Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:
 - Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.
 - Using the CoC Application Detailed Instructions while completing the application in e-snaps.
 - Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

 - This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.
 - For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.
 - Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

  For CoC Application Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

1A-3. CoC Designation: CA

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

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings.
Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board.
Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	No
Local Jail(s)	Yes	Yes	Yes
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	Yes	Yes	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	No	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	No
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Veteran Service Providers, MD Dept. of Veteran Affairs & the regional VA	Yes	Yes	Yes
Workforce Services	Yes	Yes	No
Child Welfare Agency Representatives	Yes	Yes	No

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

The CoC has representation from 100+ agencies with homelessness expertise and new members are accepted continuously to ensure the full range of opinions in designing systems and delivering service. Consumers are surveyed frequently to provide experiential input and plenary meetings include presentations on best practices impacting CoC priority areas. Local experts serve as CoC Board officers with strategic responsibility for CoC workgroups (i.e. Corrections co-chairs the re-entry committee) and CoC members sit on workgroups spearheaded by local health and human service agencies. This cross-pollination has led to several successful partnerships including a 1.3M Pay for Success Demonstration Grant (CoC, Corrections, Health Department/Behavioral Health, HUD & DOJ) and $1M in new DV/Human Trafficking funds (Family Services, CoC and State's Attorney). Finally, invitations are extended to consumers as well as under-represented interest groups such as policy makers and housing developers.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.
Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
St Ann's Center for Children, Youth and Families	Yes	Yes	No
Maryland Multicultural Youth Center, Inc	Yes	Yes	No
DSS representatives (Child Welfare Ready By 21, TNI Schools Programs & Transitional Housing	No	Yes	Yes
Sasha Bruce	Yes	Yes	No
Court Appointed Special Advocates / LGBTQ Taskforce	No	Yes	Yes
Public Schools Homeless Liaison	No	Yes	Yes
Covenant House	Yes	Yes	No
Hillside Work Scholarship Connection	No	Yes	No
Local Management Board	No	Yes	No
Department of Housing and Community Development / FUP voucher representative	No	Yes	Yes

1B-1c. List the victim service providers (CoC Program and non-CoC

**Program funded) who operate within the CoC's geographic area.
Then select "Yes" or "No" to indicate if each provider is a voting member
or sits on the CoC Board.**

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Still I Rise	Yes	No
Community Advocates for Family and Youth (CAFY)	Yes	No
District Alliance for Safe Housing (DASH)	Yes	No
Family Crisis Center / "Safe" emergency shelter	Yes	No
Family Justice Center	Yes	No
Trafficking Providers: Courtney's House, Turnaround & Fair Girls	Yes	No
Prince George's County HHS team (Health Department, Family Services & DSS representatives (Child Welfare, Family Preservation, Family Investment & the shelter system))	Yes	Yes
Affiliated Sante Group, Inc. / Crisis Response	Yes	Yes
Public Safety (Police, Sheriff & State's Attorney)	Yes	No
The County's Domestic Violence and Human Trafficking Division	Yes	No

**1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016.
(limit 1000 characters)**

CoC plenaries are the public forum used to disseminate information months before the competition opens. These meetings provide critical information about the CoC, its operations, the 10 Year Plan and the importance of being actively involved. Announcements of HUD and non-HUD funding opportunities go to the entire 100+ member CoC along with detailed instructions on how to submit a letter of intent, as well as being posted on the public CoC page of the County's website. Once the competition opens, the CoC Executive Committee holds an information session for all interested applicants and provides a series of orientation sessions that include instructions on how to apply, what forms must be completed and linkages to pertinent HUD training resources. The CoC Lead also provides one-on-one technical assistance as needed.   The CoC actively seeks new service provider participation throughout the year and since 2012 the number of newly funded organizations within the CoC has increased by 57%.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation?   Monthly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	3
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	3
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	3
How many of the Con Plan jurisdictions are also ESG recipients?	2
How many ESG recipients did the CoC participate with to make ESG funding decisions?	2
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	2

1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

CoC has strong well-established relationships with its Con Plan jurisdictions (the County, the City of Bowie and the State) and discussions are held monthly regarding housing priorities impacting the County's homeless population; including development and implementation of the Con Plan, AAPs, ESG allocations, home ownership and other housing opportunities, subsidized housing voucher policies, and predatory lending practices. The homeless sections of the County and City Con Plans are prepared by the CoC using PIT, CAPER, AHAR, APRs, HIC, UHY counts, HMIS and other sub-committee data and master PIT data is shared with the State for inclusion in the State plan. County and City representatives sit on the CoC housing sub-committee and the CoC meets frequently with the State as part of Maryland's Interagency Council on Homelessness to help set statewide homeless priorities. These efforts ensure continuous alignment of priorities within the respective plans.

