

Before Starting the CoC Application

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

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

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

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

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

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

1A-3. CoC Designation: CA

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

1B. Coordination and Engagement–Accountable Structure and Participation

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

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	
5.	Disability Advocate(s)	Yes	
6.	Disability Service Organization(s)	Yes	
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	
9.	Faith-based Organization(s)	Yes	
10.	Homeless or Formerly Homeless Person(s)	Yes	1
11.	Hospital(s)	Yes	
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	1
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	
16.	Local Government Staff/Official(s)	Yes	1

17.	State Government Staff/Official(s)	No	
18.	State or Local Elected Public Official(s)	Yes	
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	
21.	Mental Illness Advocate(s)	Yes	
22.	Organization(s) led by and serving people with disabilities	No	
23.	Other homeless subpopulation advocate(s)	Yes	
24.	Other nonprofit homeless assistance provider(s)	Yes	2
25.	Other social service provider(s)	Yes	
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	
30.	Street Outreach Team(s)	Yes	
31.	Substance Abuse Advocate(s)	Yes	
32.	Substance Abuse Service Organization(s)	Yes	
33.	Universities	Yes	
34.	Veteran Serving Organization(s)	Yes	
35.	Agencies Serving Survivors of Human Trafficking	Yes	
36.	Victim Service Provider(s)	Yes	
37.	Domestic Violence Advocate(s)	Yes	
38.	Other Victim Service Organization(s)	Yes	
39.	State Domestic Violence Coalition	Yes	
40.	State Sexual Assault Coalition	Yes	
41.	Youth Advocate(s)	Yes	1
42.	Youth Homeless Organization(s)	Yes	1
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	1
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	
	Other: (limit 50 characters)		
46.			
47.			

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The CoC keeps membership open year-round. Meetings are publicly announced, and anyone may join at any time. New members are added to the CoC distribution list and receive all notices and materials. At least annually, the CoC reviews its membership for gaps and issues a public invitation to join, posted on the CoC website <https://www.princegeorgescountymd.gov/departments-offices/social-services/services/community-services/homeless-services> and was sent to all CoC and partner listservs on 11/24/2025. The invitation is also shared through the County website and social media, electronic message boards in public benefit offices, the 24/7 Homeless Hotline, and street outreach teams. Materials are available with telephonic and in-person interpretation, ASL and TTY. Two standing groups are made up entirely of people with current or past experience of homelessness: the Youth Action Board (YAB) and Persons with Lived Experience and Expertise (PLEE). Both recruit on a continuous basis through outreach, shelters, drop-in centers and youth events. CoC members also invite organizations they work with outside the CoC, and the CoC invites new organizations when a gap in representation is found.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.
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(limit 2,500 characters)

The CoC includes more than 100 agencies, a 15-member CoC Board, and working subcommittees organized by population and function. Over the past year the CoC completed a community planning process defining its priorities for preventing and ending homelessness through 2035. More than 350 individuals - including public officials, local and state law enforcement, corrections, hospital administrators and staff, faith-based organizations, nonprofit service providers, educators, and concerned citizens - participated across eight planning meetings and two full-day community sessions. Workgroups organized around housing, healthcare, access and outreach, and data. People with Lived Experience and Expertise shaped the process from the start. The process produced seven shared priorities, including expanding affordable and supportive housing, strengthening behavioral health services, preventing homelessness before it starts, improving data quality, and securing sustainable long-term funding. The CoC holds monthly board meetings, as well as quarterly membership meetings that are open to the public, where it reports on system performance and seeks input on strategy and priorities. The CoC gathers opinions through listening sessions, electronic and in-person surveys in English and Spanish, focus groups, the County website, the 24/7 hotline and street outreach. YAB and PLEE review CoC policies and competition materials. For FY2026, the CoC Board adopted local funding priorities on June 2, 2026 based on the 2026 PIT count, HMIS and Coordinated Entry data, and member input. The Board used these priorities to set the project types solicited in the local competition: transitional housing with intensive services, standalone supportive services, and street outreach. For example, the addition of street outreach and standalone supportive services to the complement of CoC eligible projects was a result of needs analysis, the increased number of unsheltered homeless identified during the PIT, and member input.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

The CoC announced the upcoming FY2026 local competition on May 8, 2026 at an open CoC meeting; the invitation was sent to all CoC and partner listservs. A follow-up meeting of the full CoC was held on June 2, 2026 to review the HUD NOFO and solicit and provide guidance to interested applicants. This meeting was open to the public and announced in advance on the CoC website and by an invitation sent to all CoC and partner listservs. The competition notice, scoring tools, competition resources and deadlines were posted on the CoC website Homeless Services | Prince George's County. The notice invited applications from any eligible organization, including faith-based organizations and organizations that have never received CoC Program funding. The CoC held two additional information sessions and office hours on June 11 and 17, 2026 and offered one-on-one technical assistance to new applicants. New projects were scored on separate scorecards that measure capacity and proposed design rather than prior HUD performance, so organizations without a CoC grant history could compete. Three organizations with no prior CoC Program award submitted letters of intent, but none of them completed and submitted an application for the internal project competition.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.	
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

The 2026 Point in Time count identified 115 unsheltered people (all single adults) (HDX 2026 Competition Report). Among all single adults counted this year, 107 had a serious mental illness, 76 had a chronic health condition, 60 had a physical disability, and 46 had a substance use disorder. In 2025, CoC Street Outreach teams worked with 210 people, of which only 14 exited to permanent housing (SPM 7a.1). This data points to a significant service gap in the CoC. Unsheltered adults in Prince George's County have high medical and behavioral health needs, and the CoC has few service-rich options between the street and permanent housing with which to serve them.

Strategy. The CoC ranked six new standalone supportive services projects and a medical respite project for FY2026 and 9 new service-intensive transitional housing projects. These projects serve single adults, families, youth and survivors. Outreach teams, the Hotline and CE will prioritize unsheltered people for these beds. The CoC recently received approval for an expansion of 300 concurrent participant spaces through the Assistance in Community Integration Services (ACIS) program to use the Maryland 1115 Medicaid Waiver to fund supportive services for homeless persons with two or more chronic medical conditions, and is in the implementation stage. These steps will extend the CoC's reach to people whose medical complexity has kept them outside the system. In addition to serving this medically vulnerable and increasingly elderly population, newly approved SSO and service-rich TH programs will serve youth through YHDP projects and survivors through DV projects and the victim service provider CE process.

