Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

 The Collaborative Applicant is responsible for reviewing the following:

 1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
 2. The FY 2018 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.
 6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the　FY 2018 CoC Application Detailed Instructions and the　FY 2018 CoC Program Competition　NOFA.　Please submit technical questions to the　HUD Exchange Ask A Question.

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

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

1A-3. CoC Designation:　CA

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

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	No	No
EMS/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	No
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
Veteran Services Providers and the Regional VA	Yes	Yes
Workforce Services	Yes	Yes
Public Child Welfare Agency	Yes	Yes

**1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 2,000 characters)**

While lack of housing is the most visible indicator of homelessness, there are often secondary factors that need to be addressed in order to stabilize a household and help them with their transition to permanency. Consequently, the CoC employs a multi-system approach in planning and implementing services to end homelessness and pro-actively solicits a wide variety of opinions and expertise of agencies, non-profits, and businesses operating in the County and greater Washington metropolitan region as well as the participation of concerned citizen and persons with lived experience.

The CoC has representation from 100+ agencies and hosts four plenary meetings a year to ensure the full range of opinions in designing and delivering its homeless services. In addition, the CoC has a number of working sub-committees with a unique population focus (i.e. veterans, youth and chronic homeless / high system utilizers); both of which routinely reach out to invite external subject matter experts as well as representatives from businesses, government non-profit and at large community members who have overlapping interests (i.e. local librarians attend street outreach sub-committee meetings) to the table. Finally, CoC members sit on relevant countywide workgroups spearheaded by local health and human service agencies to ensure larger system strategies are developed that are inclusive of the needs of the County's homeless population.

This continuously open and inclusive process ensures that the CoC receives real time information necessary for effective program design and decision making and this cross-pollination between agencies has led to a number of successful partnerships and new Federal and State grants being awarded.

**1B-2.Open Invitation for New Members. Applicants must describe:
(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)**

1. The CoC has an open member policy and therefore does not have a separate invitation process. New members may join at any time simply by attending one of the CoC's plenary or sub-committee meetings at which time

they are added to the master member list and will begin to receive all CoC emails, meeting notices and materials. 2. All CoC meetings are publicly announced prior to the meeting by posting on the County's website and list-serve emails. 3. In addition to the open membership process, the CoC reviews its current membership quarterly, scanning for gaps, and makes recommendations to the CoC Steering Committee for member additions. A committee member then reaches out and contacts the identified person(s) to set up a meeting to educate them about the CoC and invite them to join. The CoC also issues special invitations to regional and national experts to provide data, expertise and technical assistance to the CoC (i.e. Pay for Success and the Data Driven Justice Initiative) regarding national best practices with the potential for maximum CoC priority area impact. 4. In 2017/2018, the CoC established the Homeless Youth Acton Board made up entirely of homeless or previously homeless youth and young adults that functions as a voting sub-committee of the CoC as well as requiring all other CoC sub-committees to reach out and invite person(s) with lived experience in their population target group to participate as a member of their team. Finally, the CoC uses resident action councils, its annual homeless resource day, street outreach and a number of other methods to engage and encourage homeless and formerly homeless persons to join or otherwise inform the work of the CoC.

1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals.
(limit 2,000 characters)

The CoC actively seeks new service provider participation and since 2012 the number of newly funded CoC organizations has increased by 67%. CoC plenary meetings are the public forum used to disseminate information months before the competition opens. These meetings provide critical information about the CoC, its operations, CoC and non CoC funding opportunities and the importance of being actively involved. Notice of the 2018 CoC NOFA and availability of bonus funds went out to the CoC and was publicly posted on the County website on 6/21/18. The CoC planner and CoC Co-Chair pro-actively reached out to more than a half dozen regional non-profits who are not currently funded through the CoC, but have a reputation for doing excellent work to advise them of the opportunity and encourage them to apply. A public meeting was held on 7/12/18 to review the NOFA requirements, 2018 CoC ranking and selection criteria, the process for submitting renewals and new project LOIs, and the 2018 CoC submission deadlines.

A meeting for providers expressing interest in applying for a PSH and/or DV bonus project was held on 7/17/18 to review program designs and offer feedback for improving their proposals. Two new providers attended this meeting (House of Ruth and Mission of Love); one of whom was successful in having an application included in this year's competition. One-on-one technical assistance was provided from 7/12/18 through 8/17/18 when proposals were due to the CoC to ensure new and renewal applicants had the support they needed to be successful. The CoC's ranking panel met on 8/30/18 to review, score and rank all applications according to CoC published guidelines and

ranking panel recommendations were reviewed and approved by the CoC plenary on 9/6/18.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Workforce Innovation and Opportunity Programs	Yes
Local Management Board Programs (LMB)	Yes

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
 (1) consulted with ESG Program recipients in planning and allocating ESG funds; and
 (2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
 (limit 2,000 characters)

1. The CoC has well-established relationships with ESG program recipient organizations (the County, the City of Bowie and the State of Maryland) and discussions are held monthly regarding housing priorities impacting the County's homeless population. The homeless sections of the County and City

Consolidated Plans are prepared by the CoC using PIT, CAPER, AHAR, APRs, HIC, UHY counts, HMIS and other data and shared with the State for inclusion in the State plan. The CoC meets quarterly with the Maryland Interagency Council on Homelessness to help set statewide homeless priorities. These efforts ensure alignment between all plans. DSS, which also serves as the lead agency for the CoC, is the sub-recipient of all County ESG funds and conducts an annual realignment of funding priorities based on the CoC's 10 Year Plan progress; level and type of current need (HMIS); CoC System Performance Measures; Annual turn-away and service type call data from the Homeless Hotline; and availability of other funds. This ensures funds are targeted to the most pressing needs and adjustments made based on the most current data available. 2. All ESG recipient service data is maintained in HMIS and system reports are used by the CoC in the evaluation and reporting of ESG recipient performance. The Department of Housing and Community Development (an active member of the CoC) also conducts an independent annual monitoring of the ESG sub-recipient to track performance measures and report on outcomes.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?

Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)?

Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:
(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

1. The County maintains a separate call center to respond to calls from victims seeking immediate assistance and call takers are trained to assess and mitigate lethality risk and ensure rapid placement when appropriate in the CoC's 50-bed trauma informed, victim centered "safe" shelter. All first responders and victims service providers have well established confidentiality protocols in place that prioritize safety including the protection of a victim's identity, location and plan while rapid linkages are made to appropriate systems. Unaccompanied youth presenting at risk are linked to Child Protective Services and/or the CoC's homeless youth emergency shelter (which also serves as an extraction point for youth seeking to exit a gang or escape a trafficker) while longer term interventions can be implemented. 2. The CoC has a number of resources

available that enable it to maximize client choice for housing and resources while ensuring safety and confidentiality, including but not limited to, special traveler's aid services targeting rapid relocation of victims to safe accommodations in other parts of the Country, a victim's resiliency fund for supportive service and relocation needs (i.e.; security systems, Door, window and lock replacement, safety bars, moving, housing search, and transportation), short term housing subsidies, CoC and non-CoC funded rapid re-housing, and set aside section 8 vouchers.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

1. CoC leadership works closely with the County's Domestic Violence and Human Trafficking Division to ensure appropriate training is provided regularly to the CoC and that access to services and supports occur in real time. Recent trainings included identifying red flags, the dynamics of domestic violence, crisis intervention, the Power & Control Wheel, legal interventions, and resources available to victims and survivors. Additionally, the CoC provides related training to all its members on trauma informed care, motivational interviewing, and mental health first aid. Several of the County's victim services providers including the Prince George's County Department of Family Services, the Health Department's Domestic Violence Coordinator, Representatives from the Police Department's Domestic Violence Unit, the State's Attorney's Office, House of Ruth, the Family Justice Center, and Community Advocates for Family and Youth are all members of the CoC and actively share information regarding trends, trainings, and best practices at CoC plenary meetings. 2. Victims services providers are represented on the CoC Coordinated Entry team ensuring confidentiality protocols are enforced for the protection of victims seeking CoC resources and in addition to the annual trainings provided to the CoC at large, these representatives provide victims centered care coordination and safety planning for victims cases presented at the bi-weekly meetings.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

In addition to the HMIS data and de-identified data from CoC connected victims services providers, the CoC uses a variety of external data sources to assess community needs of victims including: the Prince George's County State's Attorney's Office (SAO) Special Victims and Family Violence Unit (SVFVU) surveys, 911, 211 and DV hotline calls, Uniformed Crime Reports, Family Justice Center usage reports, PCWA child and adult abuse and exploitation de-identified data, Support, Advocacy, Freedom and Empowerment (SAFE) Center for Human Trafficking Survivors, the National Human Trafficking Resource Center, National Network to End Domestic Violence reports, and District Court domestic filings.

1C-4. DV Bonus Projects. Is your CoC   Yes
      applying for DV Bonus Projects?

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

SSO Coordinated Entry	
RRH	X
Joint TH/RRH	

1C-4b. Applicants must describe:
(1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;
(2) the data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

1. In FY 2018, the CoC's hotline received 1,572 domestic violence related calls and non-CoC hotlines received an additional 4,522 calls for help. The CoC's shelter system served 281 domestic violence survivor households (598 individuals) and non-CoC funded programs served an additional 105 survivor households. In addition, CoC partners provided non-housing supportive services to an additional 1,415 victims. 2. Data sources used included HMIS, 211, House of Ruth Maryland, the Family Crisis Center, the Department of Family Services and the Family Justice Center. 3. Data was extracted directly from HMIS for COC non-DV shelters and self reported for DV specific shelters and supportive services providers.

1C-4c. Applicants must describe:
(1) how many domestic violence survivors need housing or services in the CoC's geographic area;
(2) data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

1. While the County is still working on macro level systems that will allow the CoC to quantify the services needed with certainty, we do know that the County has the 2nd highest rate of DV and sexual assault in the state and that the CoC and non-CoC providers combined were only able to house a third of the DV survivors needing housing. Using available data to develop some projections, the CoC estimates that a minimum of 2,882 households per year are in actual need of immediate housing and support services in the County with the potential for that number be much higher. 2. The CoC used DV filing data from the County's district court (6,225) and the results of a recent survey by the County State's Attorney's Office Special Victims and Family Violence Unit to identify gaps in services victims typically need but did not adequately receive, which revealed that: 46.3% requested emergency assistance (i.e. shelter, food, medical, and clothing), 51.6% requested legal, advocacy, and financial assistance (i.e. child custody, divorce, and eviction prevention /other housing

support), 46.3% requested counseling and health services (i.e. substance abuse counseling, sexual violence support groups, and therapy), 64.2% requested longer term housing services (i.e. transitional and permanent housing subsidies), 48.4% requested basic wrap around services (i.e. job skills training, adult education / GED, financial management and job search / placement), 52.6% requested assistance with child services (i.e. day care, teen activities, summer camp, and after school programs). Applying the lowest of the percentages associated with housing needs alone (46.3%) the CoC estimates need to be 2,882 households. Annual calls to DV and CoC hotlines corraborate this estimate and suggest the number of households may be significantly higher. 3. Data was collected from the local District Court and the State's Attorney's Office.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:
(1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;
(2) quantify the unmet need for housing and services for DV survivors;
(3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and
(4) describe how the CoC determined the unmet need for housing and services for DV survivors.
(limit 3,000 characters)

1. The CoC's DV specific resources are limited to a 50-bed safe house designed to provide short-term housing to survivors in immediate danger and the demand for those beds far exceeds the system capacity to respond. Currently fewer than one third of people calling for emergency housing assistance as a result of domestic violence can be provided with the assistance they need. Furthermore, over 20% of the households in our emergency shelter for women and families (a shelter that does not specialize in domestic violence and is not currently trained nor staffed to provide the unique complement of services and safety protocols that survivors need) have experienced domestic violence. 2. Based on the CoC annual need estimate of 2,882 households, this leaves the CoC with a DV specific housing and supportive services deficit of 2,832 survivor households. 3. The CoC used DV filing data from the County's district court (6,225), cumulative hotline domestic violence an assault call data from 2 DV specific hotlines and the County's 211 line, the CoC HIC, PIT and AHAR data, and the results of a recent survey by the County State's Attorney's Office Special Victims and Family Violence Unit to quantify the need. 4. Recognizing the need to increase crisis bed availability by increasing exits to permanency directly from the DV crisis shelter and that the unique safety needs of survivors often require a different mix of housing options, the CoC considered several factors when determining the best use of existing and newly proposed resources to address the unmet need, specifically flexibility to lease anywhere in the CoC geographic area based on safety concerns including options for multiple moves, opportunity to maximize client choice, ability to customize housing interventions and service packages based on the unique needs of the survivor and their household, and potential to maximize the number of households the CoC can serve with limited funding. To that end, the CoC determined that a DV specific RRH project would best fit that profile.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)

In FY 2018, the CoC sheltered 598 individuals in survivor households. Nearly 70% of those were served in the CoC's non-DV dormitory style emergency and overnight shelter system which are not designed to appropriately address the unique safety needs of survivors fleeing harm. While they do provide survivors with the immediate ability to escape their abuser, these locations are public and do not have the level of security that is provided by a traditional DV shelter presenting escalated risk to the survivor as well as the non-survivors residents of these facilities. In addition, while case managers throughout the system are trained in basic victim protocols, they lack the deep experience of more traditional DV providers in navigating the justice and other victim programs and services necessary to help families heal. The DV bonus project application will allow the CoC to harness the expertise of the House of Ruth, Maryland which has more than 40 years of DV direct service experience to provide greatly needed housing and supportive services in the CoC geographic area tailored specifically to survivors, enhance the CoC's existing coordinated entry protocol for placement of survivors, increase units of rapid rehousing with a survivor focus, and create an accelerated pathway to permanency from the DV crisis shelter increasing the availability of immediate crisis beds for survivors at imminent risk.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:
(1) rate of housing placement of DV survivors;
(2) rate of housing retention of DV survivors;
(3) improvements in safety of DV survivors; and
(4) how the project applicant addresses multiple barriers faced by DV survivors.
(limit 4,000 characters)