1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

DSS, 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); and availability of other funds. This ensures funds are targeted to the most pressing needs. Examples of recent ESG realignments include the addition of funding in 2013 for expanded HMIS, in 2014 for UHY sheltering efforts, in 2015 for street outreach, and in 2016 for expanded RRH. All ESG providers are active CoC members and adhere to HUD identified system performance measures as well as local CoC 10 year plan priorities. DSS routinely monitors its subcontractors to ensure successful outcomes. State ESG funds are not available to the CoC which is located in an entitlement area but in 2015, the State set aside local ESG funds for UHY pilot projects and the CoC was successful in securing funding in both 2015 and 2016 to expand service to this sub-population.

1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

The County has an aggressive "Stop the Silence" campaign to raise awareness and ensure victims get connected to help. The taskforce (Family Court, human

service agencies, the CoC, military, Crisis Response, DV shelters, anti-trafficking/victim services agencies (DOJ), hospitals and public safety) is continuously developing strategies to reduce new incidents and eliminate repeat episodes. All first responders and service providers have confidentiality protocols in place that safeguard a victim's identity, location and service plan. The CoC maintains a 50-bed "safe" shelter for families/adults and UHY are linked to Child Protective Services or the CoC's RHYS youth shelter until a safety plan can be established. Survivors are connected to RRH-ESG, THP, or safe "underground" accommodations and those with higher needs are prioritized for VAWA HC vouchers. Non-DV providers are trained to ask participants about safety on entry to ensure connection to appropriate interventions.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of Prince George's County	25.00%	Yes-Both

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.
(limit 1000 characters)

The CoC has developed a variety of alternative housing opportunities for persons transitioning from homelessness including private subsidized housing (tax credit programs), CHODOs, neighborhood re-stabilization, HUD 811, Psychiatric Rehabilitation (PRP), RAP, SOAR Housing First, recovery houses, and partnerships with rental agencies and private landlords. The CoC has partnered with three of the largest property management companies to provide 2nd chance leasing opportunities for homeless persons with bad credit and/or a criminal history as well as the faith-based community (over 700) and a growing number of small non-profits who own properties throughout the County to

provide shared housing or basement units with rent being subsidized and support services offered through church or nonprofit funds. Housing counselors then maintain relationships post placement to help the customer to minimize tenancy violations and maintain housing stability.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Implemented communitywide plans:	X
No strategies have been implemented	
Other:(limit 1000 characters)	
Problem Solving Courts	X
Threat Assessment Team	X
Re-entry Sub-committee	X

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

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

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

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

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)

The CoC's coordinated entry (CE) system is designed to ensure that people experiencing homelessness are rapidly connected to housing. The 24/7/365 homeless hotline provides initial screening/triage, prevention/ diversion, and referrals to emergency shelter; street outreach teams regularly canvas the County to locate and engage unsheltered homeless; and the RU-OK campaign uses social media, peer engagement and schools to target disconnected UHY. Once identified, the CE team administers the VI-SPDAT, determines chronicity, evaluates barriers, makes referrals to critical system interventions (i.e. mainstream, behavioral and somatic health services) and creates individual housing plans. Bi-weekly CE conferences are held with key CoC representatives (i.e. street outreach, hotline, behavioral and somatic health providers) to discuss the cases, review CoC program openings and determine the most appropriate housing intervention(s) – self-resolve, RRH, THP, PSH, HCV or other - available.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list,

enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Does not Participate	Does not Exist
Local Government Staff/Officials	X	X	X	X	X		
CDBG/HOME/Entitlement Jurisdiction	X	X	X		X		
Law Enforcement		X			X		
Local Jail(s)	X	X		X	X		
Hospital(s)		X		X	X		
EMT/Crisis Response Team(s)	X	X	X	X	X		
Mental Health Service Organizations	X	X	X	X	X		
Substance Abuse Service Organizations	X	X	X		X		
Affordable Housing Developer(s)	X		X		X		
Public Housing Authorities	X	X	X		X		
Non-CoC Funded Youth Homeless Organizations	X	X	X	X	X		
School Administrators/Homeless Liaisons	X	X	X	X	X		
Non-CoC Funded Victim Service Organizations	X	X	X	X	X		
Street Outreach Team(s)	X	X	X	X	X		
Homeless or Formerly Homeless Persons	X	X			X		
Veteran Service Organizations	X	X	X	X	X		
Transforming Neighbothoods Initiative Liaisons		X			X		
Specialty Courts (drug, mental health, veterans, family and re-entry)		X			X		

1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	17

How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	2

How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	14

Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	93.33%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	X
% increases in income	X

Monitoring criteria:	
Utilization rates	X
Drawdown rates	X
Frequency or Amount of Funds Recaptured by HUD	X

Need for specialized population services:	

Youth	X
Victims of Domestic Violence	X
Families with Children	X
Persons Experiencing Chronic Homelessness	X
Veterans	X

None:	