Measures. Reduce unsheltered PIT from 115 to 50 by the 2028 count. Increase permanent housing exits (40% street outreach, 60% emergency shelter, 80% transitional housing, 80% rapid rehousing, 90% permanent housing). Keep returns to homelessness within 24 months at or below 5.8% (SPM 2).

Timeline. Recognizing the importance of timely interventions when someone has lost housing, the CoC Board has set tight implementation deadlines for newly funded projects. New SSO project begin operation within 30 days of grant execution. New beds open within 90 days of grant execution with occupancy at or above 75% by 6 months. The CoC board is the body responsible for oversight.

1B-5a Confirmation of Plan Coverage.

Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	36%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

n/a

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

Prince George's CoC maintains strong partnerships with behavioral health, substance use disorder, and recovery service providers to ensure households experiencing homelessness can access appropriate levels of care. Through Coordinated Entry and HMIS, the CoC identifies behavioral health needs, makes referrals, and connects households to housing programs that integrate treatment and recovery services. Housing providers offer on-site or coordinated mental health and substance use disorder treatment, care coordination, and recovery supports to promote recovery, wellness, and long-term housing stability.

Direct In-House Programs

- People Encouraging People (PEP): Has an in-house Assertive Community Treatment (ACT) Team delivering intensive, multi-disciplinary mental health treatment, and AA/NA support groups
- Volunteers of America Chesapeake & Carolinas (VOACC): Operates the VOA Hope Center, a Certified Community Behavioral Health Clinic (CCBHC) offering integrated outpatient mental health, and peer recovery support.
- House of Ruth Maryland (HRM): Employs licensed clinicians providing evidence-based trauma therapy for adults and children, paired with a dedicated grant-funded Peer Recovery Support Specialist for SUD mentoring and crisis stabilization.
- Kirstin's Haven Inc. (KHI) is twinned with Kirstin Care, LLC (a Medicaid-reimbursable behavioral health clinic) for on-site Psychiatric Rehabilitation Programs (PRP), individual/group therapy, and substance abuse therapy
- The Ladies of Hope Ministries (LOHM): Operates the HOPE Hub with an on-site clinician for substance abuse therapy, paired with a formal MOU with EPIC Health PBC for psychiatric evaluations, therapy, and medication management

Formal Partnerships

- MD Department of Health Behavioral Health Administration (BHA) integrates care through the Public Behavioral Health System (PBHS).
- Laurel Advocacy and Referral Services (LARS): Integrates formal referral workflows with Pyramid Healthcare for SUD assessments, counseling, and recovery supports.
- Latin American Youth Center (LAYC): Partners with iMind Mental Health Center (urgent care, inpatient/outpatient treatment) and the Adolescent Recovery Clubhouse of PGC for youth SUD and behavioral health care.
- Jobs Have Priority (JHP), UCAP, and Covenant House (CHGW): Maintain formalized linkages with regional hospital systems, county health departments, and specialized PRP agencies.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

CoC projects connect participants to peer support through The Prince George's County Behavioral Health Division who provides peer-led, recovery-focused support for people with mental health and substance use challenges, as well as those reentering the community after incarceration, and NAMI Prince George's County – a CoC member organization. Participants who want peer support are referred during case management and Coordinated Entry assessment, and all CoC outreach teams engage peer specialists. The CoC also builds peer capacity in its own workforce. The CoC Lead has hired people with lived experience of homelessness into a street outreach leadership role and into mainstream benefits positions, and pays stipends to Youth Action Board and PLEE members for their work. More than half of the CoC's permanent supportive housing programs use peer-based strategies and have peer support specialists on staff to strengthen participant engagement, promote recovery, and support long-term housing stability. These partnerships strengthen housing stability by engaging participants through shared lived experience, reducing stigma, improving trust and retention in services, and helping individuals navigate complex behavioral health and recovery systems. Peer specialists assist participants in identifying barriers that may threaten housing, developing wellness and relapse-prevention plans, strengthening natural support networks, and reconnecting quickly to care when challenges arise. Through peer support and recovery navigation, participants receive individualized, culturally responsive assistance that promotes recovery, housing retention, and greater independence.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

The CoC identifies people with serious mental illness through street outreach, the 24/7 Homeless Hotline, shelter staff and CE assessment, which records disabling conditions in HMIS. In 2025, 305 of 884 people in CoC-funded TH, RRH and PSH reported a mental health disorder at entry (CoC APR). People with serious mental illness are referred to the MDH-BHA PSH projects operated with the County Health Department, to Assertive Community Treatment teams, and to mobile crisis teams. Navigation staff help facilitate connections and coordinate with behavioral health providers as households move through the housing process. The CoC works closely with community-based health providers and share case conferencing of shared system users to receive appropriate treatment and ongoing behavioral health services. This coordinated approach allows housing and supportive service needs to be addressed together, rather than treating housing as separate from behavioral health care. Recent and ongoing trainings include but are not limited to Mental Health Awareness & Services, Suicide Prevention, Self-Care & Wellness, and certified Narcan Training.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

The CoC collaborates with Prince George's County Drug Treatment Court to facilitate supervised treatment pathways for homeless individuals charged with drug possession, drug use, or other low-level offenses.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