1. Once accepted into the House of Ruth Maryland's (HRM) RRH programs, survivors are usually placed into permanent housing within 30 days. 2. In FY 2017, the recidivism rate was 8% for survivors participating in the House of Ruth Maryland's RRH programs. In Prince George's County specifically, HRM is wrapping up a 3 year RRH project in which 16 immigrant families fleeing DV were placed, 88% (14 of 16) are still permanently housed and 63% improved their earned income. Of the 2 not currently housed, one experienced a traumatic death of her baby and she could not recover from the loss. The other client is still in contact and living with family and friends after losing her employment. 3. 100% of the 16 survivors housed in Prince George's County report feeling safer from their abusive partner. 4. With over 40 years of experience providing intimate partner violence services and 9 years of experience providing rapid re-Housing, HRM is well positioned to assist survivors of domestic violence with their safe passage from homelessness into permanent stable housing. The HRM project lead is the Director of Programs and Clinical Services, Janice Miller, who holds an MSW and LCSW-C, has served as Project Director on a number of federally funded projects, and is the architect of House of Ruth Maryland's (HRM) Residential Continuum concept. Ms. Miller's twenty years of experience in managing client service and management efforts at HRM will ensure a consistency of effort and vision over

the life of the project. In 2013, Ms. Miller was invited to participate in the National Resource Center on Domestic Violence Think Tank on Innovative Housing Solutions, and in 2016, she presented the model at the National Coalition Against Domestic Violence Voices Rising conference. The proposed DV Bonus project will serve 25 victim families fleeing domestic violence (DV) and combines community based rapid re-housing and step down rental assistance with workforce development activities to improve economic self sufficiency and earned income of survivors and includes intensive service coordination to help make meager incomes stretch and reduce reliance on the abusive partner for basic needs. Proposed services also include provision of evidence based trauma reduction therapy to address past and current abuse and the resulting emotional impact, and information on legal rights/representation at protective order hearings as needed. All survivors will be assigned a Community Advocate (CA), who uses client interview and the Campbell Danger Assessment to determine partner lethality so survivors may decide if rapid re-housing is safe. A needs assessment is conducted, rapid re-housing is explained, and the CA works with the survivor on stability building including: obtaining documents; DV safety planning; referrals for health/mental health care and workforce development; connections to HRM legal support; and applying for benefits. Smart Card bus passes are given to survivors to attend appointments, educational classes, and workforce development. Funds are available for application fees, furniture and other moving costs. HRM Child and Family Therapists work with adult survivors, and child witnesses, to educate the family on the effects of trauma, and provide evidence-based therapy to reduce trauma symptoms. Survivors exiting the rental assistance period will receive 6 months of follow-up services which may include emotional support, minor material assistance, counseling, on-going legal help, and resource referral and advocacy to strengthen stability.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:
(1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Housing Authority of Prince George's County	21.00%	Yes-Both	No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA

has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 2,000 characters)

Not Applicable

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)?   Yes

Move On strategy description.
(limit 2,000 characters)

The Prince George's County Continuum of Care (CoC) has partnered with affordable housing providers such as the local housing authority, apartment complexes, private landlords and housing consortiums to develop effective "Move On" strategies for families & singles residing in CoC permanent supportive housing (PSH) programs. Bi-annual scans of the CoC PSH provider network is routinely conducted to identify households that have stabilized in PSH, no longer require intensive services, and have demonstrated the ability to live independently. These households are prioritized for referral to mainstream housing opportunities including but not limited to regular and set aside housing vouchers, public housing, project-based voucher units, first time homebuyer programs, low-income senior housing, and regular market rent housing. Additional resources and services are offered to these PSH residents to incentivize the shift to a lower intervention housing opportunity including second chance credit preferences, financial literacy classes, low income tax credits, credit counseling, financial move out assistance, housing search, landlord/tenant mediation, rent negotiation and concessions, and post transition follow up support services for up to one year to assist these households with resolving issues that might arise impacting stabilization. This move out strategy allows the CoC to free up service match obligations for those who no longer need it and to maximize limited resources by creating positive bed turnover for incoming homeless persons with higher acuity needs.

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness.
(limit 2,000 characters)

The Chair of the County's LGBTQ Task Force is an active member of the CoC and ensures that CoC policies and practices adhere to the requirements of the

Equal Access Rule. The CoC lead is pursuing the Seal of Recognition as a "Leader in Supporting and Serving LGBT Youth and Families" through All Children-All Families, and is an implementation site for the National Quality Improvement Center on Tailored Services, Placement Stability and Permanency for LGBTQ2S children and youth in Foster Care. This expertise allows the CoC to develop interventions and improve outcomes for homeless persons with diverse Sexual Orientations and Gender Identities. CoC trainings have included CPD-15-02 Appropriate Placement for Transgender Persons in single-sex ES; Providing culturally competent services for transgender and gender non conforming youth; and Working with LGBTQ Survivors of Intimate Partner Violence. Each member of the CoC has an anti-discrimination policy that includes LGBTQ and adherence to that policy is enforced and reviewed annually.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Engaged/educated local business leaders:	X
Implemented communitywide plans:	X
No strategies have been implemented:	
Other:(limit 50 characters)	
Engaged/Educated municpal leaders	X
Engaged/Educated correctional facility leaders	

1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.
(limit 2,000 characters)

The CoC utilizes a Coordinated Entry System (CES) to reach and refer people into homeless services with standardized assessment and referral, following no-wrong-door and trauma-informed methodologies. Each step utilizes procedures ratified by the CoC board and follows established best practices. 1. The CoC coordinated entry system covers the entire CoC geographic area and starts with the Homeless Hotline, a long established, language agnostic, toll-free number communicated across many print, digital, and social media, which is widely known throughout the homeless services community. The Hotline refers callers to all available services, including homeless prevention, emergency shelter, crisis services, and street outreach. 2. Outreach teams and homeless Drop-in Centers work to reach individuals who are less likely to apply for homelessness assistance by working with special populations, including at-risk youth, individuals experiencing mental health crises, non-English speakers, justice connected homeless persons, and veterans. Partnerships with law enforcement, faith communities, and local non-profit organizations ensure that experiencing homelessness in any urban, suburban, or rural area of the County is not a barrier to being connected to services. 3. The Coordinated Entry Team meets bi-weekly and utilizes HMIS and other technology to collate and discuss each individual's experience, especially vulnerability and chronicity. Case conferencing among client referrers, supportive housing providers, and other stakeholders results in a transparent, multi-disciplinary, mutually accountable, and client centered process. All contact points use standardized assessment tools (Housing Prioritization Tool and VI-SPDATs) to ensure that all homeless individuals are fairly and expeditiously assessed, prioritized, and connected to the most appropriate and least restrictive services needed to ensure that their homelessness is a brief, one-time experience. 4. Assessment Attached.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

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

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

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

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:
(1) objective criteria;
(2) at least one factor related to achieving positive housing outcomes;
(3) a specific method for evaluating projects submitted by victim services providers; and
(4) attach evidence that supports the process selected.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

1. The severity of needs of the population served, the demand for the service, and programmatic barriers to serving the homeless were taken into consideration during the ranking process with low barrier programs and those programs providing services to higher need populations receiving higher scores. In addition, the CoC identified the following vulnerabilities as requiring additional consideration: significant health or behavioral health challenges, unaccompanied homeless youth, victims of DV or human trafficking, and high utilization of crisis and emergency services including hospitals, jails & psychiatric facilities. Programs demonstrating strong performance outcomes in these areas were also given additional consideration. 2. The CoC ranking panel was made up of subject matter experts in key CoC priority areas (Youth and LGBTQ, re-entry, and behavioral health) as well as municipal government whose experiences allowed them to fully evaluate services offered by the applicants. In addition, the CoC scoring criteria allocated escalating point values for applications that addressed certain vulnerabilities and severity of needs (i.e.; Applicants that targeted chronic homeless and persons with severe behavioral health challenges in their application were eligible for 5 points

whereas projects that did not were not eligible for those points).

1E-3. Public Postings. Applicants must indicate how the CoC made public:
(1) objective ranking and selection process the CoC used for all projects (new and renewal);
(2) CoC Consolidated Application–including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and
(3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	X	**CoC or other Website**	X
Email	X	**Email**	X
Mail		**Mail**	
Advertising in Local Newspaper(s)		**Advertising in Local Newspaper(s)**	
Advertising on Radio or Television		**Advertising on Radio or Television**	
Social Media (Twitter, Facebook, etc.)		**Social Media (Twitter, Facebook, etc.)**	

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: Yes

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:
(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline–attachment required;
(2) rejected or reduced project application(s)–attachment required; and
(3) notify applicants that their project application(s) were being rejected or

reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline–attachment required. :

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required. Yes

2A-1a. Applicants must: (1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA). 2-3, and 10 of the Governance Charter

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required. Yes

2A-3. HMIS Vender. What is the name of the HMIS software vendor? Mediware

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area. Single CoC

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	196	0	196	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	173	0	173	100.00%
Rapid Re-Housing (RRH) beds	68	0	68	100.00%
Permanent Supportive Housing (PSH) beds	276	0	276	100.00%
Other Permanent Housing (OPH) beds	197	0	197	100.00%

**2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.
(limit 2,000 characters)**

Note: VA funded RRH beds reported in the HIC (38) are captured in the HMIS system administered by the District of Columbia and reported manually to the MD-600.

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept?   7

**2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).
(mm/dd/yyyy)**   04/27/2018

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

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).   01/24/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).   04/27/2018

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.
(limit 2,000 characters)

There was no change in the shelter methodology from 2017 to 2018. 100% of the CoC providers complete the PIT count in HMIS.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count?   No

2C-2a. If "Yes" was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC's 2018 sheltered PIT count?   No

2C-3a. If "Yes" was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable. Yes

2C-4a. If "Yes" was selected for question 2C-4, applicants must:
(1) describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018; and
(2) specify how those changes impacted the CoC's unsheltered PIT count results.
(limit 2,000 characters)

1. The CoC improved its PIT unsheltered count implementation in several ways in 2018 including: a. Intentional integration of outreach efforts on the day of the PIT to operationalize Fire / EMS Mobile Integrated Health teams, Health Care Alliance Community Health Care Worker teams, Crisis Response teams, and Community Policing Outreach Teams, increasing unsheltered PIT teams by 20% and expanding coverage territory and route frequency; b. Addition of one daytime team focused on rural areas of the County, c. Concentrated pre PIT outreach for 8 weeks prior to the Count to build rapport and identify new "hotspots' resulting in a central database that includes over 250 "push pin" locators for ongoing follow-up, and d. A County Command Center that provided support to the field, resolving crises that arose during enumeration; including food, supplies, immediate shelter placement, transportation, animal control, and on-call dispatch by hospitals, ACT teams, police and EMS. 2. These efforts expanded contacts with unsheltered homeless and facilitated immediate placement in shelter which reduced the unsheltered count by 8%. It is important to note however that anxiety related to ICE had a negative impact on the willingness of immigrants to participate so this likely contributed in some part to the reduction.

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count? Yes

2C-5a. If "Yes" was selected for question 2C-5., applicants must describe:
(1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;
(2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and
(3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.
(limit 2,000 characters)

The CoC began enumerating homeless youth in a separate annual count in 2012 and began identifying UHY as a separate countable PIT subpopulation in 2015. 1. The CoC's homeless youth sub-committee and youth action board were jointly engaged in the PIT planning process to ensure appropriate targeting of youth experiencing homelessness during the PIT. These groups are well established and comprised of all youth serving organizations in the County and routinely participate in the COC's annual enumerations. 2. As a result of consultation with these two sub-committees, there were several enhancements made to the 2018 PIT deployment strategy including: a. Survey stations established in the Student Union Centers at Prince George's Community College, Bowie State University, and the University of Maryland, b. Training of the Maryland National Capital Park and Planning Commission's Recreational Center and Public Library staff to complete surveys with homeless youth accessing services on the day of the PIT, c. Surveys on PCWA youth identified as AWOL on the day of the PIT, and d. extended service hours by other key youth partners including Department of Juvenile Services, Healthy Teen Centers, Youth Service Bureaus, high traffic Community centers, and the Prince George's County Public School System's McKinney Vento office. Prioritization of traditionally under-identified Latino youth through collaboration with Maryland Multicultural Youth Center was also targeted for survey. 3. The CoC's Homeless Youth Action Team (an active sub-committee of the CoC comprised of youth with lived experience) were assigned to relevant PIT survey teams and provided peer to peer outreach and survey support with youth identified as homeless during the day of the PIT.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:
(1) individuals and families experiencing chronic homelessness;
(2) families with children experiencing homelessness; and
(3) Veterans experiencing homelessness.
(limit 2,000 characters)

The CoC routinely conducts targeted outreach to its priority populations and significant enhancements during the 2018 PIT included: 1. Chronic homeless: In addition to regular outreach, the CoC partnered with the faith community to launch a drop-in center providing a "safe space" for homeless on the day of the PIT. The center was widely advertised and advance teams ensured individuals knew where it was. Center volunteers helped visitors to complete surveys and connected them with appropriate support. In addition, mobile integrated health teams, community health worker teams, PATH outreach teams, and hospital emergency room staff targeted and surveyed high system utilizers during a County wide sweep on the day of the PIT. 2. Families with children: In addition to the traditional survey teams, the CoC engaged the County's TNI@Schools, a PCWA led initiative in 41 of the highest risk schools to survey all families with children meeting the HUD definition of homeless on the day of the PIT ensuring immediate connections were made to shelter and appropriate services for them and their families. 3. Veterans: VA and SSVF personnel served as enumerators for the Count helping to identify veterans and staff assigned to the regional center conducted surveys on all veterans presenting for services on the day of the PIT. Note: The closest VA hospital is located in DC which borders the County and homeless veterans often end up being counted in DC rather than in the County where they self-shelter so this number is frequently under-reported.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	1,009

3A-1a. Applicants must:
 (1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
(2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

1. The CoC considers indicators of housing distress identified in the County's Consolidated Plan along with national studies, census information, eviction filings, HMIS, PCWA data, health indicators and hotline call reports to determine risk factors for families becoming homeless, forecast shifts in population sets and proactively plan for newly emerging needs. 2. The CoC utilizes 211, a hotline service that accepts calls 24/7/365 from people who need assistance with rent arrears, housing counseling, utility assistance and other services to avoid disruption in housing. Hotliine staff maintain an active database of more than 6,000 resources and ensures callers have immediate access to needed services. In addition, the CoC has established a consortium of providers strategically located throughout the County who provide crisis intervention for individuals and families at risk of homelessness. Services requiring monetary assistance are coordinated using a reservation system to ensure non-duplication of payment and a central banking system ensures immediate access to funds necessary to resolve the crisis at hand. All providers use a universal application and standardized operating procedures to ensure uniformity throughout the system and annual refresher training is conducted to ensure all providers are implementing the newest and best practices possible. Finally, the CoC conducts outreach to FQHCs, municipal officials, food pantries, libraries and churches to educate households about available resources, works with landlords and the Sheriff's Office to address pending evictions whenever and wherever possible, the school's homeless liaison to identify families who are doubling up, and the PHA to target households who are in danger of losing their housing benefit. In 2018 more than 706 households (1,261 individuals) were successfully diverted from the CoC system. 3. The CoC lead is the County's largest direct human service provider and oversees this strategy.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

1. The average length of time (LOT) spent in ES was reduced by >1% (from 78 to 77 days) and the LOT spent in ES & TH combined was reduced by 20.3% from 182 to 145 days. 2. The CoC is working to further reduce the length of time homeless in several ways, including but not limited to: a. Training all shelter staff in a FEMA ESF 6 model focused on assessment, triage, and rapid discharge to the least restrictive path to housing, b. mini 100-day housing challenges in the emergency shelter system to engage front end providers in the CoC's rapid re-housing efforts, c. reframe the upfront assessment process to focus more heavily on housing outcomes using a housing prioritization tool whose results more effectively target caseworker and housing locator efforts, d. bi-weekly multi-agency care coordination panel meetings to brainstorm exit strategies for high system utilizers, e. a Housing Authority liaison to expedite inspections reducing delays in system exit, f. flex funding for removal of barriers to lease-up (i.e.; security deposits, 1st month's rent, utility deposits, and vital record replacements), and g. increased PH capacity (reallocations to CoC funded RRH, Joint TH-RRH and PSH and increased HCV/set aside vouchers for the homeless). In addition the CoC recently began piloting an 1115 waiver initiative targeting 75 high-system utilizers for housing and intensive wrap around supportive services. 3. The Coordinated Entry Team uses HMIS to identify and create exit strategies for people with the longest lengths of time homeless and meets bi-weekly to expedite connections between homeless persons and appropriate available housing. 4. The CoC planner oversees this strategy.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	52%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	95%