**1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority.
(limit 1000 characters)**

Experts from behavioral health and re-entry serving organizations as well as coordinated entry and municipal government (2016 high chronic homeless density area) were represented on the ranking panel. The severity of needs of the population served, the demand for the service, and programmatic barriers to serving the homeless were taken into consideration during the ranking process with low barrier programs providing services in greater demand within the CoC and/or to higher need populations receiving higher scores. In addition, the CoC identified the following vulnerabilities as requiring additional consideration: significant health or behavioral health challenges, unaccompanied homeless youth, victims of DV or human trafficking, and high utilization of crisis and emergency services including hospitals, jails & psychiatric facilities. Programs demonstrating strong performance outcomes in these areas were given additional consideration.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached.
(limit 750 characters)**

Competition information was sent by email to 100+ stakeholders on 7/12/16 and presented on 7/14/16 at the CoC public meeting. The CoC held a follow-up meeting for anyone interested in applying or requesting technical assistance on 7/20/16 to ensure all applicants had the information needed to submit a successful application. Ranking and selection criteria was ratified by the CoC on 7/14/16 and posted to the County website on 7/22/2016, well in advance of CoC submission deadlines (8/3/16 renewals and 8/10/16 new). The ranking panel's recommendation for project priority order was presented at the CoC plenary meeting on 08/18/16 and ratified by the full membership. Notification of decisions and scores were sent to applicants on 08/18/16.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached). 09/12/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 08/18/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? No

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients.
(limit 1000 characters)

CoC conducts annual on-site programmatic and financial monitoring of all recipient organizations (new programs are reviewed more frequently) and cover areas such as homelessness eligibility, HUD performance goals, grant documentation, homeless representation on the Board; cash match documentation; expenditure history and appropriateness; conflict of interest; and benchmarks proposed in the grant application. Weekly HMIS reports cards that monitor bed utilization and participant exits are generated and reviewed by the CoC, along with quarterly report cards that monitor exits, increases in income and length of stays. The HMIS administrator monitors data quality monthly and provides individual technical assistance where needed. Customer satisfaction surveys are administered and feedback incorporated into the report. Lastly, all grantees are reviewed for compliance with HUD and CoC mandates, participation in the CoC planning process, and progress towards goals in the 10 year plan.

1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?   Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit.
Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA.
Governance Charter: CoC (pages 2-3) and HMIS (page 10)

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.
Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)?
Yes

2A-4. What is the name of the HMIS software
ServicePoint

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?   Bowman Systems, LLC

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Single CoC

* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$79,360
ESG	$13,962
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$93,322

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	$0
Department of Health and Human Services	$0
Department of Labor	$0
Department of Agriculture	$0
Department of Veterans Affairs	$0
Other Federal	$0
Other Federal - Total Amount	$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding

City	$0
County	$84,100
State	$0
State and Local - Total Amount	$84,100

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	$0
Organization	$0
Private - Total Amount	$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	$0
Other - Total Amount	$0

2B-2.6 Total Budget for Operating Year	$177,422

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 04/28/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	196	0	196	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	226	0	226	100.00%
Rapid Re-Housing (RRH) beds	11	0	0	0.00%
Permanent Supportive Housing (PSH) beds	297	0	297	100.00%
Other Permanent Housing (OPH) beds	185	0	185	100.00%

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months.
(limit 1000 characters)

The 11 RRH beds for Prince George's County Veterans and their families program is operated by a DC-based SSVF provider who enters the information on all the people they serve in the DC HMIS system, regardless of the jurisdiction the actual Veteran lives in. PGCDSS, as the Prince George's County HMIS Lead agency is working with the DC HMIS lead agency to create protocols for sharing this information. There are 30 additional RRH beds in the County funded through the 2014 CoC competition, which were inadvertently excluded from the 2016 HIC, these beds are in HMIS.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please

indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	☐
VASH:	☐
Faith-Based projects/Rescue mission:	☐
Youth focused projects:	☐
Voucher beds (non-permanent housing):	☐
HOPWA projects:	☐
Not Applicable:	X

2C-4. How often does the CoC review or assess its HMIS bed coverage?   Monthly

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	1%	3%
3.3 Date of birth	1%	0%
3.4 Race	3%	0%
3.5 Ethnicity	2%	0%
3.6 Gender	1%	0%
3.7 Veteran status	1%	0%
3.8 Disabling condition	1%	0%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	2%	0%
3.16 Client Location	5%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	4%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	X
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	X
Annual Homeless Assessment Report (AHAR) table shells:	X

None	☐

2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

2D-4. How frequently does the CoC review data quality in the HMIS? Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both. Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	☐
VA Grant and Per Diem (GPD):	☐
Runaway and Homeless Youth (RHY):	X
Projects for Assistance in Transition from Homelessness (PATH):	X
	☐
None:	☐

2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date.
(limit 750 characters)

All of the SSVF providers that provide services in Prince George's County, MD are based in Washington DC and enter information about people served into the DC HMIS even when they are Prince George's County residents. The lead