The CoC coordinates with the Prince George's County Drug Treatment Court so that participants whose court orders include treatment or housing stability conditions have a housing plan. Court appointed case managers are active participants in the CoC. Through coordinated referrals and transition planning, partners connect individuals to interim and permanent housing, peer recovery coaching, behavioral health care, benefits, employment preparation, and other community-based supports. When a problem-solving court participant is homeless or at risk, court case managers contact the 24/7 Homeless Hotline or the CE lead, the participant is assessed, and depending on needs the person is referred to homeless diversion programs, Hope House or Adam's House (both non-CoC funded re-entry housing providers who participate in the CoC), CoC-funded housing programs, or emergency shelter. When applicable and with appropriate consent, the CoC and its partners leverage court orders, probation or parole conditions, treatment requirements, and court-approved transition plans as tools for service coordination and accountability. Court requirements help clarify responsibilities, support consistent participation in treatment and recovery services, and strengthen communication among court personnel, supervision agencies, housing providers, and service teams. Services remain individualized and focused on participant needs. Together, these coordinated supports reduce gaps at discharge, prevent returns to homelessness or incarceration, promote housing retention, and help participants progress toward recovery, employment, self-sufficiency, and long-term independence. CoC providers share progress with the court only with the participant's written consent, consistent with HMIS privacy rules and 42 CFR Part 2 where it applies. Maryland's Assisted Outpatient Treatment law (Health-Gen. §10-6A, 2024) allows courts to order community treatment for adults with serious mental illness who have difficulty engaging in care. AOT is not yet operating in Prince George's County; the State plans expansion in 2027.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

The CoC partners with the County's mobile crisis and ACT teams. 988 and the 24/7 Homeless Hotline are both answered by CCSI, a CoC member, so a crisis call can move directly to shelter and Coordinated Entry.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	0

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?		Yes

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

The PGC CoC maintains formal partnerships with behavioral health providers. Prince George's County Department of Social Services, which is also the collaborative applicant administers the federal "Projects for Assistance in Transition from Homelessness" (PATH) program for individuals with serious mental illness experiencing homelessness. Volunteers of America Chesapeake operates a SAMHSA-funded Certified Community Behavioral Health Clinic expansion site in Greenbelt.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

While there are no CoC-funded sober housing projects, the expanded CoC memberships includes providers of sober housing.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

Crisis, treatment and hospital partners reach the CoC through the 24/7 Homeless Hotline, which is operated by the same agency that answers 988, so a person leaving crisis care, detox or a hospital can be screened for shelter and entered into Coordinated Entry before discharge. Street outreach navigators accompany people to appointments and intake. The CoC coordinates closely with treatment and recovery providers to ensure warm handoffs into stable housing and prevent homelessness. This includes shared care plans, coordinated transportation, and direct communication between clinicians and housing case managers. Outreach teams conduct field-based follow-up with individuals who disengage from treatment or miss appointments. Through these partnerships and coordinated referrals, individuals who need treatment/recovery programs are connected quickly to available inpatient programs, where stable housing and other supports can be provided to prevent homelessness at discharge. The CoC has access to a robust network of non-CoC funded recovery housing programs that allow clinicians to transfer individuals directly from treatment into safe, recovery focused housing before a crisis occurs. Recovery housing serves people recovering from substance use disorder, often with co-occurring mental health conditions, who lack safe or stable housing apart from environments where substance use is present. The CoC maintains strong partnerships with recovery housing providers, some of which also operate CoC funded housing programs. The CoC also coordinates with substance use treatment facilities to identify individuals in treatment who are at risk of homelessness.

1C-2. Supportive Services Investment.

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$13,361,801
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$4,843,156

3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	36%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$2,603,605
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	56%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	38.00%
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1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The CoC consults with the County's ESG recipient--who is also the CoC Collaborative Applicant - the Department of Housing and Community Development, and with State ESG staff on the planning and allocation of ESG funds. The CoC provides PIT and HIC data for the Consolidated Plan, reviews ESG priorities and performance each year, and ESG-funded shelters and RRH projects report in the same HMIS as CoC projects, so ESG performance is evaluated with the same data.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

Every emergency shelter in the County participates in Coordinated Entry and HMIS (HIC 2026: 363 of 363 year-round ES beds covered, including 44 victim service beds in a comparable database). Shelter staff complete the CE assessment, screen for mainstream benefits within 72 hours of entry, and bring households to bi-weekly case conferencing, where the by-name list is used to match them to TH, RRH, PSH and PHA resources. Street outreach can place people directly into shelter.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

The HMIS Lead shares PIT, HIC, HMIS and System Performance Measure data with the County's Consolidated Plan agencies, the CoC Board and membership, and State partners as permitted by law and the HMIS privacy policy. HMIS covers 100% of year-round beds in every project type (HIC 2026).

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

The CoC uses data from outside HMIS to identify people who move between homelessness and other public systems and to target services to them including hospital admission, discharge and transfer alerts through CRISP, Maryland's health information exchange; jail booking or release data from the Department of Corrections; or matches through the County's data warehouse. Because the CoC Lead also administers TANF, SNAP and Medicaid in the County, benefit status can be checked for CoC participants with their consent, which supports enrollment and recertification. Victim service providers do not share identifying information; survivors are included only through de-identified or aggregate data.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

The CoC partners with Employ Prince George's, the County's Local Workforce Development Board and American Job Center operator, which trains CoC provider staff and gives CoC participants priority access to WIOA services. Other partners include Prince George's Community College (occupational training), the Bridge Center at Adam's House (rapid employment for returning residents), the State Division of Rehabilitation Services and the County developmental disabilities agency for supported employment.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

Street outreach covers 100% of the County through three zones, each with a dedicated navigator, plus an at-large youth navigator. Navigators work with police Community Policing units, Fire/EMS Mobile Integrated Health teams, mobile crisis teams, and Metro and park staff. When a first responder encounters a person living outside, the officer or medic contacts the outreach team or the Hotline, and outreach follows up within 24 hours. Street outreach in Prince George's County now includes a formal joint outreach effort with law enforcement that began in August 2025. Outreach staff collaborate primarily with Division VIII and Division I officers. Since launch, the team has engaged 51 people experiencing homelessness. Of those, 21 accepted resources: 16 received shelter placements and 3 accepted inpatient treatment for alcohol and substance use disorders. The joint effort includes regular visits to the powerlines encampment alongside police, Pepco, and the Department of Permits, Inspections and Enforcement. This partnership has improved rapport between outreach staff and law enforcement and expanded the County's knowledge of unsheltered locations, directly strengthening its capacity to provide services and resolve homelessness for unsheltered individuals.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

CoC projects and CE staff use diversion conversations, family mediation and reunification to help people return safely to family or friends when that is what they want. In 2025, 23 people leaving CoC-funded TH, RRH and PSH moved in with family or friends on a permanent basis (APR Q23c).