3A-3a. Applicants must:
** (1) describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and**
** (2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.**
(limit 2,000 characters)

1. The CoC has adopted the following strategies in order to increase the rate at which individuals and families served by the CoC exit to permanent housing destinations, including by not limited to: a. all CoC programs embrace the tenants of Housing First, b. coordination with the local housing authority to create set-asides for priority categories of homeless persons (i.e.; veterans, VAWA, mentally ill and disabled, VASH, FUP, FUP youth, and 811), c. creation of faith based transition housing units, d. creation of second chance housing, e. establishment of a shared housing initiative for seniors and other vulnerable homeless, f. expanded non-CoC funded victims housing resources (i.e.; SAFE, GOCCP, and $1.5M in general funds for crisis intervention and supportive services), g. expanded non-CoC funded veterans housing resources (i.e.; SSVF, GPD, State veteran families housing, and the faith based veteran fund), h. Follow-up case management services for up to 18 months to ensure formerly homeless persons don't jeopardize their housing, and i. ensuring all persons moving to PH are linked with mainstream resources to increase income and community support systems. 2. The CoC follows the "housing first" approach and PSH providers ensure housing continues to be low barrier and service accessible. PSH case staff provide ongoing support and advocacy to ensure housing retention by participants is acheived whenever and wherever possible. Households that have been identified as at imminent risk of losing their housing due to severe tenancy challenges are case staffed and additional services offered in an attempt to prevent disruption. All proposed PSH program teeminations require review by the CoC to ensure every effort has been made to support client choice and client success. In 2018, the CoC permanent housing retention rate was 95%. 3. The CoC planner oversees this strategy.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	2%

3A-4a. Applicants must:
** (1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;**
(2) describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.
(limit 2,000 characters)

1. The Data Subcommittee uses HMIS to track returns to homelessness and produces 2 documents: Monthly reports which track exits with subsequent placement for up to three years after exit (including RRH/HA case closures) and a report card that tracks recidivism by program. Data analysis of current "frequent flyers" in the homeless system is used to determine commonalities that may indicate risk for recidivism. 2. Strategies to reduce returns to homelessness include: "Service linked housing" follow-up to every PH placement made by the CoC which based on 2016 and 2017 system performance measures has been increased from 0-12 months to 0-18 months in an effort to impact the spike in increased returns noted by the CoC for the 12-18 month period following placement; "Quick fix" rental, food, and utility assistance funds to solve re-emerging housing crises; a housing retention liaison that targets voucher holders whose housing subsidies are in jeopardy for CoC crisis resolution; and linkages to the faith-based community for additional support. 3. The CoC planner oversees this strategy

3A-5. Job and Income Growth. Applicants must:
(1) describe the CoC's strategy to increase access to employment and non-employment cash sources;
(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
(3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.
(limit 2,000 characters)

1. The CoC implemented several strategies in 2018 to increase income growth from employment and non employment cash sources which include but are not limited to: a. all shelter entries are evaluated within 72 hours to review eligibility for mainstream resources using a consolidated benefit application (TANF, SNAP and M/A), b. CoC has a partnership with the local Department of Social Services' eligibility team that expedites all applications for mainstream benefits under their control (TANF, SNAP, M/A, DALP, and EAFC) as well as providing Affordable Care Act navigators for non-M/A insurance opportunities for CoC households, c. street outreach and shelter staff are trained in SOAR and mainstream eligibility programs to ensure unsheltered homeless are connected whenever and wherever possible, and d. All shelters are trained to access the County's employment system to ensure priority connections for homeless persons who present as unemployed or underemployed to ensure rapid access to financial stability. 2. The CoC works closely with mainstream employment organizations to promote job strategies and income growth for unemployed and under-employed households, including a. partnerships with the County's One-Stop and local employers to increase work opportunities, b. the "Bridge Center at Adam's House" which targets rapid employment and supportive services for veterans, returning citizens and disconnected youth, c. daily job alerts are sent to all providers, in-shelter and community job fairs are held, and job specialists offer weekly workshops in the County's ES and TH shelters, and d. employment programs unique to the needs of CoC targeted subpopulations and those with limited/no work experience have been developed, including "Operation 500" – a veteran employment effort – and the WIB Youth Employment Council. These efforts resulted in a 7% increase income from 2017 to 2018. 3. The CoC planner oversees this strategy.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy) 05/31/2018

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:
(1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and
(2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

Total number of beds dedicated as DedicatedPLUS	118
Total number of beds dedicated to individuals and families experiencing chronic homelessness	80
Total	198

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required.   Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
Number of previous homeless episodes	X
Unsheltered homelessness	X
Criminal History	X
Bad credit or rental history	X
Head of Household with Mental/Physical Disability	X

3B-2.2. Applicants must:
(1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;
(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
(3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 2,000 characters)

1. Families traumatized by homelessness cannot turn their lives around amidst the chaos of shelter life. The CoC has implanted a plan that relies on effective assessments, crisis remediation, and housing search and placement to quickly rehouse families. Furthermore, the CoC's homeless hotline and 211 operators, TNI@schools and FIA crisis workers (who provide a critical linkage between schools/mainstream offices and families with a housing crisis) have been trained in diversion methods that include mediation with family and landlords and access to emergency funds to prevent entrance into homelessness. If an episode of homelessness cannot be prevented, a neutral assessor administers the HPT and VI-SPDAT to determine the lightest touch needed to rehouse the family. For some households this may be 1st month rent and security deposit while others may need longer term rental subsidies coupled with workforce development activities, financial education, mental health supports and case management, still others may need permanent supportive housing. The coordinated entry team uses this information to make a referral to an appropriate provider. Since 2016, the CoC has added 68 units of RRH, expanded short term crisis assistance funds from $250,000 to over $500,000, and created a housing position charged with marketing RRH to landlords and property managers. 2. Strategies to reduce returns to homelessness include: "retention case management and follow-up to every PH placement made by the CoC; "Quick fix" rental, food, and utility assistance funds to solve re-emerging housing crises; a housing retention liaison that targets voucher holders whose housing subsidies are in jeopardy for CoC crisis resolution; workforce development activities and referrals to employers; and linkages to the faith-based community for additional support. 3. The CE lead and the CoC planner oversee this strategy.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	X
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	X

CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	X
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

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

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	X
Bad Credit or Rental History	X

3B-2.6. Applicants must describe the CoC's strategy to increase:
 (1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
 (2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

Providing interventions for homeless youth and youth at risk for homelessness, incarceration, entering the child welfare system, or becoming victims of human trafficking is one of the County's eight priority focus areas. The Health and Human Services Agencies – PGCDSS, Health Department, and Family Services -- work together with the CoC to offer need based supportive services and housing that stabilize homeless and at risk youth.

1. The CoC began targeting unaccompanied homeless youth (UHY) in 2012

and for the past 6 years, UHY have been a focal point of CoC development efforts. To date, the CoC has conducted 6 annual UHY enumerative counts, created 24 emergency beds and 40 transitional beds, raised over $1M in construction and service funds by braiding together existing and new funds (i.e.; ESG, Chaffee, HHS-RHYS, State bonds, Generous Juror, Community Development Block Grant, Weinberg Foundation and State homeless services program funds), helped pass State legislation adding UHY to Maryland's tuition waiver, created a small 4 unit pilot rapid re-housing project for UHY, secured 60 Family Unification Program Youth Vouchers and opted into HUD's demonstration project extending the voucher time limit to 60 months positively impacting 40 prior foster care youth experiencing homelessness, and leveraged PCWA Semi-Independent Living Arrangement resources to permanently house homeless youth with a prior systems connection.

2. Many unsheltered homeless youth do not self-identify as homeless and often take refuge on a friend's sofa for a night, or engage in transactional sex for a place to sleep. A key to the COC's strategy of providing housing and services to these youth is first identifying and engaging with them and gaining their trust. To do this the CoC has a youth-centric marketing campaign, utilizes homeless and formerly homeless youth as ambassadors and peer support at known youth "hang-outs", and hosts youth magnet events. In order to increase resources for this population it has been necessary to quantify the extent of the problem and educate and involve all County agencies who interact with unsheltered UHY to ensure system-wide connections for youth regardless of their entry point and provide immediate access to housing and resources needed by UHY at the first point of contact. System enhancements include but are not limited to creation of an "R U OK" social media campaign to reach out to and engage disconnected youth, establishment of a Youth Action Board composed of homeless youth, placement of a child welfare position at the youth shelter to provide care coordination for cross-over PCWA and Homeless youth cases, case planning for PCWA AWOL cases, establishment of the Safe Center to provide needed crisis intervention services for survivors of sex and labor trafficking. These efforts, along with strong collaboration with the school system, have led to a continuous reduction in unsheltered youth over the last several years.

3B-2.6a. Applicants must:
(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;
(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and
(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.
(limit 3,000 characters)

1. The CoC uses the HIC, annual funding allocations, HMIS data, data provided by the school system, juvenile justice, child welfare and other County agencies, and monthly shelter call and turnaway data to measure the increase in housing and services available for homeless youth.
2. The CoC uses HMIS performance reports with particular focus on exits to permanency and recidivism, family reunification data, provider level programmatic reports, and youth surveys to assess the effectiveness of the

housing and services available for homeless youth.
3. These measures allow for both a quantitative and qualitative analysis of CoC UHY services and respects youth voice in determining if the services are aligned and supportive of youth need and choice. In FY 2018, the County provided 46 UHY with emergency shelter and 75 UHY with transitional shelter and only 2 youth were unaccompanied on the day of the PIT.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:
(1) youth education providers;
(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);
(3) school districts; and
(4) the formal partnerships with (1) through (3) above.
(limit 2,000 characters)

1. The local Department of Social Services (also the CoC Lead) has established the TNI@schools initiative which places community resource advocates in 41 high risk schools throughout the County who serve as CoC liaisons in those locations. 2. The McKinney-Vento local and State educational coordinators are active participants in all CoC meetings and sit on the CoC Board ensuring information flow between the CoC and the school based McKinney Vento counselors in each of the 196 schools. Likewise the CoC is represented at local and state educational meetings. On a bi-annual basis the local education liaison provides updated training to all CoC members on the interface between the school system and homeless youth and coordinates with all family and youth shelters to ensure homeless youth are receiving services. The local liaison is a key participant in the identification of young people within the school system who are experiencing an episode of housing instability and makes direct referrals as needed to the youth shelter(s). 3. The schools have participated in the homeless youth enumerations since the inception and the local liaison sits on the CoC's UHY sub-committee. 4. An MOU is executed each year documenting the formal partnership.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

As a condition of funding all shelter providers serving families and/or youth must have a policy for apprising residents of their eligibility for education services written into their standard operating procedure. At a minimum the SOP must include procedures that ensure that 1) upon entry into the shelter all families and/or youth receive a copy of their educational rights. 2) Educational rights are verbally explained to the family/youth and questions are answered. 3) Case managers monitor school attendance and performance and work with the parent(s)/student to identify and remove barriers to school attendance and success. 4) Case managers coordinate with the County's McKinney Vento liaison as well as the appropriate school-based McKinney Vento counselor to ensure each student gets the supports they need. All staff at family and youth shelters are required to receive orientation on the educational rights of homeless youth, and case management staff and supervisors are required to

attend bi-annual trainings provided by the McKinney-Vento liaison. Counselors placed at 41 County high schools as part of the TNI@schools initiative, work closely with the McKinney Vento liaison and the CoC in order to identify homeless youth and ensure they receive services that will keep in school. Additionally homeless youth seeking to attend college are assisted in applying to a state school under Maryland's newly expanded tuition waiver program.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No". Applicants must select "Yes" or "No", from the list below, if the CoC has written formal agreements, MOU/MOA's or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	
Head Start	Yes	
Early Head Start	Yes	
Child Care and Development Fund	No	
Federal Home Visiting Program	No	
Healthy Start	Yes	
Public Pre-K	Yes	
Birth to 3 years	No	
Tribal Home Visting Program	No	
Other: (limit 50 characters)		

Applicant must select Yes or No for all of the agreements listed in 3B-2.8.

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 2,000 characters)

The CoC's veteran workgroup identifies all veterans experiencing homelessness in Prince George's county in order to help connect them to the appropriate housing resource. Veterans who call the homeless hotline, who appear in shelter, or who have outreach engagements with County, SSVF, and VA resources are added to the Master By Name List on a biweekly basis. Veterans are then referred to the appropriate housing resource. Veterans who are looking to get into GPD are referred to the VA outreach worker who covers Prince George's County. Although there are no GPD resources in Prince George's County those veterans are eligible to enter GPD in DC. For HUD-VASH, veterans are case conferenced during the veteran work group meetings and then the VA outreach worker brings those recommendations to the HUD-VASH team for consideration. The majority of the SSVF providers are present at the workgroup meetings and accept referrals both during the meetings and

offline if a veteran is identified before, after or in the intervening timeframe between meetings.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC?   Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness?   Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?   No

**3B-5. Racial Disparity. Applicants must:
(1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance;
(2) if the CoC conducted an assessment, attach a copy of the summary.**   No

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the   HUD Exchange Ask A Question.

4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:
(1) assists persons experiencing homelessness with enrolling in health insurance; and
(2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		
FQHC	Yes	Yes

4A-1a. Mainstream Benefits. Applicants must:
(1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;
(2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 characters)

1. DSS (CoC Lead) is responsible for all public welfare programs (TANF, SNAP, and Medicaid), the SOAR PATH program, and the local implementation of the Affordable Care Act (ACA). Working in partnership with the Health Department, DSS has established numerous sites throughout the County with extended evening hours enabling easy access to services. Sister agencies, hospitals, FQHAs and the non-profit community operate additional host sites, significantly increasing the number of public access points and the deployment of Navigators as well as targeted outreach campaigns have proven particularly effective in connecting individuals to health care. Since 2013, more than 100,000 uninsured residents have been enrolled (95% being people of color and over 35% speaking languages other than English). 2. All CoC members

are provided with extensive training to ensure program participants receive the coverage and services for which they are eligible and any homeless person presenting without income or insurance is immediately linked to a mainstream benefit specialist and/or health navigator to assist with their enrollment in available and appropriate programs. 3. The CoC Lead is responsible for oversight of this strategy.

4A-2.Housing First: Applicants must report:
(1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and
(2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	20
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.	20
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:
 (1) describe the CoC's outreach;
(2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;
 (3) describe how often the CoC conducts street outreach; and
(4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)

1. The CoC's street outreach effort is mobilized utilizing a number of strategic partnerships with Mobile Crisis Teams, Community Policing units, SSVF teams, the SOAR team, faith ministries, and drop in centers as well as the CoC street team who routinely canvasses encampments and other places where homeless are known to frequent. These teams report newly identified persons to the Street Outreach coordinator for tracking and follow-up if immediate assistance is not accepted by the individual at the initial point of contact. 2. The CoC's outreach effort covers 100% of the CoC's geographic area, 3. The CoC has a 24/7 presence on the street through its wider partner network and its homeless specific street team runs routine routes two times per week. 4. All teams have bi-lingual staff and / or access to language line services as needed to ensure system access by non-English speaking homeless persons. In addition, the CoC has 5 targeted efforts underway to address subpopulations needing unique interventions: a. "Stop the Silence" campaign targeting DV and trafficking victims, b. "R U OK?" campaign targeting homeless and unaccompanied youth, c. the Mobile Integrated Health Fire / EMS teams targeting high system utilizers. d. The Bridge at Adam's House targeting returning citizens, and e. Unsheltered

veterans outreach in partnership with the VA.