HMIS agencies for the Washington Metropolitan Region CoCs are working on a MOU that will allow for information sharing between systems. In the interim, the SSVF providers prepare quarterly manual reports for the Prince George's County CoC identifying the number of County residents they have served. There are no VA Grant and Per Diem programs operating within the CoC.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congressand the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy) 01/28/2016

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy) 04/28/2016

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

Complete Census Count:	X
Random sample and extrapolation:	
Non-random sample and extrapolation:	

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	X
HMIS plus extrapolation:	
Interview of sheltered persons:	X
Sample of PIT interviews plus extrapolation:	

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology.
(limit 1000 characters)

In advance of the PIT count HMIS data for all sheltered persons was reviewed to ensure accuracy and completeness. On the day of the count HMIS was used to gather subpopulation information on all sheltered homeless persons. Once

the providers completed the PIT count, the HMIS Specialist created a custom assessment report in ServicePoint to generate and download the results into an excel spreadsheet. Residents on the custom report were reviewed and compared to bed lists. Errors & duplicate entries were removed. Appropriate formulas were then created to tabulate data for all subpopulation categories. Training included a series of mandatory local CoC trainings. Reminders were sent to all CoC providers & HMIS participating agencies to ensure maximum participation in the 2016 PIT count. This method ensured that all sheltered persons were counted during the PIT and increased data accuracy.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count).
(limit 1000 characters)

No change

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count?   Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count.
(limit 750 characters)

The CoC successfully reallocated 15 units of TH to RRH and PSH during the FY 2015 competition, thereby reducing the number of countable shelter projects included in the 2016 PIT.

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	X
Follow-up:	X
HMIS:	X
Non-HMIS de-duplication techniques:	X

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

No change

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/28/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 04/28/2016

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

Night of the count - complete census:	
Night of the count - known locations:	X
Night of the count - random sample:	
Service-based count:	X
HMIS:	

2I-2. Provide a brief descripton of your CoC's unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology.
(limit 1000 characters)

To ensure a complete count over a large and diverse area (at nearly 500 sq. miles the County is a mixture of urban, suburban and rural) the CoC used the following methodology: 1. Advance teams: Street teams went to known locations (encampments, malls, metro stops, gas stations & libraries) to engage homeless, formerly homeless persons, andbusinesses the homeless frequent to help identify new encampment residents and/or "hotspots" 2. Public places w/interviews: Enumerators were divided into 7 teams, including 2 specializing in UHY and Chronic Homeless. Teams interviewed all individuals who self-identified as unsheltered or who were panhandling, carrying bags, blankets or shopping carts containing personal belongings, and/or sleeping on the streets. 3. Service Based: PIT teams had 3 command posts (Community Café, Elizabeth House Community Outreach & Christian Life Center) and mini-posts at public libraries to capture unsheltered homeless seeking service on the day of the count.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count).
(limit 1000 characters)

ESG-PIT Innovation Funds allowed the CoC to implement new strategies to strengthen the County's PIT efforts and eliminate some of the known barriers impacting our unsheltered PIT count. 1. Expanded outreach: street outreach sweeps were expanded to 24 weeks (12 prior, 12 post) which helped identify 16 new "hot spots," a 22% increase in target locations, and promoted positive rapport with homeless individuals as well as community groups. 2. Mapping Hot Spots: Enumerators were trained to record the location of homeless individuals on their ipads during the PIT; this data, along with our existing list of 'hot spots", was entered into a County-wide Google Map database that includes over 200 "push pin" locators for ongoing follow-up. 3. UHY magnet events: Youth service providers held events encouraging UHY to self-identify and 4. 24-hour command center: The CoC provided support to command posts and field teams in order to replenish supplies and resolve crisis that arose during enumeration.

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth.
(limit 1000 characters)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	X
"Blitz" count:	
Unique identifier:	X
Survey questions:	X
Enumerator observation:	X
None:	

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method).
(limit 1000 characters)

Additional iPads were purchased to support electronic data collection by the outreach teams. In addition, the CoC developed and conducted multiple online webinar trainings for enumerators to ensure consistent messaging, uniform survey collection and comprehensive training in using the iPads. Outreach teams were provided with more supplies to address immediate needs including: food, water, blankets, coats and access to immediate transport to shelter. A 24-hour Command Center gave outreach teams continuous access to food, supplies, emergency mainstream benefits, immediate shelter placement,

transportation, animal control, and on-call crisis response services (i.e.; hospitals, ACT teams, police and EMS). Finally, post PIT outreach allowed for administration of the Vi-SPDAT to all identified unsheltered persons. These persons were added to the Chronic Homeless Registry.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons
Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	625	544	-81
Emergency Shelter Total	228	251	23
Safe Haven Total	0	0	0
Transitional Housing Total	244	191	-53
Total Sheltered Count	472	442	-30
Total Unsheltered Count	153	102	-51