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

The CoC and its projects cooperate with, and do not interfere with, local law enforcement and first responders. Outreach navigators respond to referrals from police Community Policing units, Fire/EMS Mobile Integrated Health teams and mobile crisis teams, and help officers connect people to shelter, treatment and CE. Providers respond to lawful requests for information in line with HMIS privacy and VAWA confidentiality rules. A law enforcement representative and a local jail representative sit on the CoC Board (1B-1).

On August 15, 2025, the Prince George's County Department of Social Services (DSS) launched a coordinated street outreach and law enforcement co-response initiative in collaboration with the Prince George's County Police Department (PGPD). This partnership strengthens the CoC's community-wide response to unsheltered homelessness by combining PGPD District 8's community presence and knowledge of locations where unsheltered individuals are frequently encountered with DSS Street Outreach's expertise in engagement, assessment, service navigation, shelter placement, and connection to the broader homeless response system.

Through this initiative, the CoC established a structured law enforcement and street outreach co-response model that expands the reach of outreach services, strengthens coordination with first responders, and improves the community's capacity to identify and engage people experiencing unsheltered homelessness. The partnership supports HUD priorities by advancing cross-system collaboration, positive engagement with law enforcement, connection to CoC services, reductions in unsheltered homelessness, public safety, and exits from street homelessness to positive destinations.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Joint Outreach with Law Enforcement. Street outreach in Prince George's County now includes a formal joint outreach effort with law enforcement that began in August 2025. Outreach staff collaborate primarily with Division VIII and Division I officers. Since launch, the team has engaged 51 people experiencing homelessness. Of those, 21 accepted resources: 16 received shelter placements and 3 accepted inpatient treatment for alcohol and substance use disorders. The joint effort includes regular visits to the powerlines encampment alongside police, Pepco, and the Department of Permits, Inspections and Enforcement. This partnership has improved rapport between outreach staff and law enforcement and expanded the County's knowledge of unsheltered locations, directly strengthening its capacity to serve the most vulnerable. The county has issued orders to vacate encampments, especially when they cause property damage or safety hazards, but enforcement is often contested. By coordinating street outreach with local law enforcement efforts to clear encampments, we help ensure public safety while increasing the CoCs capacity to meet the needs of unsheltered people. Working with the police, the street outreach team provides wellness checks, basic supplies, transportation to shelter, and referrals to housing, behavioral health, and benefits. They assess every encampment resident on site, add them to the by-name list, prioritize them for shelter beds, RRH, and PSH, and document each housing or shelter offer.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

Local law enforcement is focused on protecting the public safety of all county residents. They are a part of the CoC's street outreach teams and work in conjunction with the CoC to dismantle encampments in a way that ensures the safety and dignity of all involved. There are currently seven active encampments in the CoC geographic area ranging in size from 2-45 people; 8 encampments have been disbanded in the last year.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Laws and practices that help: Maryland Criminal Law §5-601 prohibits possession and use of controlled dangerous substances. Maryland's Good Samaritan law protects people who seek medical help during an overdose from arrest for certain drug offenses, which encourages calls for help. The county's drug court mandates treatment for first time and low-level repeat offenders. 24/7 detox and crisis stabilization is available in the county and Medicaid covers withdrawal management and residential treatment. However, there is limited same-day treatment options and more in-patient drug treatment resources are needed.

Plan: The CoC has a Community Engagement Agreement with local law enforcement and Street Outreach, which has local law enforcement on staff, responds to locations where public drug use is reported by police, parks staff or businesses. Outreach staff carry naloxone and are trained in overdose response. Outreach offers same-day connection to treatment or withdrawal management, and to shelter and Coordinated Entry. CoC projects do not operate or fund consumption sites and do not distribute drug paraphernalia.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

In August 2025 to July 2026 there were 123 overdose deaths, 83 of which were opioid related, 310 opioid related ER visits and 740 EMS naloxone administration encounters. There were 134 overdose deaths during the same period the previous year. Drug overdoses, particularly opioid-related overdose deaths, have been on a downward trend since their high of 225 deaths in 2021. Broader public awareness and community education, along with greater availability of naloxone and increased treatment options are helping reduce drug-related deaths. (MDH Dashboard)

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Laws and practices that help: Maryland Health-General §10-622 allows a clinician, peace officer or other interested person to petition for an emergency evaluation when a person has a mental disorder and presents a danger to self or others. [COUNTY PRACTICE: describe how emergency evaluations work in the County, such as Crisis Intervention Team officers, mobile crisis teams, and the designated emergency facilities.] Maryland's Assisted Outpatient Treatment law (Health-Gen. §10-6A, 2024) allows court-ordered community treatment, but it is not yet operating in Prince George's County.

Laws and practices that hinder: An emergency evaluation hold is limited to 30 hours, and people are often released without a housing plan. Psychiatric bed shortages lead to emergency department boarding. AOT is not yet available in the County.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Maryland is one of 18 states the Department of Justice has found to have substantially implemented SORNA. State law (Md. Crim. Proc. §11-705(d)) requires registrants who are homeless to register in person every week with local law enforcement in the county where they habitually live. No State or County law prevents CoC providers from sharing location information with law enforcement in response to a lawful request. [CA: describe the CoC's HMIS privacy provision on legally required disclosures, any shelter screening policy for congregate settings serving children, and staff training.]

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

Outreach reaches every part of the County through three coverage zones, each with a dedicated navigator, and an at-large navigator focused on youth, led by a team lead with lived experience of homelessness. The team works with a partner network that includes mobile crisis, police Community Policing units, Fire/EMS Mobile Integrated Health, SSVF and VA outreach, SOAR staff, libraries, parks staff, faith communities, emergency departments and drop-in centers, which report newly identified people to the team lead for follow-up. All teams have bilingual staff or language-line access. YHDP street outreach projects (Sasha Bruce, LAYC) focus on youth under 25. People contacted are assessed for CE and added to the by-name list.