4A-4. Affirmative Outreach. Applicants must describe:
(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and
(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)

1. The CoC requires all providers to maintain and post, an anti-discrimination policy that ensures eligible households are not screened out or denied service based on race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status or disability. In addition, representatives from the local Department of Housing and Community Development and the Housing Authority sit on the CoC and provide on-going technical assistance to the CoC regarding fair housing issues that may arise. Finally, in 2019, the Homeless Persons Representation Project will be expanding services to the County and will help ensure CoC adherence to 24 CFR 578.93(c) and other Equal Access regulations. 2. Providers are also required to have policies that eliminate Limited English Proficiency barriers to any service or program providing services to those persons who do not speak English as their primary language, have a limited ability to read, write, speak, and/or understand the English language, or are hearing or visually impaired. CoC deployable resources include bi-lingual staff, access to telephonic interpreter services through the Language Line or similar service, and TRS/TTY/TTD or Video Remote Interpreting for the hearing impaired.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	30	68	38

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?   No

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

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No	PHA Administrativ...	09/13/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No	Move on Multifami...	09/18/2018
1C-8. Centralized or Coordinated Assessment Tool	Yes	CE Assessment Tools	09/04/2018
1E-1. Objective Critiera–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	CoC Rating and R...	09/04/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes	Consolidated Appl...	09/18/2018
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	Public Posting Pr...	09/04/2018
1E-4. CoC's Reallocation Process	Yes	CoC Process for R...	09/04/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	Projects Accepted...	09/04/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	Projects Rejected...	09/04/2018
1E-5. Public Posting–Local Competition Deadline	Yes	Local Competition...	09/04/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	CoC and HMIS Lead...	09/04/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS Policy and P...	09/04/2018
3A-6. HDX–2018 Competition Report	Yes	FY 2018 CoC Compe...	09/13/2018
3B-2. Order of Priority–Written Standards	No	Order of Priority	09/13/2018

3B-5. Racial Disparities Summary	No		
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: PHA Administrative Plan

Attachment Details

Document Description: Move on Multifamily Assisted

Attachment Details

Document Description: CE Assessment Tools

Attachment Details

Document Description: CoC Rating and Ranking Procedure

Attachment Details

Document Description: Consolidated Application

Attachment Details

Document Description: Public Posting Project Selections, Ranking and

CoC Application

Attachment Details

Document Description: CoC Process for Reallocation

Attachment Details

Document Description: Projects Accepted Notification

Attachment Details

Document Description: Projects Rejected - Reduction Notification

Attachment Details

Document Description: Local Competition Deadlines

Attachment Details

Document Description: CoC and HMIS Lead Governance

Attachment Details

Document Description: HMIS Policy and Procedures Manual

Attachment Details

Document Description: FY 2018 CoC Competition Report

Attachment Details

Document Description: Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Public Posting - Priority Listing and Certificate of Consistency

Attachment Details

Document Description: Public Posting - Priority Listing and Certificate of
                            Consistency

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	09/17/2018
1B. Engagement	09/18/2018
1C. Coordination	09/18/2018
1D. Discharge Planning	09/17/2018
1E. Project Review	09/18/2018
2A. HMIS Implementation	09/17/2018
2B. PIT Count	09/18/2018
2C. Sheltered Data - Methods	09/18/2018
3A. System Performance	09/18/2018
3B. Performance and Strategic Planning	09/18/2018
4A. Mainstream Benefits and Additional Policies	09/17/2018
4B. Attachments	09/18/2018

Submission Summary　　　　　　　　　　　　　　　　No Input Required

5.0 Five-Year Plan:

5-YEAR PLAN (ROLLING-BASE)
PHA FISCAL YEARS 2016 – 2020
[24 CFR Part 903.5]

5-Year & Annual Agency Plan

PLAN INTRODUCTION

The 5 Year Plan describes the Housing Authority of Prince George's County's goals and objectives to address priority needs related to decent, sanitary and affordable housing. The County supports HUD's goal to develop a suitable living environment that will benefit low and moderate-income persons. The specific objectives of this Plan are consistent with the County's Consolidate Plan which are to:

☐ Provide supportive services to homeless populations; and

☐ Provide supportive housing services to non-homeless populations with special needs;

Over the next 5 Years, the priorities of the County's Consolidated Plan remain consistent with HUD's strategic Goals and Objectives and those emphasized in recent legislation. A summary of those priorities are:

Goal 1: To stabilize and increase housing opportunities for low and moderate-income households, homeless individuals and families, persons at risk of becoming homeless and non-homeless persons with special needs.

Goal 2: To improve the safety and livability of neighborhoods principally for low and moderate-income persons.

Goal 3: To support employment opportunities for low and moderate-income persons, small businesses, and community revitalization activities by creating and/or job retentions, and small business assistance.

5.1 MISSION

PHA's Mission

☒ The mission of the Housing Authority of Prince George's County is to expand access to a broad range of quality housing options, create safe, well planned, attractive residential communities while assisting families in maintaining self-sufficiency and promoting stability within communities.

The beneficiaries of our efforts are individuals and families with housing or community improvement needs. Special emphasis is given to low and moderate income people who live in the County.

We carry out our mission through aggressive financing; innovative planning; and productive partnerships with the public, private and community based organizations.

5.2 GOALS AND OBJECTIVES

PHA's Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. Additionally, the Housing Authority has identified quantifiable measures of success in reaching its objectives over the course of the 5 Years.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

☒ PHA Goal: Expand the supply of assisted housing

Objectives:

☒ Increase occupancy to 98%,
☒ Leverage private or other public funds to create additional housing opportunities,
☒ Acquire or build new units or developments, and
☒ Access Multi-Family Tax Exempt Bond and Second Mortgage Home Programs.
★ ☒ Open the Tenant and Project Based Waitlist
☒ Increase HCV program utilization to 98%

☒ PHA Goal: Improve the quality of assisted housing

Objectives:

☒ Improve public housing management,
☒ Improve voucher management,
☒ Improve customer service,

☒ Concentrate on efforts to improve specific management functions, (e.g., public housing finance; voucher unit inspections; REAC inspections)

☒ Renovate, modernize or redevelop public housing units, and

☒ Request and provide replacement vouchers.

☒ PHA Goal: Increase assisted housing choices

Objectives:

☒ Provide housing choice voucher mobility counseling,

☒ Conduct outreach efforts to potential voucher landlords,

☒ Increase housing choice voucher homeownership participants, and

☒ Maintain project-based vouchers--Target the elderly, VAWA & VASH.

HUD Strategic Goal: Improve community quality of life and economic vitality

☒ PHA Goal: Provide an improved living environment

Objectives:

☒ Implement public housing security improvements,

☒ Designate developments or buildings for particular resident groups (elderly, persons with disabilities), and

☒ Encourage deconcentration through landlord and client briefing materials.

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

☒ PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

☒ Increase the number and percentage of employed persons / families,

☒ Provide or attract supportive services to improve assistance recipients' employability, and

☒ Provide or attract supportive services to increase independence for the elderly or families with disabilities.

☒ Promote self-sufficiency and asset development of assisted households through increased numbers and percentages of employed persons in assisted families.

DEPARTMENT OF HOUSING
AND
COMMUNITY DEVELOPMENT

HOUSING GOALS & STRATEGIES

Housing Authority goals and objectives are consistent with the Housing and Community Development Consolidated Plan. Over the next five years, priorities of the Consolidated Plan are:

GOAL 1: To stabilize and increase housing opportunities for 5,540 low and moderate-income households, homeless individuals and families, persons at risk of becoming homeless and non-homeless persons with special needs.

Objective :

- DH 1.1 - Assist homeless persons to obtain permanent housing..
- DH 1.1 - Assist persons at risk of becoming homeless to obtain affordable housing.
- DH 1.1 - Assist persons with special needs to obtain affordable housing.
- DH 2.1 - Increase affordable housing options for low and moderate-income households.
- DH 3.1 - Retain the affordable housing stock.

GOAL 2: To improve the safety and livability of neighborhoods for principally 189,975 low and moderate-income persons.

Objective :

- SL 1.1 - Improve or expand needed public services for low and moderate-income residents.
- SL 3.1 - Improve or expand public facilities and infrastructures in areas with high concentrations of low and moderate-income.

GOAL 3: To support employment opportunities for low and moderate-income persons, small businesses, and community revitalization activities by creating and/or retaining 230 jobs and assisting 660 small businesses.

Objective:

- EO 1.1 - Expand access to employment opportunities for low and moderate- income residents.
- EO 2.1 - Increase affordable options for new and existing businesses.
- EO 3.1 - Support community revitalization strategies that will stabilize and expand small businesses (including micro-businesses).

HAPGC Policy

> The HAPGC will maintain a single waiting list for the HCV program. The HAPGC will maintain one waiting list for applicants.

The HAPGC will place families on the waiting list for any public housing, project-based voucher or moderate rehabilitation programs if:

- The waiting lists are open, and;
- Family is eligible for the program and available unit sizes

A family's decision to apply for, receive or refuse other types of assisted housing will not affect their placement on the HCV waiting list or any preferences for which they may qualify.

HAPGC Policy

> The HAPGC will not merge the HCV waiting list with any other waiting lists for assisted housing

4-II.C. OPENING AND CLOSING THE WAITING LIST [24 CFR 982.206]

Closing the Waiting List

The HAPGC should consider closing its waiting list when it has insufficient funds available to assist all applicants on the waiting list over a reasonable period of time. The HAPGC may choose to close only a portion of its waiting list instead of the entire waiting list. For example, the HAPGC may continue to receive applications from families qualifying for a specific local preference category, i.e. homeless families, while closing its waiting list to all other groups.

HAPGC Policy

> The HAPGC will close the waiting list when the wait reaches 48 months of applicants. The HAPGC may open the waiting list for families that have a specific local preference.
>
> Where the PHA has particular preferences or funding criteria that require a specific category of family, the PHA may elect to continue to accept applications from these applicants while closing the waiting list to others.
>
> Applications meeting the criteria adopted by the PHA for the following special programs will be accepted on a referral basis provided there is funding available:
>
> - Violence Against Women Act (VAWA)
> - Mental Illness and Disabilities (MIAD)
> - Homeless Families in Crisis (HFIC)

* ● Veteran Housing Assistance Program (VET)
* ● Veterans Administration Supportive Housing (VASH)
* ● Family Unification Program (FUP)
* ● Homeless Voucher (HV)
* ● Money Follows the Person (MFP)

Reopening the Waiting List

If newspapers of general circulation, minority media, and other suitable media outlets. The notice must comply with.

The PHA will announce the reopening of the waiting list at least 10 business days prior to the date applications will first be accepted. If the list is only being reopened for certain categories of families, this information will be contained in the notice.

The PHA will give public notice by publishing the relevant information including HUD fair housing requirements and must specify who may apply, and where and when applications will be received in suitable media outlets including, but not limited to:

Housing Authority web site at www.princegeorgescountyha.org

The Washington Post 1150 15th St., N.W. Washington, DC 20071 202-334-6000

The Prince George's Post 15207 Marlboro Pike□Upper Marlboro, MD 20772 301-627-0900

The Gazette 9030 Comprint Court Gaithersburg, MD 20877 301-670-2620

El Pregonero P O Box 4464 Washington, DC 20017 202-281-2440

4-II.D. FAMILY OUTREACH [HCV GB, pp. 4-2 to 4-4]

There are many approaches to informing the public about an upcoming application period. The goal of the outreach must be to make the information available to every eligible family. Basic outreach objectives for the HAPGC include:

* ● Stimulate and sustain interest in the program; and
* ● Provide helpful information to potential participants
* ● . Ensure the waiting list has sufficient number of applicant families

Fair Housing Requirements [HCV GB, pp. 4-2]

All outreach, advertising and public notices announcing the opening or closing of a waiting list

Housing ⌂⌂⌂ **Authority**
of Prince George's County

Rushern L. Baker, III
County Executive

Application Received	05/09/2016 12:06PM (ET)
Application ID	~~████~~

PRELIMINARY APPLICATION

English ∨

Note: Fields marked with a "*" are required fields.

Dear Pre-applicant: The Housing Authority of Prince George's County (HAPGC) will begin accepting online only preliminary applications for placement on the Public Housing and Project Based Waitlists on Monday, May 9, 2016 at 9:00 am through Friday, May 13, 2016 11:59 pm EST. There are a total of three (3) wait list openings.
Open Waitlist Include:
1. HAPGC Public Housing
2. Central Gardens Apartments Project Based
3. Regency Lane Apartments Project Based Moderate Rehabilitation
Before you begin the application process, please have available your social security card, names and dates of birth of all family members. Also you will need income of all family members. Make sure you have typed correctly all information. HAVE PAPER AND PEN READY TO WRITE DOWN YOUR CONFIRMATION NUMBER.
Everyone who applies AT ANYTIME during the electronic preliminary application period has an equal chance to be randomly selected for the waitlist slots.
Residency preference is for families who live, work, or hired to work in Prince Georges County. A family must first qualify under this preference in order to receive any of the Housing Authorities preferences.
Reasonable Accommodations are available upon request to qualified individuals. Please contact the Housing Authority at (301) 583-9906 or by email at HAPGC@co.pg.md.us , during the waitlist opening period.
Housing Authority staff will be on site assisting persons needing help with their pre-application at any of the following locations on:

May 12, 2016 & May 13, 2016 between 10:30 am and 3:30 pm.

Beltsville Branch
4319 Sellman Rd.
Beltsville MD, 20705

Oxon Hill Branch
6200 Oxon Hill Rd
Oxon Hill, MD 20784

Spaulding Branch
5811 Old Silver Hill Rd
District Heights, MD 20747

For more information call 301-583-9906.

Please check your status 30 days after the waitlist closes (May 13, 2016 11:59PM) at www.waitlistcheck.com or by phone at 1-844-796-9874.

Waiting List	PH2016

Head of Household

Applicant

First Name*	███████
Middle Initial	███
Last Name*	██████
Social Security Number*	██████████
Date of Birth*	████████
Sex	█████

Ethnicity / Race / Citizenship

Select at least one from either **Race** or **Ethnicity**

Ethnicity*	Not Hispanic ∨
Race*	☐ White
	☑ Black/African American
	☐ American Indian/Alaska Native
	☐ Asian
	☐ Native Hawaiian/Other Pacific Islander

Disabled   ████   Citizenship*   Eligible Citizen   ∨

                                                              Racial and ethnic data is collected for statistical purposes
Home Number   ████████████   only.
Mobile Number
Other Phone/E-mail   ████████████████
Other Phone Type   E-mail

☑ I agree to receive future E-mail notifications from the Housing Authority. You
will still receive your confirmation E-mail if this box is unchecked.

Household Information

Legal Address (Where you currently live)		Mailing Address (If different from Legal) (Where you currently receive mail)	
Address Line 1*	████████████	Address Line 1	
Address Line 2	████████	Address Line 2	
City*	████████	City	
State*	MD	State	
ZIP Code*	████████	ZIP Code	

Household Members

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. List relationship of each person to the Head of Household.

Full Name	Personal	Disabled	Relationship	Ethnicity / Race / Citizenship
████	████████ ████████ ████	████	████	████████ic ████████an Eligible Citizen
████	████████ ████████ ████	████	████████████	Not Hispanic ████████ Eligible Citizen
████	████████ ████████ ████	████	████████████	Not Hispanic ████████ican ████████n

Family Income

List total gross income (before taxes) and payments received by each family member age 18 or older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession, or any other source. Include payments made to family members age 18 or older on behalf of other family members under age 18.