3A-1b. Number of Sheltered Persons Homeless - HMIS.
Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	1,279
Emergency Shelter Total	990
Safe Haven Total	0
Transitional Housing Total	377

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

(limit 1000 characters)

DSS, the CoC lead agency, is the County's largest direct human service provider and serves more than 90,000 households each month needing help with basic necessities - all of whom are at risk of homelessness – and issues more than $150 million annually in diversion and assistance funds including TANF, SNAP, M/A, HP and RRH. In addition, the CoC conducts outreach to FQHCs, food pantries, libraries and churches to educate households about available resources and operates a 211 prevention hotline that accepts calls 24/7/365 from people who need assistance with rent arrears, housing counseling/ mediation, budgeting, utility assistance and links to mainstream resources. Finally, the CoC works with landlords and the Sheriff's Office to identify people pending eviction, the public school's homeless liaison to identify families who are doubling up or living in sub-standard housing, and the PHA to identify households who are in danger of losing their housing benefit.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)

HMIS is used to measure length of time homeless in all CoC programs and performance report cards are generated by provider. The CoC reviews this data quarterly and includes this measure as a performance benchmark in all CoC vended contracts to ensure continual focus on rapid exits to permanency. Additional time reduction efforts include: 1. Training shelter staff in an ESF 6 model focused on assessment, triage, and least restrictive path to housing, 2. A multi-agency panel to brainstorm exit strategies and identify resources for difficult cases. 3. A Housing Authority liaison to expedite inspections reducing delays in system exit, 4. Flex funding for removal of barriers to lease-up (i.e.; security deposits, 1st month's rent, utility deposits, and vital record replacements), and 5. Increased PH capacity (i.e.; reallocations to RRH & PSH and homeless HCV/set aside vouchers); all of which impact CoC success in this area. The CoC's current average is 88 days (ES) and 194 days (TH).

* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:
Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the

retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	178
Of the persons in the Universe above, how many of those exited to permanent destinations?	156
% Successful Exits	87.64%

3A-4b. Exit To or Retention Of Permanent Housing:
In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	329
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	312
% Successful Retentions/Exits	94.83%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness.
(limit 1000 characters)

Strategies to reduce returns to homelessness include: "Service linked housing" retention workers that provide follow-up to every PH placement made by the CoC; "Quick fix" rental, mortgage, food, and utility assistance funds to solve re-emerging housing crises; a Housing Authority liaison that identifies voucher holders whose housing subsidies are in jeopardy for CoC intervention and crisis resolution; and a pilot project with the faith-based community where churches "adopt" a family exiting to PH, helping them to successfully integrate into the community. The Data Subcommittee uses HMIS to track returns to homelessness and produces two 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. These reports are reviewed quarterly by the CoC. The cumulative number of returns in 2 years (FY 15) for the CoC was 10% (12% ES/4% TH).

3A-6. Performance Measure: Job and Income Growth.
Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-

employment non-cash sources.
(limit 1000 characters)

Several strategies have been implemented to achieve this goal, including: Policies requiring all shelter entries to be evaluated within 72 hours to review eligibility for mainstream resources and expedite appropriate applications; Street outreach and shelter staff trained in SOAR and mainstream eligibility programs to facilitate access by unsheltered persons; A consolidated benefit application (TANF, SNAP and M/A) and dedicated FIA workers who streamline the application process for the homeless; Partnerships with the County's One-Stop and local employers along with In-shelter job fairs to increase work opportunities; and Community Benefit Agreements that prioritize jobs for unemployed and low-income County residents. In addition, the CoC's Data Subcommittee uses HMIS to track changes in income and produces a report which is reviewed quarterly by the CoC. These efforts resulted in a 4% increase from 2014 to 2015.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)

All CoC programs have direct relationships with mainstream employment agencies. Daily job alerts are sent to all providers by the County's One-Stop and workforce development centers provide resume development, job leads, job placement and certification programs for participants. Job specialists offer weekly workshops in the County's ES and TH shelters. Programs unique to the needs of CoC targeted sub-populations and those with limited/no work experience have been developed, including "Operation 500" – a veteran employment effort – and the WIB Youth Employment Council. Additionally the CoC works closely with the community college and area universities to create vocational training programs and support students enrolled in college who are experiencing a housing crisis or qualifying under Maryland's UHY tuition waiver expansion. Finally, the CoC works with employers operating under a Community Benefit Agreement to refer unemployed or underemployed homeless to those opportunities.

3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)

The PIT team meets with street outreach teams throughout the year to update local encampments and hotspots and a dedicated phone number has been established and widely marketed for the public to report potentially unsheltered individuals for follow-up. Real-time transfers are made to this line by 211 and 311 call takers to ensure timeliness of dispatch and on-going geo-mapping is used to track these areas and ensure they are not missed on the day of the annual PIT Count. Street outreach works closely with community health workers, public safety officials and crisis response teams to further identify people who are potentially homeless and the areas they gather. This information is synthesized and routes developed that cover the entire geographical area of the County to ensure the most effective use of resources

and the most comprehensive PIT count coverage possible.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)?