1C-12.	Collaboration Related to Children and Youth—Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

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

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	Yes
6.	Other Post-Secondary Education Provider(s)	Yes

1C-12b. Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

CoC written standards require every shelter and housing provider to inform families and youth at entry of their rights to educational services under McKinney-Vento, and to help enroll children with the liaison at the school of origin or the nearest school, based on the family's choice. Providers arrange transportation with the school system. The school system's homeless liaisons train CoC providers twice a year and present annually to the CoC. The local community college and the University of Maryland are both part of the CoC and participate in a program which grants tuition waivers to unaccompanied homeless youth. The University of Maryland is also a sub-recipient on a CoC YHDP grant in a project that provides host homes and broad ranging support to enrolled students who are experiencing homelessness.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

The CoC Lead, the Prince George's County Department of Social Services, also operates the County's child welfare and foster care services, so youth leaving foster care can be identified before discharge. Youth leaving care are connected to Family Unification Program vouchers for youth (FUP-Y) and Foster Youth to Independence (FYI) vouchers through joint applications with the Housing Authority of Prince George's County, and to YHDP projects. Families at risk of child removal because of housing are co-case-managed by child welfare and CoC staff, and Family Unification Program vouchers are used to keep families together or reunify them.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

There are no RHY-funded providers operating in the CoC. However, the CoC has established a strong, youth-focused housing continuum using various partnerships/state, local, and federal funding streams to support the same young people.

HSP grants specifically dedicated to Youth RRH and Youth HP to keep young people housed or quickly re-house them.

-Partner w/St. Ann's Center for Children, Youth and Families to offer supportive housing, residential care, and comprehensive case management for pregnant and parenting young adults.

-YHDP funding, we support TH, and a Youth Drop-In ctr- also emergency shelter promise place

-Active YAB ensures young adults with lived experience directly guide our system improvements and youth-specific programming.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

PGCDSS TH-RRH primarily serves families with children experiencing homelessness.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

Recognizing that income growth is critical to long-term stability, PGCDSS integrates direct workforce development strategies into participant service plans:

- **In-House & Partner Workforce Pathways:** PGCDSS links participants directly with County workforce resources, including the Prince George's County Job Center Network, vocational training, local employment initiatives, and to Prince George's Community College workforce programs.
- **Barrier Reduction for Job Seekers:** Program funds and supportive services remove employment barriers, assisting with transportation, childcare, job search tools, and resume/interview preparation.
- **Earned Income Tracking at Entry, Update, and Exit:** Case managers log all changes in earned income into HMIS during regular updates and final exit assessments. This ensures earned income increases are accurately captured for every working-age participant capable of employment.

Case managers set an income goal with each adult in the service plan and review it monthly. Last year, the program successfully exited 25 households, achieving a 68% permanent housing destination rate. Furthermore, 36.36% of adult leavers increased their overall income, while 63.6% maintained or gained non-cash benefits (such as SNAP). Notably, 100% of exiting clients maintained health insurance (primarily Medicaid), reinforcing health stabilization as participants transition to self-sufficiency.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

The program provides an array of housing and trauma-informed support services to meet the unique needs of each household, including employment and underemployment services, money management, credit counseling, education, parenting and life-skills training, and substance use and mental health treatment options. With a primary focus on transitioning eligible households into permanent, stable housing, case management services will help residents develop short- and long-range service plans that support securing and maintaining decent, affordable housing; resolve unemployment or underemployment challenges; mitigate factors that caused housing loss to prevent future homelessness; and access and enroll in mainstream benefits and entitlements—including Social Security, Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI), Supplemental Nutrition Assistance Program (SNAP), Medicaid/Medicare, VA Benefits, Purchase of Care, and Temporary Cash Assistance (TCA). In addition, the program will connect participants to non-traditional community resources to help them build appropriate support networks necessary for a successful transition to independence.

As the administrator of Maryland's core public benefit programs, PGCDSS systematically connects TH participants to cash and food assistance without delays:

- SNAP & TANF: Eligibility specialists facilitate expedited processing for SNAP and Temporary Cash Assistance (TANF) for eligible families upon intake.
- Emergency & Energy Support: Participants receive direct access to the Office of Home Energy Programs and local emergency food/housing assistance funds to support financial stabilization during their transitional stay.
- Medicaid & Medicare Enrollment: Case managers conduct health assessments at entry, enrolling eligible participants into Maryland Health Connection (Medicaid) or assisting with Medicare coverage.
- SOAR-Assisted Disability Benefits: PGCDSS utilizes SOAR-trained caseworkers to accelerate application timelines for SSI and SSDI for eligible participants with disabilities.
- Healthcare & Behavioral Health Network: Primary medical, dental, and preventive care are provided through local Federally Qualified Health Centers (FQHCs). Mental health and substance recovery services are leveraged via the County Health Department, Mobile Crisis Teams, and Core Service Agencies (CSAs).

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

PGCDSS TH connects families to child care through the Maryland Child Care Scholarship program, to parenting support through home visiting, parenting skills classes incorporated into the 20 hour a week available programming, and linkages to Early Head Start, to prenatal and pediatric care through Medicaid and Federally Qualified Health Centers or the Health Department, and to school enrollment through the McKinney-Vento liaison.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

The CoC partners with the VA Medical Center's homeless program and SSVF grantees serving the County (Friendship Place, Housing Counseling Services, US Vets, and Operation Renewed Hope). VA and SSVF outreach teams are part of the CoC outreach network, HUD-VASH vouchers are filled through Coordinated Entry, and veterans are identified at CE assessment and referred to VA and SSVF. The County's current Built for Zero focus is on quickly housing all veterans.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

The CoC partners with House of Ruth Maryland, Ladies of Hope Ministries, and CCSI, which operates the County's domestic violence hotline and emergency DV shelter, and with the Maryland Network Against Domestic Violence (State DV coalition) and the Prince George's County Family Justice Center. Survivors enter through a victim service CE process that uses de-identified referrals and a comparable database.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