At least one source of income must be specified. If you do not have any income, select the Head of Household from the "First Name" dropdown, enter 0 for "Gross Income", and select "Yearly" for "How Often".

First Name	Gross Income	How Often	Annual	Name and Address for the Source of Income
████	████	████	████	████████████████

Eligibility and Preferences

Your response to the following statement will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list. Select the appropriate responses for each question below.

No

Does your family work, or will be hired to work in Prince George's County and you are currently employed working at least 30 hours per week?

No   Are you or the co-head at least 62 years of age or older?

No   Do you or the co-head qualify as handicapped/disabled?

No   Are you or a family member medically verified as handicapped or disabled?

No   Have you, your spouse or co-head been honorably discharged from the military?

No   Are you or the co-head currently attending a full-time training or educational program with the intent of securing employment within the next 12 months of completing the program?

No   Has the household successfully completed a transitional housing program under Prince George's County continuum of care?

No   Are you currently homeless?

Supplemental and Optional Contact Information

You have the right to include as part of your application contact information for a person or organization that may be able to help you resolve any issues that may arise during your tenancy or to assist in providing any special care or services you may require should you become a tenant. You are not required to provide this contact information, but if you choose to do so, please click the "Add Contact" button below to complete the form.

☑ Check this box if you choose not to provide the contact information.

Certification

If you submitted an application for assistance when the waitlist was open, you can check the status of your application at www.waitlistcheck.com or by calling 1-844-796-9874, 30 days after the waitlist has closed May 13, 2016.

By submitting this form, I certify that the information provided is true and complete to the best of my knowledge and belief. Warning! Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false statements or misrepresentation to any department or agency of the United States.

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

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

I.   Introduction and Goals

   a. The Parties recognize the critical importance of the role of housing in stabilization of families, individuals and unaccompanied youth experiencing homelessness and are jointly committed to the full implementation and administering of the HVP in Prince George's County, Maryland.

   b. The desired outcomes of this MOU are to promote long term housing stability for homeless families, individuals and unaccompanied youth by pairing housing choice vouchers with supportive services to provide permanent housing for individuals who are homeless, to reduce and prevent further incidents of homelessness and the associated trauma; to increase health, safety and financial circumstances for HVP participants; and to reduce the need for CoC and other higher acuity public response systems or subsidized assistance.

   c. The following staff of the HAPGC and the PGCDSS/CoC will serve as the lead HVP liaisons and will be collectively responsible for all activities related to the successful administration of HVP:

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

II.   Statement of Cooperation

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

III.   Populations to be served

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

a. Lacks a fixed, regular, and adequate nighttime residence;

b. Has a primary nighttime residence that is a public or private place not meant for human habitation;

c. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs);

d. Is living in a CoC PSH program and certified by the PGCDSS/CoC as appropriate for transition from a high acuity level of support.

e. Is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

f. Is fleeing/attempting to flee human trafficking or domestic violence;

IV. HAPGC responsibilities:

a. Train PGCDSS/CoC staff on the HAPGC's HCV procedures.

b. Set aside two hundred (200) Housing Choice Vouchers for HPV.

c. Accept families, individuals and unaccompanied youth certified by the PGCDSS/CoC as meeting the eligibility criteria for a HVP Housing Choice Voucher. If the referred family, individual or unaccompanied youth is not on the HCV waiting list, it will be opened to accept that family, individual or unaccompanied youth.

d. Determine if families, individuals and unaccompanied youth referred by PGCDSS/CoC are eligible for rental assistance under the Housing Choice Voucher Program, and provide assistance in accordance with the Housing Choice Voucher Program guidelines.

e. Provide counseling on compliance with rental lease requirements and with HCV program participant requirements

f. Provide notification to the PGCDSS/CoC of all HAPGC appointments scheduled with HVP participants.

g. Coordinate unit inspection and lease up activities in partnership with PGCDSS/CoC representatives.

h. Provide notification to the PGCDSS/CoC when housing violations committed by HVP participants occur so that intervention and housing stabilization services can be provided to avoid termination from the program whenever and wherever possible. In the event assistance for a family, individual or unaccompanied youth under this program is terminated, the Housing Choice Voucher will be reissued to another eligible family, individual or unaccompanied youth referred by PGCDSS/CoC under this program, as long as HUD continues to fund the Housing Choice Voucher Program.

We are here to talk to you about your housing and service needs. If you give us permission, we will ask you some questions for about 10 minutes. These questions are about your health and housing. We will ask you for your social security number, and also ask to take your picture. The picture is only used inside our continuum so that we can be sure we are serving the right client, and it is not used for social media or outside communications.

By participating in the interview you give the Prince George's County Continuum of Care permission to share your information with authorized agencies for the purpose of coordinating services and housing in the county (organizations are listed on the Client Information Authorization form).

Some of the questions we ask might make you feel uncomfortable or be upsetting. If you feel uncomfortable or upset during the interview, you may ask us to take a break, or to skip any of the questions. None of the questions are intended to deny you access to our services. The information that you give us during the interview will be stored in a secure database and be shared with outreach workers and case managers who may follow up with you for services.

All of your information will be kept secure. Individuals who have seen it have signed confidentiality waivers and will not share your information. You can skip any questions you do not want to answer, you can end the interview at any point, you can choose not to have your picture taken.

No one will be upset or angry if you decide not to be interviewed today.

CLIENT INFORMATION AUTHORIZATION

Service Point Information System
Prince George's County, Maryland

I, _____, hereby authorize _____ to exchange any information concerning my history, and/or that of my immediate family, care, treatment, household demographic, housing issues, income, assets or benefits between directors, agencies, and staff of the Service Point Information System listed herein. The purpose of this release is to protect my privacy, help staff make referrals and to help me or my family receive better planning and delivery of services.

I understand that the aforementioned information will be communicated to other agencies using this computer system in several ways, one of which will include communication through a computer-based system that uses telephone lines to send and receive information. The highest level of security measures will be used to protect the information sent and received by telephone. Only authorized personnel will be able to view my personal information.

I understand that the System Administrator, the Prince George's County Department of Social Services, Office of Housing and Homeless Services, has personnel authorized to view my personal information.

Information entered into the Service Point Client Profile, which is basic demographic and services, will be shared with all agencies that participate in the Service Point System in Prince George's County.

This release authorizes a free exchange of information between agencies for one year in order to give the most complete and thorough services available. I understand that I may revoke this authorization at anytime.

_____   _____
Print Name   Social Security Number

_____   _____
Signature   Date

_____   _____
Signature of parent, guardian, or authorized   Date
representative (when required)

_____   _____
Witness   Date

I understand that my records are protected under federal regulations and cannot be disclosed without my written consent or as otherwise permitted by such regulations, and that in any event this consent expires one year from the date of entry or upon my departure from further service provider participation.

Please sign below if you also agree to have your picture taken.

_____   _____
Signature   Date

[CURRENT HMIS MEMBER LIST TO BE ATTACHED]

AGENCIES AND PROGRAMS WITH ACCESS TO SERVICE POINT
IN PRINCE GEORGE'S COUNTY

Aid of Humanity
Bethel House
Bowie Interfaith Pantry and Emergency Aid Fund
Bowman Internet Systems
Center for Therapeutic Concepts
Community Crisis Services
Community Ministry
Covenant House Washington
DCVET
Department of Corrections
Department of Family Services
Department of Housing and Community Development
Department of Human Resources/Community Services Administration/ Office of Transitional Services
DLLR One Stop
Easter Seals
Family Crisis Center
Family Preservation
FES Oxon Hill
Friendship Place
Homeless Hotline
Housing Initiative Partnership
Jobs Have Priority
Kristin's Place
Laurel Advocacy & Referral Services
Maryland Department of Housing and Community Development (TBD)
Maryland Department of Juvenile Services – Metro Region
Maryland Mental Hygiene Administration
Maryland Multicultural Youth Center (MMYC) /Latin American Youth Center (LAYC)
MCVET
Mission of Love
New Vision House of Hope
People Encouraging People (PEP)
Prince George's Community College
Prince George's Community College Upward Bound
Prince George's County Department of Social Services
Prince George's County Economic Development Corporation
Prince George's County Health Department
Prince George's County Public Schools
Prince George's House
Prince George's Vet Center
Quality Care, Inc.
Rehabilitation Systems, Inc.
Salvation Army Rehab
Sasha Bruce Youthwork/Promise Place
Sexual Minority Youth Assistance League (SMYAL)
St. Ann's Infant and Maternity Home
The Believers Worship Center/See the Other Side Re-Entry Program
Transitional Housing Programs
U.S. Department of Veterans Affairs
United Communities Against Poverty (UCAP)
United Way of Central America (TBD)
US Army 310 ESC
VESTA Inc.
VA Benefits/Readjustment
VA Health Suite
VA Mobile Vet Center
VA Outreach
Veterans Forever Inc.
Volunteers of America Chesapeake VOA)

Revised 09/6/2016

Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)
Version 2.0 Prescreen for Families

GENERAL INFORMATION/CONSENT

Interviewer's Name	Agency
	❑ TEAM ❑ STAFF ❑ VOLUNTEER

Date	Time	Location

In what language do you feel best able to express yourself?

ADULT 1

First Name		Middle Initial	Last Name		
Nickname		Gender	Race	Ethnicity	Social Security Number/Tax ID Number
How old are you?	What's your date of birth?	**Has Consented to Participate** ❑ **YES** ❑ **NO**			

ADULT 2

First Name		Middle Initial	Last Name		
Nickname		Gender	Race	Ethnicity	Social Security Number/Tax ID Number
How old are you?	What's your date of birth?	**Has Consented to Participate** ❑ **YES** ❑ **NO**			

IF EITHER PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.	SCORE:

CHILDREN

1. How many children under the age of 18 are currently with you?			**REFUSED** ❑
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed?			**REFUSED** ❑
3. *IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant?	**YES** ❑	**NO** ❑	**REFUSED** ❑

4. Please provide a list of children's biographical details: **Name**	**Race**	**Citizen?**	**Gender**	**Age**	**DoB**

Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)
Version 2.0 Prescreen for Families

Please provide a list of children's biographical details (cont.): Name	Race	Citizen?	Gender	Age	DoB

	SCORE:
IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**. IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.	
GENERAL INFORMATION/PRE-SURVEY SUBTOTAL	

A. HISTORY OF HOUSING & HOMELESSNESS

5. Where do you and your family sleep most frequently? (check one)	❏ Shelters ❏ Transitional Housing ❏ Safe Haven ❏ **Outdoors** ❏ **Other (specify):** _____ ❏ **Refused**

	SCORE:
IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	

6. How long has it been since you and your family lived in permanent stable housing?		**REFUSED** ❏
7. In the past three years, how many times have you and your family been homeless?		**REFUSED** ❏

	SCORE:
IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	
HOUSING & HOMELESSNESS SUBTOTAL	

B. RISKS

8. In the past six months, how many times have you or anyone in your family:			
a) Received health care at an emergency department/room?			**REFUSED** ❑
b) Taken an ambulance to the hospital?			**REFUSED** ❑
c) Been hospitalized as an inpatient?			**REFUSED** ❑
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress center, or a suicide prevention hotline?			**REFUSED** ❑
e) Talked to police because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because the police told you that you must move along?			**REFUSED** ❑
f) Stayed one or more nights in a holding cell, jail, or prison, whether that was a short term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?			**REFUSED** ❑
IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**			SCORE:
9. Have you or anyone in your family been attacked or beaten up since they've become homeless?	YES ❑	NO ❑	REFUSED ❑
10. Have you or anyone in your family threatened to or tried to harm yourself or anyone else in the last year?	YES ❑	NO ❑	REFUSED ❑
IF "YES" TO QUESTIONS 9 OR 10, THEN SCORE 1 FOR **RISK OF HARM.**			SCORE:
11. Do you or anyone in your family have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to find a place to live?	YES ❑	NO ❑	REFUSED ❑
IF "YES" TO QUESTION 11 THEN SCORE 1 FOR **LEGAL ISSUES.**			SCORE:
12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?	YES ❑	NO ❑	REFUSED ❑
13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that?	YES ❑	NO ❑	REFUSED ❑
IF "YES" TO QUESTIONS 12 OR 13, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**			SCORE:
RISKS SUBTOTAL			

C. SOCIALIZATION & DAILY FUNCTIONS

	YES	NO	REFUSED
14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?	**YES** ❑	NO ❑	REFUSED ❑

	Amount?	YES	NO	REFUSED
15. Do you or anyone in your family get <u>any</u> money, from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?		YES ❑	**NO** ❑	REFUSED ❑

	SCORE:
IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT.**	

	YES	NO	REFUSED
16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?	YES ❑	**NO** ❑	REFUSED ❑

	SCORE:
IF "NO," TO QUESTION 16 THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.**	

	YES	NO	REFUSED
17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water, and other things like that?	YES ❑	**NO** ❑	REFUSED ❑

	SCORE:
IF "NO", TO QUESTION 17 THEN SCORE 1 FOR **SELF-CARE**	

	YES	NO	REFUSED
18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused your family to become evicted?	**YES** ❑	NO ❑	REFUSED ❑

	SCORE:
IF "YES", TO QUESTION 18 THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**	

SOCIALIZATION & DAILY FUNCTIONS SUBTOTAL	

D. WELLNESS

	YES	NO	REFUSED
19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?	**YES** ❑	NO ❑	REFUSED ❑
20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?	**YES** ❑	NO ❑	REFUSED ❑
21. If there was space available in a program that specifically assists people who live with HIV or AIDS, would that be of interest to you or anyone in your family?	**YES** ❑	NO ❑	REFUSED ❑
22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because they would need help?	**YES** ❑	NO ❑	REFUSED ❑
23. When someone in your family is sick or not feeling well, do they avoid getting medical help?	**YES** ❑	NO ❑	REFUSED ❑

	SCORE:
IF "YES" TO ANY OF QUESTIONS 19 THROUGH 23, THEN SCORE 1 FOR **PHYSICAL HEALTH.**	

	YES	NO	REFUSED
24. Has drinking or drug use by you or anyone in your family led to you being kicked out of an apartment or program where you were staying in the past?	**YES** ❑	NO ❑	REFUSED ❑
25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?	**YES** ❑	NO ❑	REFUSED ❑

	SCORE:
IF "YES" TO QUESTIONS 24 OR 25, THEN SCORE 1 FOR **SUBSTANCE ABUSE.**	

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program, or other place you were staying, because of:			
a) A mental health issue or concern?	**YES** ❑	NO ❑	REFUSED ❑
b) A past head injury?	**YES** ❑	NO ❑	REFUSED ❑
c) A learning disability, developmental disability, or other impairment?	**YES** ❑	NO ❑	REFUSED ❑
27. Do you or anyone in your family have any mental health or brain issues that would make it hard for you to live independently because help would be needed?	**YES** ❑	NO ❑	REFUSED ❑
IF "YES" TO QUESTIONS 26 OR 27, THEN SCORE 1 FOR **RISK OF MENTAL HEALTH.**			SCORE:
28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE ABUSE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use?	**YES** ❑	NO ❑	REFUSED or N/A ❑
IF YES TO QUESTION 28, THEN SCORE 1 FOR **TRI-MORBIDITY.**			SCORE:
29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?	**YES** ❑	NO ❑	REFUSED ❑
30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?	**YES** ❑	NO ❑	REFUSED ❑
IF "YES" TO QUESTIONS 29 OR 30, THEN SCORE 1 FOR **MEDICATIONS.**			SCORE:
31. *YES OR NO:* Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?	**YES** ❑	NO ❑	REFUSED ❑
IF "YES," TO QUESTION 31, THEN SCORE 1 FOR **ABUSE AND TRAUMA.**			SCORE:
WELLNESS SUBTOTAL			