No

3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?
(limit 1000 characters)

Not Applicable.

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy)

07/22/2016

3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data. (limit 1500 characters)

Not Applicable.

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing; 2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and 3. The highest needs for new and turnover units.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

		2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons		43	20	-23
Sheltered Count of chronically homeless persons		14	7	-7
Unsheltered Count of chronically homeless persons		29	13	-16

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015.
(limit 1000 characters)

There was a 50% decrease in sheltered CH and a 55% decrease in the number of unsheltered CH persons from the 2015 to 2016 PIT count. This is due to CoC prioritization for CH, an increase in dedicated CH beds within the CoC's PSH programs, improved processes for working with CH households, and better coordination throughout the CoC. Families and individuals identified as CH in emergency shelter are quickly linked to appropriate permanent housing options freeing up limited ES space for those experiencing situational homelessness. Expanded street outreach identifies and establishes relationships with CH individuals, and this year worked with the inhabitants of several encampments in order to move into PSH while keeping their community intact. Increased services and housing for homeless veterans as a result of CoC coordination with SSVF providers and the VA also helped to reduce the number of CH households in the CoC.

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	82	121	39

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count.
(limit 1000 characters)

The CoC continues to focus on increasing the number of dedicated PSH beds for the chronically homeless and rapidly identifying CH households for placement into those beds; adding 10 new beds in the 2014 CoC competition and 23 new beds in the 2015 CoC competition. Additionally several providers originally funded under the Samaritan bonus were able to add units to their program by leveraging non-CoC funds thus further increasing the supply of dedicated PSH beds. The CoC has also elected to utilize more shared housing - typically 2 and 3 bedroom apartments shared by unrelated chronically homeless adults -in our PSH programs. This has allowed us to increase beds at a lower cost, and has been particularly effective in housing chronically homeless individuals who have established strong relationships with other chronically homeless individuals at their encampment. Note: 3 recipient agencies (41 beds) were reported as non-dedicated CH in error in the 2016 HIC and will be corrected in 2017.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons   Yes

Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status?

3B-1.3a. If "Yes" was selected for question 3B-1.3, attach a copy of the CoC's written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found.   CE policy (7-9)

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?   Yes

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was "Yes" what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If "No" was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017?
(limit 1000 characters)

The CoC has implemented a multi-faceted approach to eliminating Chronic Homeless by 2017, including but not limited to: increasing dedicated PSH beds through reallocation, prioritizing all non-dedicated CoC system beds for chronic homeless persons, negotiating 200 set aside vouchers for homeless persons with a CH priority, prioritizing CH persons for coordinately entry and a sub-committee of CoC members representing street homelessness, behavioral and somatic health and SOAR that are responsible for the build out of a comprehensive street outreach effort aimed at continuously identifying and housing unsheltered persons and documenting CH status where applicable.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

Vulnerability to victimization:	X
Number of previous homeless episodes:	X
Unsheltered homelessness:	X
Criminal History:	X
Bad credit or rental history (including not having been a leaseholder):	
Head of household has mental/physical disabilities:	X
Families with children in CPS custody	X
Unaccompanied Homeless Youth ages 13-24	X
N/A:	

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless.
(limit 1000 characters)

The CoC's homeless hotline and 211 operators have been trained in diversion methods that include mediation with family and landlords as well as access to emergency funds to prevent entrance into homelessness. TNI@schools and FIA crisis workers are also trained in CoC diversion/prevention practices and provide a critical linkage between schools/mainstream offices and new families requesting assistance with a housing crisis. Should these safeguards fail and a family becomes homeless, they are immediately assessed by shelter staff and linked to Coordinated Entry (CE) where they are further evaluated for RRH, HCV, PSH and other services. Bi-weekly multi-disciplinary meetings allow providers to identify families with multiple barriers and work collaboratively to reduce barriers and end the homeless episode. In 2016, the CoC is expanding its response by increasing RRH and creating a housing position charged with educating and marketing RRH to landlords and managers of apartment complexes.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	3	11	8

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	X
There is a method for clients to alert CoC when involuntarily separated:	X
CoC holds trainings on preventing involuntary family separation, at least once a year:	X
None:	

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	113	105	-8
Sheltered Count of homeless households with children:	105	103	-2
Unsheltered Count of homeless households with children:	8	2	-6

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

Not applicable

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	X
Increase housing and service options for youth fleeing or attempting to flee trafficking:	X
Specific sampling methodology for enumerating and characterizing local youth trafficking:	
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	X
Community awareness training concerning youth trafficking:	X
County wide R U OK? social media campaign to reach disconnected youth at risk of trafficking / exploitation	X