Prince George's County provides a coordinated reentry ecosystem through the Returning Citizen Affairs Division (RCAD), which aligns government, nonprofit, and community-based services to support returning citizens. Representatives from RCAD are part of the CoC and participate in Coordinated Entry. The county also has a Pay for Success program that seeks to align crisis services – ER, shelter, and corrections – in order to identify high system utilizers, and coordinate services and interventions

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

The County's Pay for Success program aligns crisis services (emergency rooms, shelter and corrections) to identify high system utilizers and coordinate interventions that reduce use of those services. Through it, the CoC takes part in case conferencing with the PG Healthcare Alliance, Greater Baden Medical Center, Kaiser Permanente and local emergency departments for discharge planning and referrals. The CoC also ranked a new medical respite project in FY2026.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

The CoC coordinates with the Dept of Family Services' Aging and Disabilities Services to strengthen housing and services for older adults experiencing homelessness or housing instability. Partners coordinate high-risk case conferencing, case stabilization, and direct referrals to Senior Care, assisted living subsidies, Adult Protective Services, and other community-based resources. The CoC partners with College Park Housing Authority and ACIS to expand access to housing and supportive services.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

KHI Permanent Supportive Housing operated by Kirstin's Haven

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

KHI Permanent Supportive Housing operated by Kirstin's Haven prioritizes people experiencing chronic homelessness. All 28 beds are dedicated to chronic homelessness, and participants are referred through Coordinated Entry in the CoC's order of priority. KHI provides on-site behavioral health care through a Psychiatric Rehabilitation Program (PRP) operated by their sister-organization Kirstin Care, a Medicaid-reimbursable, CARF certified, behavioral health clinic. The PRP provides structured, individualized support to help adults with mental health challenges develop life skills, achieve independence, and improve overall well-being. Kirstin Care also provides substance abuse education and individual and group therapy, intensive outpatient treatment, and a supported employment program. Clinical appointments with licensed medical professionals and group therapy are held at Kirstin Care's offices with transportation provided, and follow-up appointments and weekly wellness checks take place in the participants units.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

Assessments for a higher level of care are done by Kirstin Care's clinical director with input from PRP staff and KHI case managers. In addition to clinical case notes and case manager feedback repeated hospitalizations, an identified need for inpatient recovery services, safety concerns, the inability to manage daily living tasks, even when home health support has been offered – and the participants own preferences are taken into account.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

Move-on readiness is assessed every six months, criteria such as income stability and service needs, tenant preference, and connection to family or other community supports are taken into account. Tenants who are ready are connected to the Housing Authority of Prince George's County's moving-on preference and other affordable housing, with follow-up case management after the move.

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

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/30/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/30/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/06/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/22/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

The CoC's written reallocation policy allows funds to be reallocated either voluntarily or through a competitive process that reduces or eliminates lower-performing or less-needed projects. Candidates are identified using project performance on system performance measures, bed utilization, cost effectiveness, HMIS participation and data quality, and grants management, including spending and draw history. The policy is posted on the CoC website; it was reviewed and ratified by the CoC on June 2, 2026.

2. In the FY2026 local competition, 10 projects decided to voluntarily reallocate.

3. The CoC reallocated 10 expiring grants to create new transitional housing, DV transitional housing and supportive services projects that match the CoC's FY2026 priorities.

4. N/A

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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2A. Homeless Management Information System (HMIS) and System Performance

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Wellsky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	PIT Count—Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

1.The 2026 count was conducted on February 4, 2026. Severe weather and icy road conditions delayed the count by one week, for which we received a HUD waiver. The 2026 count was the most methodologically rigorous Prince George's County has conducted in several years. For the first time, over 50 trained community volunteers joined professional outreach staff for a structured nighttime count. In prior years, the unsheltered count relied primarily on paid provider staff. Adding volunteers expanded coverage significantly. All catchment areas were fully covered. Shelter transport was available throughout the night. Count teams had more supplies and Narcan kits than in any prior year. Volunteer training was offered in multiple formats, including in person on count night and on-demand video.

2.The 2026 count found 115 single adults unsheltered; no unsheltered families were identified on count night. Among single adults counted this year, 107 had a serious mental illness, 76 had a chronic health condition, 60 had a physical disability, and 46 had a substance use disorder. In 2025, the PIT identified 55 unsheltered people which was almost certainly an undercount. Encampment sweeps in the weeks before last year's count, combined with a more limited methodology, suppressed that result. This year's count covered more ground with more people and better tools. The higher number reflects a more accurate picture of unsheltered homelessness in the County.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

Joint Outreach with Law Enforcement. Street outreach in Prince George's County now includes a formal joint outreach effort with law enforcement that began in August 2025. Outreach staff collaborate primarily with Division VIII and Division I officers. Since launch, the team has engaged 51 people experiencing homelessness. Of those, 21 accepted resources: 16 received shelter placements and 3 accepted inpatient treatment for alcohol and substance use disorders. The joint effort includes regular visits to the powerlines encampment - the CoC's largest - alongside police, Pepco, and the Department of Permits, Inspections and Enforcement. This partnership has improved rapport between outreach staff and law enforcement and expanded the County's knowledge of unsheltered locations, directly strengthening its capacity to provide services to unsheltered people and help bring them in from the streets.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	14
2. Enter the reduction in the number of encampments during your evaluation period.	8

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	162
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2. Enter the reduction in the number of people in encampments during your evaluation period.	96
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2A-4c.	Reduce Encampments—Plans to Reduce Encampments.
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If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

In the past year, working in conjunction with local law enforcement the street outreach team identified 14 active encampments ranging in size from 2 to 45 people in Prince George's County. These encampments are scattered across the CoC in urban, suburban and the more rural areas of the county. Local law enforcement leads the county's encampment response and its protocol, and the CoC participates in the efforts to reduce the number of encampments and the number of people living in them. The CoC street outreach works alongside local law enforcement officers to visit each known site bi-weekly, complete Coordinated Entry assessments on site, add residents to the by-name list, and offer shelter and housing with a priority of moving people out of the encampments that law enforcement have identified as being a public safety concern. To date, we have reduced the number of encampments by 8 (96 people). The CoC will continue to track the number of sites and people monthly, using law enforcement coupled with street outreach data, and report progress to the CoC Board.