E. FAMILY UNIT

32. Are there any children that have been removed from the family by a child protection service within the last 180 days (6 months)?	**YES** ❑	NO ❑	REFUSED ❑
33. Do you have any family legal issues that are being resolved in court, or need to be resolved in court, that would impact your housing or anyone who may live within your housing?	**YES** ❑	NO ❑	REFUSED ❑
IF "YES" TO QUESTIONS 32 OR 33, THEN SCORE 1 FOR **FAMILY LEGAL ISSUES.**			SCORE:
34. In the last 180 days (6 months) have any children lived with family or friends because of your homelessness or housing situation?	**YES** ❑	NO ❑	REFUSED ❑
35. Has any child in the family experienced abuse or trauma in the last 180 days (6 months)?	**YES** ❑	NO ❑	REFUSED ❑
36. *IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week?	YES ❑	**NO** ❑	REFUSED or N/A ❑
IF "YES" TO QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR **NEEDS OF CHILDREN**.			SCORE:

37. Have the members of your family changed in the last 180 days (6 months) due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?	**YES** ❑	NO ❑	REFUSED ❑
38. Do you anticipate any other adults or children coming to live with you within the first 180 days (6 months) of being housed?	**YES** ❑	NO ❑	REFUSED ❑
IF "YES", TO QUESTIONS 37 OR 38, THEN SCORE 1 FOR **FAMILY STABILITY.**			SCORE:
39. Do you have two or more planned acrivities each week as a family such as outings to the park, going to the library, visiting other family, watching a movie, or anything like that?	YES ❑	**NO** ❑	REFUSED ❑
40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult:			
a) 3 or more hours per day for children aged 13 or older?	**YES** ❑	NO ❑	REFUSED or N/A ❑
b) 2 or more hours per day for children aged 12 or younger?	**YES** ❑	NO ❑	REFUSED or N/A ❑
41. *IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?	**YES** ❑	NO ❑	REFUSED or N/A ❑
IF "NO" TO QUESTION 39, OR "YES" TO QUESTIONS 40 OR 41, THEN SCORE 1 FOR **PARENTAL ENGAGEMENT.**			SCORE:
FAMILY UNIT SUBTOTAL			

SCORING SUMMARY

DOMAIN	SUBTOTAL	RESULTS
GENERAL INFORMATION/PRE-SURVEY	/2	**Score:** **Recommendation:**
A. HISTORY OF HOUSING AND HOMELESSNESS	/2	0-3: no housing intervention
B. RISKS	/4	4-8: an assessment for Rapid Re-Housing
C. SOCIALIZATION AND DAILY FUNCTIONS	/4	
D. WELLNESS	/6	9+: an assessment for Permanent Supportive Housing
E. FAMILY UNIT	/4	
GRAND TOTAL	/22	

Additional Questions:

Do you have a phone? ❑ Yes ❑ No **Can I have your phone number?** _____

Does anyone in your family need: ❑ SNAP ❑ MEDICAID ❑ Social Security Card ❑ State Photo ID

❑ Birth Certificate **(If yes, from what state(s)?** _____)

Is anyone in your household transgender: ❑ Yes ❑ No ❑ Refused **If yes, whom?** _____

Has anyone in the household ever served in the US Military? ❑ Yes ❑ No

If yes, what is the nature of their discharge? ❑ Honorable ❑Other then Honorable

❑Medical ❑ Dishonorable ❑ Refused

Has anyone in the household ever been incarcerated? ❑ Yes ❑ No **If yes, whom?** _____

Has anyone in the household ever been in foster care? ❑ Yes ❑ No **If yes, whom?** _____

Marital Status: ❑ Common-law ❑ Divorced ❑ Married ❑ Separated ❑ Single ❑ Widowed

Zip Code of Last Permanent Address: _____

Is anyone in the household currently fleeing from an intimate partner? ❑ Yes ❑ No

If yes, whom? _____

What is the citizenship status of the head(s) of household?

Adult 1: ❑ Citizen ❑ Legal Resident ❑ Undocumented ❑ Refused

Adult 2: ❑ Citizen ❑ Legal Resident ❑ Undocumented ❑ Refused

What is the highest grade in school completed by the head(s) of household?

Adult 1: ❑ k-4 ❑ 5-6 ❑ 7-8 ❑ 9 ❑ 10 ❑ 11 ❑ 12 ❑ High School Diploma ❑ GED

❑ Vocational School ❑ Some College ❑ College Degree ❑ Doesn't know ❑ Declined to State

Adult 2: ❑ k-4 ❑ 5-6 ❑ 7-8 ❑ 9 ❑ 10 ❑ 11 ❑ 12 ❑ High School Diploma ❑ GED

❑ Vocational School ❑ Some College ❑ College Degree ❑ Doesn't know ❑ Declined to State

Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)
Version 2.0 Prescreen for Single Adults

GENERAL INFORMATION/CONSENT

Interviewer's Name		Agency ❑ TEAM ❑ STAFF ❑ VOLUNTEER
Date	Time	Location
In what language do you feel best able to express yourself?		
First Name	Middle Initial	Last Name
Nickname		Social Security Number/Tax ID Number
How old are you?	What's your date of birth?	**Has Consented to Participate** ❑ YES ❑ NO

	SCORE:
IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.	
GENERAL INFORMATION SUBTOTAL	

A. HISTORY OF HOUSING & HOMELESSNESS

1. Where do you sleep most frequently? (check one)	❑ Shelters ❑ Transitional Housing ❑ Safe Haven ❑ **Outdoors** ❑ **Other (specify):** _____ ❑ **Refused**

		SCORE:
IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.		
2. How long has it been since you lived in permanent stable housing?		**REFUSED** ❑
3. In the past three years, how many times have you been homeless?		**REFUSED** ❑
IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.		SCORE:
HOUSING & HOMELESSNESS SUBTOTAL		

B. RISKS

4. In the past six months, how many times have you:		
a) Received health care at an emergency department/room?		**REFUSED** ❏
b) Taken an ambulance to the hospital?		**REFUSED** ❏
c) Been hospitalized as an inpatient?		**REFUSED** ❏
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress center, or a suicide prevention hotline?		**REFUSED** ❏
e) Talked to police because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because the police told you that you must move along?		**REFUSED** ❏
f) Stayed one or more nights in a holding cell, jail, or prison, whether that was a short term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?		**REFUSED** ❏

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**			SCORE:
5. Have you been attacked or beaten up since you've become homeless?	YES ❏	NO ❏	REFUSED ❏
6. Have you threatened to or tried to harm yourself or anyone else in the last year?	YES ❏	NO ❏	REFUSED ❏
IF "YES" TO QUESTIONS 5 OR 6, THEN SCORE 1 FOR **RISK OF HARM.**			SCORE:
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to find a place to live?	YES ❏	NO ❏	REFUSED ❏
IF "YES" TO QUESTION 7 THEN SCORE 1 FOR **LEGAL ISSUES.**			SCORE:
8. Does anybody force or trick you to do things that you do not want to do?	YES ❏	NO ❏	REFUSED ❏
9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	YES ❏	NO ❏	REFUSED ❏
IF "YES" TO QUESTIONS 8 OR 9, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**			SCORE:
RISKS SUBTOTAL			

C. SOCIALIZATION & DAILY FUNCTIONS

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?		**YES** ❑	NO ❑	REFUSED ❑
11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	Amount?	YES ❑	**NO** ❑	REFUSED ❑
IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT.**				SCORE:
12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?		YES ❑	**NO** ❑	REFUSED ❑
IF "NO," TO QUESTION 12 THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.**				SCORE:
13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?		YES ❑	**NO** ❑	REFUSED ❑
IF "NO", TO QUESTION 13 THEN SCORE 1 FOR **SELF-CARE**				SCORE:
14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?		**YES** ❑	NO ❑	REFUSED ❑
IF "YES", TO QUESTION 14 THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**				SCORE:
SOCIALIZATION & DAILY FUNCTIONS SUBTOTAL				

D. WELLNESS

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	**YES** ❑	NO ❑	REFUSED ❑
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?	**YES** ❑	NO ❑	REFUSED ❑
17. If there was space available in a program that specifically assists people who live with HIV or AIDS, would that be of interest to you (or would you be eligible)?	**YES** ❑	NO ❑	REFUSED ❑
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	**YES** ❑	NO ❑	REFUSED ❑
19. When you are sick or not feeling well, do you avoid getting help?	**YES** ❑	NO ❑	REFUSED ❑
20. *FOR FEMALE RESPONDENTS ONLY*: Are you currently pregnant?	**YES** ❑	NO ❑	REFUSED or N/A ❑
IF "YES" TO ANY OF QUESTIONS 15 THROUGH 20, THEN SCORE 1 FOR **PHYSICAL HEALTH.**			SCORE:
21. Has your drinking or drug use led to you being kicked out of an apartment or program where you were staying in the past?	**YES** ❑	NO ❑	REFUSED ❑
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	**YES** ❑	NO ❑	REFUSED ❑
IF "YES" TO QUESTIONS 21 OR 22, THEN SCORE 1 FOR **SUBSTANCE ABUSE.**			SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program, or other place you were staying, because of:			
a) A mental health issue or concern?	**YES** ❏	NO ❏	REFUSED ❏
b) A past head injury?	**YES** ❏	NO ❏	REFUSED ❏
c) A learning disability, developmental disability, or other impairment?	**YES** ❏	NO ❏	REFUSED ❏
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	**YES** ❏	NO ❏	REFUSED ❏
IF "YES" TO QUESTIONS 23 OR 24, THEN SCORE 1 FOR **RISK OF MENTAL HEALTH.**			SCORE:
IF THE RESPONDENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE ABUSE** AND I FOR **MENTAL HEALTH**, THEN SCORE 1 FOR **TRI-MORBIDITY.**			SCORE:
25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	**YES** ❏	NO ❏	REFUSED ❏
26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	**YES** ❏	NO ❏	REFUSED ❏
IF "YES" TO QUESTIONS 25 OR 26, THEN SCORE 1 FOR **MEDICATIONS.**			SCORE:
27. *YES OR NO:* Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?	**YES** ❏	NO ❏	REFUSED ❏
IF "YES," TO QUESTION 27, THEN SCORE 1 FOR **ABUSE AND TRAUMA.**			SCORE:
WELLNESS SUBTOTAL			

SCORING SUMMARY

DOMAIN	SUBTOTAL	RESULTS	
GENERAL INFORMATION	/1	**Score:**	**Recommendation:**
A. HISTORY OF HOUSING AND HOMELESSNESS	/2		
B. RISKS	/4	0-3:	no housing intervention
C. SOCIALIZATION AND DAILY FUNCTIONS	/4	4-7:	an assessment for Rapid Re-Housing
D. WELLNESS	/6	8+:	an assessment for Permanent Supportive Housing
GRAND TOTAL	/17		

Additional Questions:

Do you have a phone? ❑ Yes   ❑ No   **Can I have your phone number?** _____

Do you need: ❑ SNAP ❑ MEDICAID ❑ Social Security Card ❑ State Photo ID

❑ Birth Certificate   (**If yes, from what state?** _____)

Gender: ❑ Male   ❑ Female   **Transgender:** ❑ Yes   ❑ No   ❑ Declined to State

Latino/a: ❑ Yes   ❑ No

Primary Race: ❑ African American/Black   ❑ Asian   ❑ Native American   ❑ White ❑ Mixed Race

❑ Decline to State   ❑ Unknown   ❑ Other _____

Secondary Race: ❑ None   ❑ African American/Black   ❑ Asian   ❑ Native American   ❑ White

❑ Mixed Race   ❑ Decline to State   ❑ Unknown   ❑ Other _____

Have you ever served in the US Military?   ❑ Yes   ❑ No

If yes, what is the nature of your discharge?   ❑ Honorable   ❑Other then Honorable

❑Medical   ❑ Dishonorable   ❑ Refused

Have you ever been incarcerated?   ❑ Yes   ❑ No

Have you ever been in foster care?   ❑ Yes   ❑ No

Marital Status: ❑ Common-law   ❑ Divorced ❑ Married ❑ Separated ❑ Single ❑ Widowed

Are you currently fleeing from an intimate partner?   ❑ Yes   ❑ No

What is your citizenship status?   ❑ Citizen   ❑ Legal Resident   ❑ Undocumented ❑ Refused

Zip Code of Last Permanent Address: _____

What is the highest grade in school you completed?

❑ k-4   ❑ 5-6   ❑ 7-8   ❑ 9   ❑ 10 ❑ 11 ❑ 12 ❑ High School Diploma ❑ GED

❑ Vocational School ❑ Some College ❑ College Degree ❑ Doesn't know ❑ Declined to State

Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)
Version 1.0 Prescreen for Transition Age Youth

GENERAL INFORMATION/CONSENT

Interviewer's Name		Agency
		❑ TEAM ❑ STAFF ❑ VOLUNTEER
Date	Time	Location
In what language do you feel best able to express yourself?		
First Name	Middle Initial	Last Name
Nickname		Social Security Number/Tax ID Number
How old are you?	What's your date of birth?	**Has Consented to Participate** ❑ YES ❑ NO

	SCORE:
IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.	
GENERAL INFORMATION SUBTOTAL	

A. HISTORY OF HOUSING & HOMELESSNESS

1. Where do you sleep most frequently? (check one)	❑ Shelters ❑ Transitional Housing ❑ Safe Haven ❑ **Couch surfing** ❑ **Outdoors** ❑ **Other (specify):** _____ ❑ **Refused**

		SCORE:
IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.		
2. How long has it been since you lived in permanent stable housing?		**REFUSED** ❑
3. In the past three years, how many times have you been homeless?		**REFUSED** ❑

	SCORE:
IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	
HOUSING & HOMELESSNESS SUBTOTAL	

B. RISKS

4. In the past six months, how many times have you:			
a) Received health care at an emergency department/room?			**REFUSED** ❑
b) Taken an ambulance to the hospital?			**REFUSED** ❑
c) Been hospitalized as an inpatient?			**REFUSED** ❑
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress center, or a suicide prevention hotline?			**REFUSED** ❑
e) Talked to police because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because the police told you that you must move along?			**REFUSED** ❑
f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether that was a short term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?			**REFUSED** ❑
IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**			SCORE:
5. Have you been attacked or beaten up since you've become homeless?	YES ❑	NO ❑	REFUSED ❑
6. Have you threatened to or tried to harm yourself or anyone else in the last year?	YES ❑	NO ❑	REFUSED ❑
IF "YES" TO QUESTIONS 5 OR 6, THEN SCORE 1 FOR **RISK OF HARM.**			SCORE:
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to find a place to live?	YES ❑	NO ❑	REFUSED ❑
8. Were you ever incarcerated when you were younger than age 18?	YES ❑	NO ❑	REFUSED ❑
IF "YES" TO QUESTION 7 OR 8, THEN SCORE 1 FOR **LEGAL ISSUES.**			SCORE:
9. Does anybody force or trick you to do things that you do not want to do?	YES ❑	NO ❑	REFUSED ❑
10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	YES ❑	NO ❑	REFUSED ❑
IF "YES" TO QUESTIONS 9 OR 10, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**			SCORE:
RISKS SUBTOTAL			

