 - b. outreach strategies to identify and continuously engage unsheltered individuals and families;
 - c. Serve individuals and families identified by the CoC as having the highest needs and longest experiences of homelessness;
 - d. **partnerships with housing, health care and service agencies** to increase permanent housing options for unsheltered people with high rates of physical and mental illness and substance use disorders; and
 - e. Other CoC specific criteria outlined in the CoC's annual application scoring document(s).
2. Create a systemic response to homelessness and **improve system performance.** The CoC will consider at a minimum,
 - a. how effectively each applicant's project ensures that homeless assistance is well coordinated, well managed, inclusive, transparent, and achieves positive outcomes,
 - b. Meets CoC System Performance Goals including length of stay, exits to permanent housing, increased income, and recidivism,
 - c. Participates in the CoC's Coordinated Entry process to promote participant choice, coordinate homeless assistance and ensure timely access to mainstream housing and services,
 - d. Is cost effective, and
 - e. looks to implement continuous quality improvement and other process improvement strategies.
3. Strategically allocate and use resources. The CoC will consider at a minimum, each applicant's:
 - a. Cost effectiveness,
 - b. Match and leveraging contributions,
 - c. Project quality and performance,
 - d. Use of mainstream and community-based resources,
 - e. Partnerships with other government, faith-based, and nonprofit resources specializing in areas such as treating mental illness and substance abuse, job training, life skills, and similar activities that help CoC Program participants, whenever possible, reach recovery, self-sufficiency, and independence.
4. **Use a Housing First Approach.** The CoC will prioritize projects that use a housing first approach and employ strong use of data and evidence, including cost-effectiveness and impact of homelessness programs on positive housing outcomes, recovery, self-sufficiency, and reducing homelessness. The CoC will evaluate projects using these measures:
 - a. **Reduces unsheltered homelessness,**
 - b. Prioritizes rapid placement and stabilization in permanent housing,
 - c. Rates of positive housing outcomes,
 - d. Improvements in employment and income,
 - e. Improvements in overall well-being,
 - f. Engages landlords and property managers as partners in housing re-stabilization, and
 - g. promotes client-centered services.

5. Promote ***racial equity***: The CoC will consider at a minimum, each applicant's a. policies, procedures and processes for addressing racial disparities, b. organizational diversity, and c. intentional efforts to improve access by - and positive program outcomes for – Black, Indigenous, and other people of color (BIPOC).
6. Authentic and continuous partnership with ***persons with lived experience***: The CoC will consider at a minimum, each applicant's a. inclusion of past and current participants in policy development and decision making; and b. hiring practices that seek opportunities to hire people with lived experience.

Prince George's County CoC (MD-600) is eligible to renew a total of 19 projects for the 2021 HUD CoC Program Competition. Projects are eligible for renewal for FY 2021 funds if they have an executed grant agreement by December 31, 2021 and have an expiration date that occurs in Calendar Year 2022 (the period between January 1, 2022 and December 31, 2022). These projects are renewable under the CoC Program Competition as set forth in 24 CFR 578.33 to continue ongoing leasing, operating, supportive services, rental assistance, HMIS, and project administration costs. "The FY 2021 CoC Program Competition Estimated ARD Report" for the CoC reflects the opportunity for funding at the following levels: \$6,141,336 for renewal/reallocation/consolidation/transition projects, \$201,484 for the planning project, \$335,807 for new projects under the permanent housing bonus, and \$676,957 for new projects under the DV housing bonus to provide survivors of domestic violence with PH-RRH or TH-RRH.

All applications will be ranked in two tiers; Tier 1 is equal to \$6,141,336 and Tier 2 is equal to \$1,012,764. Tier 1 ranked projects will be fully funded as long as the CoC's application meets all threshold and eligibility requirements and the Federal government provides sufficient funding. Tier 2 projects will be evaluated based on a combination of the CoC application score, ranking order, and adoption of Housing First tenets and will be assigned eligible points based on their ranking by the CoC in Tier 2. HUD will select projects in order of point value until there are no more funds available. Projects placed in Tier 2 are at the highest risk of non-funding.

The Homeless Services Partnership (HSP) is the CoC operating body in Prince George's County, and as such is responsible for the creation, implementation and monitoring of the County's 10-Year Plan to prevent and end homelessness. In order to ensure a fair and transparent ranking process for the Continuum of Care competition, the process will be:

1. Publicly announced by the CoC;
2. Described and distributed in writing to the entire CoC;
3. Reviewed by the entire membership of the CoC during a designated meeting;
4. Recorded in the minutes of the designated meeting including all decisions made concerning the review and ranking; and
5. Minutes distributed to the entire CoC.

As part of the process, the Executive Committee of the HSP (CoC Board) reviews HUD requirements and priorities, reviews local data to determine CoC housing needs and priorities including the use of the reallocation process to create new projects that improve overall CoC performance and better responds to the needs of the County's homeless, and develops ranking criteria for all projects seeking funding through the Continuum of Care Competition.

The HSP ratifies these criteria and creates an ad-hoc Project Review Committee (PRC) that includes public and private representatives of the HSP who are not employees, board members or volunteers of a project applicant that is requesting new or renewal funding. The PRC is responsible for reviewing and ranking project applications, and recommending projects for inclusion in the application submitted to HUD.

The Prince George's County Department of Social Services (PGCDSS), acting as the Collaborative Applicant for the Prince George's County MD Continuum of Care, supports the PRC but is not a voting member -- their role is to coordinate the ranking process and provide necessary data to the PRC including analysis of CoC housing needs and program performance reports. PGCDSS identifies HUD requirements and priorities for funding, compiles materials for each renewal project, announces funding availability to agencies interested in submitting new projects, develops an evaluation tool used to rate projects, schedules committee meetings to conduct the review process, and provides technical assistance to applicants.