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

In FY2025, 833 of the 903 people entering ES, SH or TH had no enrollment in the prior 24 months (SPM 5.1). Including PH entries, the figure is 863 of 1,003 (SPM 5.2).

The CoC uses 2-1-1, answered by CCSI along with 988 and the Homeless and Domestic Violence Hotlines, as the front door for households at risk of losing housing. Prevention and diversion funds are coordinated through a reservation system and a universal application so households are not served twice or turned away by one program after another. The CoC identifies risk using eviction filings, hotline calls, school McKinney-Vento referrals of families doubling up, child welfare co-case management, and PHA referrals of voucher holders at risk of losing assistance, and works with landlords and the Sheriff's Office on pending evictions.

The CoC's 2025 numbers on people entering the system show that the CoC does not have a lot of returns to homelessness over a two-year period. This points to the success the CoC is having at resolving homelessness for those who enter the system, but where the system needs improvement is in preventing people from entering the system to begin with. Eviction diversion funds and increased collaboration with legal service providers will help reduce the number of people entering first time homelessness.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

The CoC tracks length of time homeless for every household on the HMIS-generated by-name list and prioritizes the longest-homeless in bi-weekly case conferencing. To shorten time to housing, the CoC uses landlord recruitment and lease-up events, flexible funds for deposits, first month's rent and document replacement, expedited PHA inspections, and PHA homeless preferences and set-aside vouchers. The addition of supportive services projects, increased street outreach, and service-rich transitional housing will increase the interventions available to the CoC when working with people experiencing homelessness. That coupled with an increased workforce development and employment focus, and the creation of affordable housing will help reduce the length of time spent homeless.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
	Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	51.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

Calculated from HMIS using the CoC APR for all CoC-funded TH, RRH and PSH projects, January 1 to December 31, 2025 (28 projects). Of 188 people who exited, 95 exited to unsubsidized permanent housing: 72 to rentals with no ongoing subsidy, 11 to family on a permanent basis, 12 to friends on a permanent basis, and 0 to owned housing without subsidy. $95 \div 188 = 50.5\%$. Destinations were missing or unknown for 10 leavers (5%).

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	02/04/2026
2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	

	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	319	44	363	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	213	4	217	100.00%
4. Rapid Re-Housing (RRH) beds	148	52	200	100.00%
5. Permanent Supportive Housing (PSH) beds	414	0	414	100.00%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

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

(limit 2,500 characters)

N/A all project types are 100%covered in HMIS or secure comparable database

3A. Policy Initiatives

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	Yes
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	Yes

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes? No

4A. Attachments Screen For All Application Questions

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

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

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

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	Substance treatme...	09/30/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	substance abuse r...	09/30/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	service agreements	09/30/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Public Safety coo...	09/30/2026
05. 1D-1. Local Competition Scoring Tool	Yes	project scorecards	09/30/2026

06. 1D-2c. Local Competition Selection Results	Yes	selection results	09/30/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	HDX report	09/30/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No		
11. Other	No		

Attachment Details

Document Description: Substance treatment providers

Attachment Details

Document Description: substance abuse requirement

Attachment Details

Document Description: service agreements

Attachment Details

Document Description: Public Safety cooperation

Attachment Details

Document Description: project scorecards

Attachment Details

Document Description: selection results

Attachment Details

Document Description: HDX report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/28/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/30/2026
1C. Coordination and Engagement	09/30/2026
1D. Project Review/Ranking	09/30/2026
2A. HMIS Implementation	09/30/2026
3A. Policy Initiatives	09/30/2026
4A. Attachments Screen	09/30/2026
Submission Summary	No Input Required

2026 HDX Competition Report

This workbook contains summary information about your CoC's data as it was entered into the HDX for your use as part of the 2026 Competition.

To Print this Workbook:

This document has been configured as printable with preset print areas of relevant sections. To print it, go to "File", then "Print", then select "Print Entire Workbook" or "Print Active Sheets" depending on your needs.

To Save This Workbook as a PDF:

Click the "File" Tab, then click "Save As" or "Save a Copy", then click "Browse" or "More Options" then select "PDF", click "Options", select "Entire Workbook", press "OK", and click "Save". These instructions may differ depending on your version of Microsoft Excel.

On Accessibility, Navigability, and Printability:

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been avoided. All tables and text boxes have been given names. Extraneous rows and columns outside printed ranges have been hidden.

For Questions:

If you have questions, please reach out to HUD via the "Ask a Question" page, <https://www.hudexchange.info/program-support/my-question/> and choose "HDX" as the topic.

2025 HDX Competition Report

2026 Competition Report - Summary

MD-600 - Prince George's County CoC

HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX
2025 LSA	Yes	Government FY 2025 (10/1/24 - 9/30/25).	November 2025 to January 2026
2025 SPM	Yes	Government FY 2025 (10/1/24 - 9/30/25).**	February 2026 to March 2026
2026 HIC	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026
2026 PIT	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026

- 1) FY = Fiscal Year
- 2) *This considers all extensions where they were provided.
- 3) **"Met Deadline" in this context refers to FY25 SPM submissions. Resubmissions from FY24 (10/1/2023 - 9/30/2024) were also accepted during the data collection period, but the previous year's submission is voluntary.