C. SOCIALIZATION & DAILY FUNCTIONS

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?		**YES** ❑	NO ❑	REFUSED ❑
12. Do you get <u>any</u> money, like from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	Amount?	YES ❑	**NO** ❑	REFUSED ❑
IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR MONEY MANAGEMENT.				SCORE:
13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?		YES ❑	**NO** ❑	REFUSED ❑
IF "NO," TO QUESTION 13 THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.				SCORE:
14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?		YES ❑	**NO** ❑	REFUSED ❑
IF "NO", TO QUESTION 14 THEN SCORE 1 FOR SELF-CARE				SCORE:
15. Is your current lack of stable housing…				
a) Because you ran away from your family home, a group home, or a foster home?		**YES** ❑	NO ❑	REFUSED ❑
b) Because of a difference in religious or cultural beliefs from your parents, guardians, or caregivers?		**YES** ❑	NO ❑	REFUSED ❑
c) Because your family or friends caused you to become homeless?		**YES** ❑	NO ❑	REFUSED ❑
d) Because of conflicts around sexual orientation, gender identity, or expression?		**YES** ❑	NO ❑	REFUSED ❑
IF "YES", TO ANY OF QUESTION 15, PARTS a) THROUGH d) THEN SCORE 1 FOR SOCIAL RELATIONSHIPS				SCORE:
e) Because of violence at home between family members?		**YES** ❑	NO ❑	REFUSED ❑
f) Because of an unhealthy or abusive relationship, either at home or elsewhere?		**YES** ❑	NO ❑	REFUSED ❑
IF "YES", TO QUESTION 15, PARTS e) OR f) THEN SCORE 1 FOR ABUSE/TRAUMA.				SCORE:
SOCIALIZATION & DAILY FUNCTIONS SUBTOTAL				

D. WELLNESS

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	**YES** ❑	NO ❑	REFUSED ❑
17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?	**YES** ❑	NO ❑	REFUSED ❑
18. If there was space available in a program that specifically assists people who live with HIV or AIDS, would that be of interest to you (or would you be eligible)?	**YES** ❑	NO ❑	REFUSED ❑
19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	**YES** ❑	NO ❑	REFUSED ❑
20. When you are sick or not feeling well, do you avoid getting help?	**YES** ❑	NO ❑	REFUSED ❑

		YES	NO	REFUSED
21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?		❑	❑	❑
IF "YES" TO ANY OF QUESTIONS 16 THROUGH 21, THEN SCORE 1 FOR **PHYSICAL HEALTH.**				SCORE:
22. Has your drinking or drug use led to you being kicked out of an apartment or program where you were staying in the past?		YES ❑	NO ❑	REFUSED ❑
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing?		YES ❑	NO ❑	REFUSED ❑
24. If you've ever used marijuana, did you try it at age 12 or younger?		YES ❑	NO ❑	REFUSED ❑
IF "YES" TO ANY OF QUESTIONS 22 OR 24, THEN SCORE 1 FOR **SUBSTANCE ABUSE.**				SCORE:
25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program, or other place you were staying, because of:				
a) A mental health issue or concern?		YES ❑	NO ❑	REFUSED ❑
b) A past head injury?		YES ❑	NO ❑	REFUSED ❑
c) A learning disability, developmental disability, or other impairment?		YES ❑	NO ❑	REFUSED ❑
26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?		YES ❑	NO ❑	REFUSED ❑
IF "YES" TO QUESTIONS 25 OR 26, THEN SCORE 1 FOR **RISK OF MENTAL HEALTH.**				SCORE:
IF THE RESPONDENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE ABUSE** AND I FOR **MENTAL HEALTH**, THEN SCORE 1 FOR **TRI-MORBIDITY.**				SCORE:
27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?		YES ❑	NO ❑	REFUSED ❑
28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?		YES ❑	NO ❑	REFUSED ❑
IF "YES" TO QUESTIONS 27 OR 28, THEN SCORE 1 FOR **MEDICATIONS.**				SCORE:
WELLNESS SUBTOTAL				

SCORING SUMMARY

DOMAIN	SUBTOTAL	RESULTS
GENERAL INFORMATION	/1	**Score:** **Recommendation:**
A. HISTORY OF HOUSING AND HOMELESSNESS	/2	0-3: no housing intervention
B. RISKS	/4	4-7: an assessment for Rapid Re-Housing
C. SOCIALIZATION AND DAILY FUNCTIONS	/4	
D. WELLNESS	/6	8+: an assessment for Permanent Supportive Housing
GRAND TOTAL	/17	

Additional Questions:

Do you have a phone? ❑ Yes   ❑ No   **Can I have your phone number?** _____

Do you need: ❑ SNAP ❑ MEDICAID ❑ Social Security Card ❑ State Photo ID

❑ Birth Certificate   (**If yes, from what state?** _____)

Gender: ❑ Male ❑ Female   **Transgender:** ❑ Yes ❑ No ❑ Declined to State

Latino/a: ❑ Yes ❑ No

Primary Race: ❑ African American/Black ❑ Asian ❑ Native American ❑ White ❑ Mixed Race

❑ Decline to State ❑ Unknown ❑ Other _____

Secondary Race: ❑ None ❑ African American/Black ❑ Asian ❑ Native American ❑ White

❑ Mixed Race ❑ Decline to State ❑ Unknown ❑ Other _____

Have you ever served in the US Military?   ❑ Yes ❑ No

If yes, what is the nature of your discharge?   ❑ Honorable   ❑Other then Honorable

❑Medical   ❑ Dishonorable ❑ Refused

Have you ever been incarcerated?   ❑ Yes ❑ No

Have you ever been in foster care?   ❑ Yes ❑ No

Marital Status: ❑ Common-law ❑ Divorced ❑ Married ❑ Separated ❑ Single ❑ Widowed

Are you currently fleeing from an intimate partner?   ❑ Yes ❑ No

What is your citizenship status?   ❑ Citizen ❑ Legal Resident ❑ Undocumented ❑ Refused

Zip Code of Last Permanent Address: _____

What is the highest grade in school you completed?

❑ k-4 ❑ 5-6 ❑ 7-8 ❑ 9 ❑ 10 ❑ 11 ❑ 12 ❑ High School Diploma ❑ GED

❑ Vocational School ❑ Some College ❑ College Degree ❑ Doesn't know ❑ Declined to State

HOUSING PRIORITIZATION TOOL

A trained assessment specialist should ask the questions below. *Instructions for the person administering the tool are in italics*. For each answer, record the color or number in parentheses in the applicable score lines. Leave the score box blank if there is no number or letter next to the selected answer. Note: *Explain definition of literal homelessness – staying in emergency shelter, transitional housing, other place not fit for human habitation, etc. – prior to administering the tool.*

Client Name: _____   **HMIS #:**_____

Worker Name: _____   **Date:**_____

Veteran? _____   D.V. Survivor? _____

Question(s)	Color Code	Numerical Score
1. Is this the first time you've been homeless in the past five years? ____Yes - G*o to question 2* ____No - *Skip to question 3*		
2. Have you been homeless for more than 90 days? ____Yes - G*o to question 3* ____No – *Assign color code "Green" & skip to question 4*		
3. When you were homeless before, did you ever receive temporary assistance to help you move back into housing such as temporary rental assistance, deposits, help with moving costs, etc? ____Yes, more than once – *Assign color code "Red", assign a numerical score of "1" & skip to question 13.* ____Yes, once – *Assign color code "Orange" and go to question 4.* ____No – *Assign color code "Yellow" and go to question 4.*		
4. Do you have a criminal history? ____ Yes - G*o to question 5* ____No - *Skip to question 6*		
5. Does your criminal history include: ____Drug offenses or crimes against persons or property? - A*ssign a numerical score of "2"and go to question 6.* ____Just a few minor offenses such as moving violations, a DUI, or a misdemeanor? - A*ssign a numerical score of "1"and go to question 6.*		
6. Do you have any evictions? ____Yes - *Go to question 7* ____No - *Skip to question 8*		
7. How many evictions do you have? ____ One or two? - A*ssign a numerical score of "1"and go to question 8.* ____Three or more? - A*ssign a numerical score of "2"and go to question 8.*		

Question(s) ~ Continued	Color Code	Numerical Score
8. Do you have friends or family members who you can stay with for a short period of time, or who can lend you money? _____ Yes – *Assign a numerical score of "-1"and go to question 9.* _____ No – G*o to question 9.*		
9. Do you have any income? ____ Yes – *Go to question 10.* ____No – *Assign a numerical score of "2" and skip to question 11*		
10. Is your income: *Refer to matrix of local area median income (AMI) thresholds.* ____ Above 30% AMI – *Go to question 11.* ____ Between 15% and 30% AMI – *Assign a numerical score of "1" and go to question 11.* ____ Less than 15% AMI – *Assign a numerical score of "2" and go to question 11.*		
11. Does your credit history include a judgment for debt to a landlord? ____ Yes – *Assign a numerical score of "1" and go to question 12.* ____ No – *Go to question 12.*		
12. Are you under 25 years of age with at least one child under the age of 5? ____ Yes – *Assign a numerical score of "1" and go to "Housing Priority Level".* ____ No – *Go to "Housing Priority Level".*		
13. TOTAL – *Enter Color Code (Questions 1-3) and total ALL numerical scores (Questions 3-12) and go to "Housing Priority Level".*		

Prince George's County
FY 2013 HUD Income Limits Summary

Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Very Low Limit 50%	$37,600	$42,950	$48,300	$53,650	$57,950	$62,250	$66,550	$70,850
Extremely Low 15-30%	$11,275 to $22,550	$12,900 to $25,800	$14,500 to $29,000	$16,100 to $32,200	$17,400 to $34,800	$18,700 to $37,400	$19,975 to $39,950	$21,275 to $42,550
Below 15% Limit	$11,274 and below	$12,899 and below	$14,499 and below	$16,099 and below	$17,399 and below	$18,699 and below	$19,974 and below	$21,274 and below

Housing Priority Levels

Using the numerical and letter scores tabulated in question 13 above, find the priority level for each intervention with the charts below. Some of these interventions may not receive levels. If the box is blank, there is no priority level for this intervention.

Rapid Re-Housing Priority Level			
Color Code	Numerical Score		
	0 – 2	3 – 4	5 – 9
Green	G	F	D
Yellow	E	C	B
Orange	A	A	A
Red	Not available	Not available	Not available

Rapid Re-Housing Priority Level:

Permanent Supportive Housing Priority Level			
Color Code	Numerical Score		
	0 – 2	3 – 4	5 – 9
Green	Not available	Not available	Not available
Yellow	Not available	Not available	A
Orange	Not available	Not available	A
Red	A	A	A

Note: When an individual's score results in a Permanent Supportive Housing Priority Level recommendation, the individual must have a diagnosis of a disabling condition and a vulnerability index completed.

Permanent Supportive Housing Priority Level:

Transitional Housing Priority Level			
Color Code	Numerical Score		
	0 – 2	3 – 4	5 – 9
Green	H	G	E
Yellow	F	D	C
Orange	B	B	B
Red	A	A	A

Transitional Housing Priority Level:

Each year the U.S. Department of Housing and Urban Development (HUD) allocates funding for homeless assistance programs through the Continuum of Care (CoC) competition process. In order to receive funding, each Continuum of Care must submit a consolidated application for funding that describes how local activities meet or exceed HUD requirements and are aligned with community needs. The CoC is required to rank in order of priority funding requests from all eligible providers for inclusion in the Consolidated Application. In accordance with HUD's Homeless Policy and Program Priorities (as stated in the 2018 HUD CoC Program Application Notice of Funding Availability (NOFA), the CoC will prioritize project applications based on the extent to which they advance these goals:

1. Ending homelessness for all persons. The CoC will consider at a minimum, each applicant's: a. performance against system outcomes including the average length of homeless episodes, rates of return to homelessness, and other factors to determine whether the applicant is effectively serving people experiencing homelessness; b. outreach strategies to identify and continuously engage unsheltered individuals and families; c. Serve individuals and families identified by the CoC as having the highest needs and longest experiences of homelessness; and d. Other CoC specific criteria outlined in the CoC's annual application scoring document(s).

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

3. Strategically allocate and use resources. The CoC will consider at a minimum, each applicant's: a. Cost effectiveness, b. Match and leveraging contributions, c. Project quality and performance, and d. Use of mainstream and community-based resources.

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Prince George's County CoC (MD-600) is eligible to renew a total of 22 projects for the 2018 HUD CoC Program Competition. Projects are eligible for renewal for FY 2018 funds if they have an executed grant agreement by December 31, 2018 and have an expiration date that occurs in Calendar Year 2019 (the period between January 1, 2019 and December 31, 2019). These projects are renewable under the CoC Program Competition as set forth in 24 CFR 578.33 to continue ongoing leasing, operating, supportive services, rental assistance, HMIS, and project administration costs. "The FY 2018 CoC Program Competition Estimated ARD Report" for the CoC reflects the opportunity for funding at the following levels: $5.239,911 for renewal/ reallocation/consolidation/transition projects, $157,197 for the planning project, $314,395 for new projects under the permanent housing bonus, and $364,165 for new projects under the DV housing bonus .

All applications will be ranked in two tiers; Tier 1 is equal to $4,925,516 (94% of the ARD) and Tier 2 is equal to $992,955 (6% of the ARD plus the permanent housing bonus). Tier 1 ranked projects will be fully funded as long as the CoC's application meets all threshold and eligibility requirements and the Federal government provides sufficient funding. Tier 2 projects will be evaluated based on a combination of the CoC application score, ranking order, and adoption of Housing First tenets and will be assigned eligible points based on their ranking by the CoC in Tier 2. HUD will select projects in order of point value until there are no more funds available, Project applications placed in Tier 2 are at the highest risk of non-funding.