Members of the committee review information related to the needs of the CoC such as the most recent housing inventory chart, Point-in-Time data, federal priorities & identified service gaps. Committee members review renewal projects based on utilization, outcome performance, cost effectiveness, Continuum of Care priority needs, alignment with HUD priorities, and compliance with HUD funding requirements. New bonus project applications will be reviewed for project quality in alignment of HUD priorities and priority to the Prince George's County Continuum of Care.

Each Project Application is scored individually with ranking priority determined by committee consensus. All applicants will be notified directly regarding the recommendations of the committee. If a project is not recommended for funding, the committee will notify the project applicant, in writing, of this decision. Once the PRC has concluded its review and ranking, the committee's recommendations will be presented to the entire HSP for discussion and ratification. At this time there will be an opportunity for any person or organization disagreeing with the ranking order to provide argument for an alternative ranking. Final ratification will be determined by majority vote of all HSP members present, with each organization or agency in good standing receiving a single vote.

Applicants may appeal any of the following decisions of the CoC PRC:

- Placement of a project in Tier 2
- Reduction of a renewal grant amount (i.e. renewal grant partially re- allocated to a new project).
- Reallocation of a renewal grant (i.e. entire grant reallocated to a new project) if not previously notified that the grant was to be reallocated as a result of low performance.

Applicants may request a debriefing but may not appeal the following decisions of the CoC PRC:

- Non selection of a project for inclusion in the CoC application.

Applicants placed in Tier 1 may not appeal their rank on the Project Priority Listing.

Any agency that wishes to appeal or request a debriefing must notify the CoC Planner in writing via email at contessa.riggs@maryland.gov with a copy to COC.princegeorges@maryland.gov no later than two business days after the priority ranking has been communicated in writing.

An appeal and/or debriefing request must state the following:

Agency name

Project name

Reason for appeal / debriefing (no longer than two pages)

If an appeal is filed, other agencies whose rank may be affected will be notified as a courtesy. Such agencies will not be able to file an appeal until after the appeals process is complete.

The PRC will review all appeals and will make recommendations to the HSP Executive Committee for final approval. All impacted applicants (if any) will be notified of the outcome within 3 days of receipt of their appeal.

If a debriefing is requested, the CoC Lead will schedule the meeting and provide comments to the applicant regarding their application submission and factors impacting non-selection. There is no impact on other applicants or the PRC related to this administrative review.

November 10, 2021

Gloria Brown Burnett
Director
Prince George's County Department of Social Services
805 Brightseat Road
Landover, Maryland 20785

Ms. Burnett,

This is to confirm the commitment from the Housing Authority of Prince George's County to partner with the MD-600 Continuum of Care's (CoC) to submit two new Permanent Supportive Housing Program Expansion projects in response to the HUD 2021 CoC Program Competition. This partnership includes the **allocation of 10 CoC housing vouchers** (5 for each new expansion project) which represents **41.6% of the total new housing units proposed** by these two projects.

Our long-standing work as an active member of the CoC and housing partner makes us keenly aware of the continued need to expand supportive housing in our community and we look forward to working with LARS and UCAP more directly on operationalizing the new expansion projects. Please feel free to contact me should you have any questions or need additional information.

Sincerely,



Nathan F. Simms, Jr.
Executive Director
Housing Authority of Prince George's County

Please note that you can ask for a reasonable accommodation to use HAPGC's housing or services. This can include auxiliary aids or services, materials in an alternative format, or help in completing paperwork or changes to your housing based on your disability. Contact the 504 Coordinator at (301)883-5576 or email dhcd-504@co.pg.md.us for assistance.



October, 14 2021

Candice McCullough
Director of Supportive Housing
Progressive Path Program
United Communities Against Poverty
1400 Doewood Lane
Capitol Heights, Maryland 20743

Dear Ms. McCullough:

I am honored that Kirstin Care will continue its partnership with United Communities Against Poverty (UCAP) to provide behavioral health services for your PATH I expansion project. We are committed to providing the services needed to assist your consumers in attaining their goals to be successful members of our community through quality mental health services.

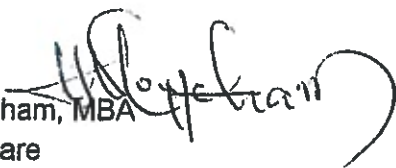
In order to ensure that your consumers will receive the necessary services for their success, Kirstin Care will be providing the following mental health services on an annual basis:

- > Mental Health Assessments Cost/child and adult—Child 208.41, Adult 232.77
- > Diagnostic and/or Psychiatric Evaluations Cost/Child and Adult—Child 208.41, Adult 232.17
- > Individual Psychotherapy Cost/ child and adult—Child 128.72, Adult 111.29
- > Group Psychotherapy Cost /child and adult—Child 50.04 and over 15 mins 68.88
- > Psychiatric Rehabilitation Services (PRP) Cost/child and adult—Child 547.83, Adult 931.04
- > Support Groups Cost/child and adults—68.88
- > Medication Management Cost/child and adult—208.40

This partnership will provide \$67,343.08 in services representing 30% of the expansion grant supportive services budget. I am confident that our partnership will make a positive and lasting impact on the lives of those we serve and the community at-large. Thank you for your commitment to the community and for the opportunity to continue to provide impact on the persons served.

Sincerely,

Stephen Foncham, MBA
CEO/Kirstin Care



5801 Allentown Rd, Suite 310
Camp Spring, MD 20746

OFFICE: 240-392-2876
FAX: 240-838-3015

WWW.KIRSTINSHAVEN.ORG

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