N/A:	☐

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

Vulnerability to victimization:	X
Length of time homeless:	X
Unsheltered homelessness:	X
Lack of access to family and community support networks:	X
LGBTQ	X
	☐
N/A:	☐

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2105)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	32	61	29

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why.
(limit 1000 characters)

The CoC began recognizing unaccompanied homeless youth (UHY) as a distinct sub-population in 2012 and for the past 5 years, UHY have been a focal point of CoC development efforts. To date, the CoC has conducted 5 annual enumerative counts ensuring the CoC has a robust understanding of its population and their unique needs, created 14 emergency beds and 40 transitional beds, raised over $1M in construction and service funds, helped

pass State legislation adding UHY to Maryland's tuition waiver and is in the final stages of an "R U OK" social media campaign designed to engage disconnected youth. Youth identified as unsheltered are immediately connected to shelter and in FY 2016 alone, the County provided 63 UHY with emergency shelter and 80 UHY with transitional shelter. These efforts, along with strong collaboration with the school system, have led to a continuous reduction in the number of unsheltered youth over the last several years.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	$1,140,816.00	$1,221,501.00	$80,685.00
CoC Program funding for youth homelessness dedicated projects:	$100,816.00	$100,816.00	$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	$1,040,000.00	$1,120,685.00	$80,685.00

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	10
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	2
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	10

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts.
(limit 1000 characters)

The McKinney-Vento local education liaison and State educational coordinators are active participants in all CoC meetings and the local liaison sits on the CoC Board. Likewise the CoC is represented at local and state educational meetings. On a bi-annual basis the local education liaison provides updated training to all CoC members on the interface between the school system and homeless youth and coordinates with all family and youth shelters to ensure homeless youth are receiving services. The local liaison is a key participant in the identification of young people within the school system who are experiencing an episode of housing instability and makes direct referrals as needed to the youth shelter(s). The schools have participated in the homeless youth enumerations since the inception and the local liaison sits on the CoC's UHY sub-committee. Finally, DSS has established TNI@schools which places social workers in 41 high risk schools who serve as CoC liaisons in those

locations.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow.
(limit 2000 characters)

The CoC works closely with the County's school system including the system's Homeless Education Coordinator and Compliance Monitor in order to ensure that all members of the CoC including shelter providers, outreach workers, faith-based organizations and other providers of homeless services are knowledgeable about educational services and rights for the homeless. Flyers detailing the school rights of homeless children and youth are posted in all emergency and transitional shelters throughout the County and reviewed with families at their intake into a shelter and at subsequent case management meetings.
Policy #1: Within 24 hours or the first business day following entry into emergency, transitional and permanent housing programs, case managers are required to contact the School System's Homeless Coordinator and report the number of new children admitted to ensure uninterrupted school time.
Policy #2: Parents decide in coordination with the child's school representative, whether it is in the best interest of the child to stay in the same school he/she attended before placement or the school that serves the shelter address. The school system provides free transportation when needed as well as supports like fee waivers, school uniforms, school supplies, etc. to homeless students in order to eliminate barriers and ensure educational access.
Policy #3: The school must enroll a child immediately even if residency, school, and/or health records are not available.
Policy #4: All family and youth serving shelters must have a designated staff person in place to ensure school-aged children are enrolled in and consistently attending school, and receiving needed educational services and supports.

3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)

Yes. DSS, as the lead coordinating agency for the CoC, excutes an annual MOU with the the Prince George's County Health Department, Infants and Toddlers Program; the Board of Education of Prince George's County, Homeless Education Office, Early Childhood Office, Department of Food and Nutrition Services, Office of Head Start, Title I Office, and the Judy Hoyer Family Learning Center to improve outcomes and provide opportunities for homeless children, including birth to age five, to experience academic, social, and emotional success. (See attached education MOU)

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	35	26	-9
Sheltered count of homeless veterans:	20	19	-1
Unsheltered count of homeless veterans:	15	7	-8

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count.
(limit 1000 characters)

Not applicable

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF.
(limit 1000 characters)

Bi-weekly coordinated entry meetings with the VA, SSVF providers, and street outreach continuously identify new veterans experiencing homelessness. A list is generated that includes homeless veterans who contacted the County's

Homeless Hotline; those currently residing in the County's shelters; those located through street outreach, church feeding programs, or the regional VA; those temporarily detained at the County's correctional facility; and those identified through the Veteran Re-entry Court. Veterans on this list are assigned to individual agencies who then report out on their progress at subsequent meetings. In-reach into the County's Correctional facility allow SSVF and VA outreach teams to link to homeless veterans who will be released from jail within 90 days of entry and begin providing services to ensure they do not exit into homelessness. Finally, DSS (CoC lead), staffs an office at the VA's regional center and links at risk veterans with additional County resources.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	32	26	-18.75%
Unsheltered Count of homeless veterans:	16	7	-56.25%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016.

Yes

This question will not be scored.