2025 HDX Competition Report

2026 Competition Report - LSA Summary & Usability Status

MD-600 - Prince George's County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

LSA Usability Status 2025

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC*	PSH CO
Fully Usable	☒	☒	☒	☒	☒	☒	☒	N/A	☒
Partially Usable								N/A	
Not Usable								N/A	

Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children
*Usability was not determined for PSH-AC due to built-in conflicts between HOMES and HMIS. As

2025 HDX Competition Report

2026 Competition Report - SPM Data

MD-600 - Prince George's County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is later.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	1,149	148.1	84.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	1,353	237.4	118.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

MD-600 - Prince George's County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

b. This measure is based on data element 3.917

This measure includes data from each client’s Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client’s entry date, effectively extending the client’s entry date backward in time. This “adjusted entry date” is then used in the calculations just as if it were the client’s actual entry date.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to “housing move in”)	1,273	388.4	186.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to “housing move in”)	1,391	411.2	207.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

MD-600 - Prince George's County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
Metric	Count	Count	% of Returns	Count	% of Returns	Count	% of Returns	Count	% of Returns
Exit was from SO	3	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from ES	451	14	3.1%	8	1.8%	12	2.7%	34	7.5%
Exit was from TH	52	4	7.7%	0	0.0%	0	0.0%	4	7.7%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	167	1	0.6%	0	0.0%	0	0.0%	1	0.6%
TOTAL Returns to Homelessness	673	19	2.8%	8	1.2%	12	1.8%	39	5.8%

2025 HDX Competition Report

2026 Competition Report - SPM Data

MD-600 - Prince George's County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	1,362
Emergency Shelter Total	1,152
Safe Haven Total	0
Transitional Housing Total	292

2025 HDX Competition Report

2026 Competition Report - SPM Data

MD-600 - Prince George's County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	316
Number of adults with increased earned income	16
Percentage of adults who increased earned income	5.1%

2025 HDX Competition Report

2026 Competition Report - SPM Data

MD-600 - Prince George's County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	316
Number of adults with increased non-employment cash income	68
Percentage of adults who increased non-employment cash income	21.5%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	316
Number of adults with increased total income	82
Percentage of adults who increased total income	26.0%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	96
Number of adults who exited with increased earned income	20
Percentage of adults who increased earned income	20.8%

2025 HDX Competition Report

2026 Competition Report - SPM Data

MD-600 - Prince George's County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 4.5 – Change in non-employment cash income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	96
Number of adults who exited with increased non-employment cash income	8
Percentage of adults who increased non-employment cash income	8.3%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	96
Number of adults who exited with increased total income	27
Percentage of adults who increased total income	28.1%

2025 HDX Competition Report

2026 Competition Report - SPM Data

MD-600 - Prince George's County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	903
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	70
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	833

2025 HDX Competition Report

2026 Competition Report - SPM Data

MD-600 - Prince George's County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1,003
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	140
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	863

2025 HDX Competition Report

2026 Competition Report - SPM Data

MD-600 - Prince George's County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

Measure 6 is not applicable to CoCs in this reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
Universe: Persons who exit Street Outreach	210
Of persons above, those who exited to temporary & some institutional destinations	123
Of the persons above, those who exited to permanent housing destinations	14
% Successful exits	65.2%

2025 HDX Competition Report

2026 Competition Report - SPM Data

MD-600 - Prince George's County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	731
Of the persons above, those who exited to permanent housing destinations	472
% Successful exits	64.6%

Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	408
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	397
% Successful exits/retention	97.3%

2025 HDX Competition Report

2026 Competition Report - SPM Data

MD-600 - Prince George's County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	1,152	294	429	324	56
Total Leavers (HMIS)	826	101	38	93	44
Destination of Don't Know, Refused, or Missing (HMIS)	3	5	2	3	1
Destination Error Rate (Calculated)	0.4%	5.0%	5.3%	3.2%	2.3%

2025 HDX Competition Report

2026 Competition Report - SPM Notes

MD-600 - Prince George's County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Notes For Each SPM Measure

Measure		Notes
Measure 1	No notes.	
Measure 2	No notes.	
Measure 3	No notes.	
Measure 4	No notes.	
Measure 5	No notes.	
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.	
Measure 7	No notes.	
Data Quality	No notes.	

2025 HDX Competition Report

2026 Competition Report - HIC Summary

MD-600 - Prince George's County CoC

For HIC conducted in January/February of 2026

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Non-VSP Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster*	Adjusted*** Total Year-Round, Current, Non-VSP Beds	Adjusted*** HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	363	319	319	0	319	100.0%
SH	0	0	0	0	0	NA
TH	217	213	213	0	213	100.0%
RRH	200	148	148	0	148	100.0%
PSH	414	414	414	0	414	100.0%
OPH	0	0	0	0	0	NA
Total	1,194	1,094	1,094	0	1,094	100.0%

2025 HDX Competition Report

2026 Competition Report

MD-600 - Prince George's Cou

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster ^{**}	Adjusted ^{***} Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	363	44	44	0	44	100.00%
SH	0	0	0	0	0	NA
TH	217	4	4	0	4	100.00%
RRH	200	52	52	0	52	100.00%
PSH	414	0	0	0	0	NA
OPH	0	0	0	0	0	NA
Total	1,194	100	100	0	100	100.00%

2025 HDX Competition Report

2026 Competition Report

MD-600 - Prince George's Cou

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted*** Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	363	363	363	100.00%
SH	0	0	0	NA
TH	217	217	217	100.00%
RRH	200	200	200	100.00%
PSH	414	414	414	100.00%
OPH	0	0	0	NA
Total	1,194	1,194	1,194	100.00%

2025 HDX Competition Report

2026 Competition Report - HIC Summary

MD-600 - Prince George's County CoC

For HIC conducted in January/February of 2026

1) † EHV = Emergency Housing Voucher

2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.

3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.

4) ***Adjusted bed counts exclude non-HMIS participating OPH EHV Beds and Beds Affected by Natural Disaster

5) Data included in these tables reflect what was entered into HDX 2.0.

6) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

7) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

8) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2025 HDX Competition Report

2026 Competition Report - PIT Summary

MD-600 - Prince George's County CoC

For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
2/4/2026	Yes

Total Population PIT Count Data

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Emergency Shelter Total	378	350	438
Safe Haven Total	0	0	0
Transitional Housing Total	164	183	194
Total Sheltered Count	542	533	632
Total Unsheltered Count	108	55	115
Total Sheltered and Unsheltered Count*	650	588	747

1) *Data included in this table reflect what was entered into HDX 2.0. This may differ from what was included in federal reports if the PIT count type was sheltered only.

2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately- that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

Total People Experiencing Chronic Homelessness

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Total Sheltered Count	38	46	63
Total Unsheltered Count	35	6	3
Total	73	52	66