3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016?
(limit 1000 characters)

CoC Strategies for ending veteran homelessness include: Improved collaboration between street outreach, Corrections, SSVF providers, behavioral health providers, the VA, Maryland's Committment to Veterans & Coordinated Entry to quickly identify homeless veterans and wrap needed services around them while eliminating redundancies in service; 100 Housing Choice vouchers set aside for homeless veterans who do not qualify for a VASH voucher or assistance through another VA program; prioritization of CH veterans for PSH and other homeless services within the CoC; a pool of funds (private and County) set aside to provide additional financial assistance to homeless veterans and expedite restoration of housing stability; and finally, partnerships with a number of property management companies who offer reduced rent and provide 2nd chance rental agreements to homeless veterans. All of these have helped the CoC reduce the length of time homeless among this sub-population.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients?   Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	22
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	20
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	91%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits.
(limit 1000 characters)

DSS (CoC Lead) is responsible for local implementation of the Affordable Care Act (ACA) and in partnership with the Health Department, has established numerous sites throughout the County with extended evening hours enabling easy access to services. Sister agencies, hospitals, FQHAs and the non-profit community operate additional host sites, significantly increasing the number of public access points. The deployment of Navigators as well as targeted outreach campaigns has been effective in enrolling the maximum number of individuals and since 2013, more than 65,000 uninsured residents have been

enrolled (95% being racial or ethnic minorities and over 33% speaking languages other than English). All CoC members are provided with extensive training to ensure program participants receive the coverage and services for which they are eligible and any homeless person presenting without insurance is immediately linked to a navigator to assist with their enrollment into available programs.

4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?

Educational materials:	X
In-Person Trainings:	X
Transportation to medical appointments:	X
On-site healthcare services delivered directly to shelter residents throughout the CoC	X
Not Applicable or None:	

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	20
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	20
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	20
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	20
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	100%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	X

Use of phone or internet-based services like 211:	X
Marketing in languages commonly spoken in the community:	X
Making physical and virtual locations accessible to those with disabilities:	X
Presentations on the CoC and Coordinated Entry to behavioral and somatic health providers, and public safety agencies	X
Annual Veteran Stand Down & Homeless Resource Day	X
Not applicable:	

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	3	11	8

4B-5. Are any new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?   No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
(limit 1000 characters)

Not applicable

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?   No

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan.
(limit 2500 characters)

Not applicable.

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD.
(limit 1500 characters)

Not applicable.

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. No

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	
CoC Systems Performance Measurement:	
Coordinated Entry:	
Data reporting and data analysis:	
HMIS:	

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	☐
Maximizing the use of mainstream resources:	☐
Retooling transitional housing:	☐
Rapid re-housing:	☐
Under-performing program recipient, subrecipient or project:	☐
	☐
Not applicable:	☐

4B-9b. Indicate the type(s) of Technical Aassistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

Attachment Details

Document Description: HUD.2016.Attachment 01. Evidence of the CoC's Communication to rejected participants

Attachment Details

Document Description: HUD.2016.02.Consolidated Application Public Posting Evidence

Attachment Details

Document Description: HUD.2016.03.CoC Rating and Review Procedure

Attachment Details

Document Description: HUD.2016.04.Rating and Review Public Posting Evidence

Attachment Details

Document Description: HUD.2016.05.CoC Process for Reallocation

Attachment Details

Document Description: HUD.2016.06.CoC Governance Charter

Attachment Details

Document Description: HUD.2016.07.HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: HUD.2016.09.PHA Administration Plan

Attachment Details

Document Description:

Attachment Details

Document Description: HUD.2016.11.CoC Written Standards for Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description: HUD.2016.13.HDX-System Performance Measures

Attachment Details

Document Description: HUD.2016.14.Other.MOU with the Board of Education of Prince George's County

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	08/26/2016
1B. CoC Engagement	09/13/2016
1C. Coordination	09/14/2016

1D. CoC Discharge Planning	08/31/2016
1E. Coordinated Assessment	09/14/2016
1F. Project Review	09/14/2016
1G. Addressing Project Capacity	09/13/2016
2A. HMIS Implementation	09/13/2016
2B. HMIS Funding Sources	09/05/2016
2C. HMIS Beds	09/14/2016
2D. HMIS Data Quality	09/14/2016
2E. Sheltered PIT	09/14/2016
2F. Sheltered Data - Methods	09/13/2016
2G. Sheltered Data - Quality	08/31/2016
2H. Unsheltered PIT	09/13/2016
2I. Unsheltered Data - Methods	09/14/2016
2J. Unsheltered Data - Quality	09/12/2016
3A. System Performance	09/14/2016
3B. Objective 1	09/14/2016
3B. Objective 2	09/14/2016
3B. Objective 3	09/13/2016
4A. Benefits	09/13/2016
4B. Additional Policies	09/14/2016
4C. Attachments	09/14/2016
Submission Summary	No Input Required