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

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

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

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

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

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

Prince George's County CoC Ranking and Selection Process   Updated and Ratified 7/12/2018

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

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

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

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

Any agency that wishes to appeal must notify the CoC Planner in writing via email at contessa.riggs@maryland.gov no later than two business days after the priority ranking has been communicated in writing. An appeal must state the following:
     Agency name
     Project name
     Reason for appeal (no longer than two pages)

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

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

2018 Prince George's County Continuum of Care <u>Renewal Project</u> Application Scoring Criteria

	Pts	Criterion	Description	Points	score
1	5	Housing Type	PSH, RRH, TH-RRH and THP that serve youth	5	
			TH serving a CoC priority sub-population other than youth	3	
			All other TH	1	
2	5	Exclusively serves a sub-population	Behavioral Health and/or Chronically Homeless (these populations are harder to serve so additional points are assigned because outcomes may not be as high)	5	
3	5	HUD Priorities	PSH - 100% Chronic homeless in Housing First model or TH-RRH and RRH – Families	5	
			PSH that commits to fill 85% of turnover with CH	2	
			Does not provide RRH or TH-RRH to families or PSH prioritized CH	0	
4	10	Housing 1st / Low Barrier	Does not have entrance requirements such as income & sobriety. Does not require program participation	10	
5	10	Spending	Made timely withdraws from LOCCS (min. quarterly) and had no unexpended funds in last grant year	10	
			Did not make timely withdraws from LOCCS, but had no unexpended funds	7	
			Made timely withdraws from LOCCS (min. quarterly) and 1st time returning funds in any program (last 3 years)	5	
			Did not make timely withdraws from LOCCS (min. quarterly) and 1st time returning funds in last 3 years)	2	
			Returned funds in multiple programs and/or multiple times (last 3 years)	0	
6	10	Data quality	HMIS data report card - 12 Month avg: A = 5, B = 4, etc	5	
			HMIS quality and outcome measures: A=5, B=4, etc	5	
7	10	Utilization	Program average at 98% or above capacity	10	
			Program average at 90% or above capacity	8	
			Program average at 75% or above capacity	5	
8	5	Leverage	Project Leverages more than 150% of HUD budget	5	
			Leverages 100 – 149%	3	
			Leverages 75 – 100%	1	
9	10	Income	75% or more of leavers and stayers increased income during year	10	
			Deduct 1 point for every 5% under 75%		
10	10	Mainstream Resources	90% of consumers in program or who exited during the program year receive at least one mainstream benefit (Medicaid, TANF, SSI/SSDI, food stamps, etc)	10	
			Deduct 1 point for every 5% under 90%		
11	10	Housing Stability	PSH, TH-RRH & RRH - 80% of stayers are housed 6 months or longer and/or 80% of exits are to Permanent Housing TH - 80% of TH residents exit to Permanent Housing	10	
			Deduct 1 point for every 5% under 80%		
12	10	CoC Participation	Attends a minimum of 90% of HSP meetings.	5	
			Actively Participates in a HSP committee	5	
		SUBTOTAL		100	
		0 monitoring findings in the most recent program year		+5	
		Failure to submit required documents on time.		-10	
		Less than 5% of program exits have returned to homelessness in the last two years		+3	
		TOTAL			

Prince George's County CoC Ranking and Selection Process   Updated and Ratified 7/12/2018

2018 Prince George's County CoC <u>New Project</u> Applications: Qualifying Criteria

Eligible Applicant	**Nonprofit organization**	
	Current DUNS number	
	HSP Attendance	
	Registered with SAM	
Eligible Population: Meets both HUD and CoC requirements	**PSH – serves Chronically homeless or DedicatedPLUS** **RRH – serves families and singles (with priority to families) who are coming from the streets or emergency shelter only** **TH-RRH serves families, UHY or CoC priority sub-populations**	
Eligible Service Model	**Program follows the tenets of Housing First: Does not have entrance requirements or require participation in supportive services.**	
Financial Capacity	**Has operating reserves (or line of credit) to sufficiently cover a minimum of 6 months of program operating expenses**	
	Most recent annual audited statement and management letter is provided and no significant findings are identified	
	Meets Match requirement of 25% of Operating, Rental Assistance, Supportive Services and Admin budget.	
Organization Capacity	**Organization has a mission/purpose statement and bylaws to govern operations**	
	Organization has an active governing board that includes one member who is homeless or formerly homeless, or a formal plan to immediately recruit someone.	
	Organization has clear policies and procedures to address potential conflicts of interest	
HMIS and Coordinated Entry	**Project has the capacity and an acceptable plan to participate fully in HMIS and the CoC's Coordinated Entry System**	
Submission Deadline	**Application and all required documents are submitted to CoC planner by deadlines**	

2018 Prince George's CoC New Project Application: Scoring Criteria

	Criterion	Description	Points	Score
1	**Expertise* serving an identified sub-population**	Mentally ill/substance abusing, Unaccompanied Homeless Youth, Domestic Violence, Returning Citizens, Veterans	5	
2	**Serving Identified CoC Needs**	PSH – CH singles (SMI, dual diagnosis and/or criminal history) PSH Dedicated Plus – CH singles and unaccompanied youth. RRH – very low and low income families, unaccompanied youth, and or DV/Trafficking Joint TH / PH-RRH – Same as RRH	5	
3	**Applicant experience for proposed activities**	Relevant experience and good outcomes	5	
		Limited relevant experience and good outcomes	3	
		No experience or poor outcomes	0	
4	**Innovation and Effectiveness**	Clear description of evidence-based practices and demonstrated experience	5	
		Clear description of evidence-based practices but little or no experience	3	
		Weak description of evidence-based practices but demonstrated experience	1	
		No description of evidence-based practices	0	
5	**Performance Measures**	Detailed plans for successfully achieving CoC performance measures and partnerships clearly identified and verified	10	
		Basic plan for successfully achieving performance measures and partnerships clearly identified and verified	6	
		Detailed plan for successfully achieving performance measures but limited or no partnerships clearly identified or verified	3	
		Basic or no plan for achieving performance measures and no partnerships identified	0	
5	**Cost Effectiveness** CoC Average for PSH is **$19,456**; RRH is **$5,978**	Average annual per unit/slot is 10% or more below system average	10	
		Average annual per unit/slot is at system average	5	
		Average annual per unit/slot is higher than system average	0	
		Average annual per unit/slot is more than 10% below system average – BONUS POINTS (add +3)		
5	**Financial Capacity**	Has successfully managed Federal grants	5	
		Has not managed a Federal grant but has successfully managed a State or Local government grant of equivalent size	4	
		Has managed Federal grants that resulted in the recapture of funds but agency has no unresolved monitoring or audit findings	2	
		Has never managed a government grant Or has managed Federal grants that resulted in the recapture of funds and has unresolved monitoring or audit findings	0	
8	**Leverage**	Project Leverages more than 150% of HUD budget	5	
		Leverages 100 – 149%	3	
		Leverages 75 – 100%	1	
		Leverages less than 75%	0	
12	**CoC Participation**	Attends a minimum of 90% of HSP meetings.	5	
		Actively Participates in a HSP committee	5	
	Sub-total		60	
Experience working with High System Utilizers			+5	
	TOTAL			

*Expertise can be documented through staff credentials and/or significant program experience working with the identified population

Prince George's County CoC Ranking and Selection Process   Updated and Ratified 7/12/2018

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Continuum Of Care Program

CoC Program Information

Prince George's County Department of Social Services is responsible for coordinating the County's Continuum of Care (CoC) Program competition that is funded through the Department of Housing and Urban Development (HUD). The Notice of Funding Availability (NOFA) application process is now open.

Application

- FY 2018 Continuum of Care (COC) Program Competition - Notice of Funding Availability
- FY 2018 CoC Competition Focus: Serving Survivors of Domestic Violence
- FY 2018 CoC Competition Focus: DedicatedPLUS - Explaining the New Strategy for Ending Chronic Homelessness

2018 Related Documents

○ 2018 Coordinated Entry and Order of Priority Policy
○ 2018 CoC Consolidated Application
○ 2018 COC Submission Deadline
○ 2018 HMIS Policies and Procedures Manual
○ 2018 CoC Project Listing and Certificate of Consistency
○ 2018 Reallocation and Transfer Policy
○ 2018 Governance Charter
○ 2018 Ranking and Selection Process

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Continuum Of Care Program

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- 2018 COC Submission Decline

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HSP Plenary Meeting Notice

Dennis Lewis -DHS- Prince Georges County <dennis.lewis@maryland.gov>   Tue, Aug 7, 2018 at 6:05 PM
Bcc: renee.pope@maryland.gov

ATTENTION HSP MEMBERS:

Please note that we will be having our HSP Plenary Meeting:

Thursday August 9, 2018
2 to 4 pm Conference Room 251
425 Brightseat Rd. Landover MD 20785

Attached you will find a copy of the Agenda and the drafted minutes from the July HSP Meeting for your review.

Also, below are helpful resources concerning the HUD NOFA

FY 2018 CoC Program NOFA:

https://www.hudexchange.info/resource/5719/fy-2018-coc-program-nofa/

USICH Material on the Recently Released HUD NOFA:

Gathering information to help you respond to the FY 2018 Continuum of Care (CoC) Program Notice of Funding Availability?

Check out our recently recorded webinar to learn more about the NOFA's priorities and the application process.

These considerations and resources can also be used in your efforts to address racial disparities within your actions and application.

Lastly, below is the link from the United States Interagency Council on Homelessness' webinar, 2018 Continuum of Care Program Competition: Strategies for Success

https://www.usich.gov/tools-for-action/webinar-fy-2018-continuum-of-care-competition-strategies-for-success

See you Thursday!

--
Dennis Lewis, MSW, Manager
Program Development & Public Relations
Prince George's County
Department of Social Services - Community Services Division
(301)-909-6041 Office; (301)-909-6331 Fax
425 Brightseat Rd., Landover, MD 20785
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2 attachments

📄 **HSP.agenda.August 2018.doc**
50K

📄 **HSP.minutes July. 2018.docx**
20K

1.   **Welcome, Introductions and Approval of Minutes**   Don Phillips, HSP Co-Secretary, CCSI

Meeting was called to order at 2:05 pm. Welcome and introductions were completed. The HSP Minutes from June 14, 2018 were distributed and reviewed. A motion to accept the minutes as presented was made, seconded and the vote to accept them as presented was unanimous.

2.   **Environmental Review**   Jonathan Sager, DHCD

Jonathan Sager introduced himself and informed the group that HUD requires that an environmental review be completed in advance for all programs that will use federal funding. Also, every time there is new funding, which can often be annually, a new application needs to be filed. Much of the work of our shelters falls in the "exempt" category however a new application still needs to be submitted.   Environmental reviews can now be completed by DHCD, but the basic information still needs to be submitted. An Environmental Review Checklist was circulated, discussed and will need to be completed with the project name, grant number and amount; addresses where services are delivered; photos; lead paint certification and responses to other relevant questions. Mr. Sager can be reached for any further questions at 301-883-5575, or at JA Sager@co.pg.md.us.

3.   **Provider Report Cards**   Robin Gray, HMIS Administrator, PGCDSS

The importance of System Performance Measures was highlighted because HUD uses these measures in the application scoring process, which in turn, effects funding. A graphic handout was distributed illustrating the measures over the time period of FY 15 to FY 18. Each fiscal year covers the period of October 1st to September 30th. Measures include: 1) length of time persons remain homeless; 2) Average Bed Nights; 3) Exits to Permanent Housing with Returns to Homelessness; 4) Number of Homeless Persons PIT Count; 5) Employment and Income Growth; 6) Change in the Number of Persons entering ES, SH, TH Projects with no prior enrollments; 7) Change in the Number of Persons entering ES, SH, TH, and PH Projects with no prior enrollments; 8) Change in SO exits to temporary destination, some institutional destinations and PH placement; 9) Change in ES, SH, TH and PH-RRH exits to permanent housing; 10) Change in PH exists to PH or retention of PH. HUD funded programs will be provided with individualized report cards in the near future.

4.   **HUD Continuum of Care 2018 Competition**   Contessa Riggs, CoC Planner, PGCDSS

Handouts were distributed which included an overview of the competition along with important dates. The first deadline is 7-16-18 when all provider Letters of Interest are due for new and bonus applicants, with a mandatory meeting for new and bonus applicants on 7-17-18. There are two bonuses available: the regular bonus of $314,395, and a DV bonus of $365,165. The DV application must be competitive in that the funding is limited nationally. As in the prior years, the application will include a Tier 1 and Tier 2 structure. CoC 's can place 94%

of their ARD funding amount in Tier 1 and the remaining 6% of their ARD along with the bonus fund amounts in tier 2. New to this year's application process are provisions for consolidations, transition grants, and bonus for mergers.

The CoC 2018 Reallocation and Transfer Policy was circulated for review. Some suggestions were made and corrections identified. A motion was made, seconded and the vote was made unanimously to approve the policy with the identified modifications. The Ranking and Selection Policy was also distributed for review. One noted change from last year's policy was the removal of the requirement that a new provider had to meet minimum HSP attendance standards during the prior year as a qualification for applying for funds. This provision was made to encourage new domestic violence organizations to apply for the DV bonus. A motion was made, seconded and the vote was made unanimously to approve the policy as amended.

5.   **Announcements**   Renee Ensor Pope, HSP Co-Chair, PGCDSS

DSS was awarded a grant to support LGBTQ young people in foster care and their families and this resource is being extended to UHY being served by our CoC youth providers. Also, flyers were distributed from Eckerd Connects Workforce Development, who specializes in Prince George's County Out of School Youth. They have employment and training opportunities available for young adults and they are located out of the Suitland Bridge Center. This program will contribute a strong resource to the young adults we serve in our CoC.

The Meeting was adjourned at 4:00 pm.

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4. Use a Housing First approach. The CoC will consider at a minimum, the extent to which each applicant's project: a. Prioritizes rapid placement and stabilization in permanent housing, b. Imposes service participation requirements or preconditions, c. Reduces the length of time homeless, d. Engages landlords and property managers as partners in housing re-stabilization, and e. promotes client-centered services.

Prince George's County CoC (MD-600) is eligible to renew a total of 22 projects for the 2018 HUD CoC Program Competition. Projects are eligible for renewal for FY 2018 funds if they have an executed grant agreement by December 31, 2018 and have an expiration date that occurs in Calendar Year 2019 (the period between January 1, 2019 and December 31, 2019). These projects are renewable under the CoC Program Competition as set forth in 24 CFR 578.33 to continue ongoing leasing, operating, supportive services, rental assistance, HMIS, and project administration costs. "The FY 2018 CoC Program Competition Estimated ARD Report" for the CoC reflects the opportunity for funding at the following levels: $5,239,911 for renewal/ reallocation/consolidation/transition projects, $157,197 for the planning project, $314,395 for new projects under the permanent housing bonus, and $364,165 for new projects under the DV housing bonus .

Prince George's County CoC Ranking and Selection Process   Updated and Ratified 7/12/2018

All applications will be ranked in two tiers; Tier 1 is equal to $4,925,516 (94% of the ARD) and Tier 2 is equal to $992,955 (6% of the ARD plus the permanent housing bonus). Tier 1 ranked projects will be fully funded as long as the CoC's application meets all threshold and eligibility requirements and the Federal government provides sufficient funding. Tier 2 projects will be evaluated based on a combination of the CoC application score, ranking order, and adoption of Housing First tenets and will be assigned eligible points based on their ranking by the CoC in Tier 2. HUD will select projects in order of point value until there are no more funds available, Project applications placed in Tier 2 are at the highest risk of non-funding.

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

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

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

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

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

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

Prince George's County CoC Ranking and Selection Process   Updated and Ratified 7/12/2018

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

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

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

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

Any agency that wishes to appeal must notify the CoC Planner in writing via email at contessa.riggs@maryland.gov no later than two business days after the priority ranking has been communicated in writing. An appeal must state the following:
Agency name
Project name
Reason for appeal (no longer than two pages)

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

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

	Pts	Criterion	Description	Points	score
1	5	Housing Type	PSH, RRH, TH-RRH and THP that serve youth	5	
			TH serving a CoC priority sub-population other than youth	3	
			All other TH	1	
2	5	Exclusively serves a sub-population	Behavioral Health and/or Chronically Homeless (these populations are harder to serve so additional points are assigned because outcomes may not be as high)	5	
3	5	HUD Priorities	PSH - 100% Chronic homeless in Housing First model or TH-RRH and RRH – Families	5	
			PSH that commits to fill 85% of turnover with CH	2	
			Does not provide RRH or TH-RRH to families or PSH prioritized CH	0	
4	10	Housing 1st / Low Barrier	Does not have entrance requirements such as income & sobriety. Does not require program participation	10	
5	10	Spending	Made timely withdraws from LOCCS (min. quarterly) and had no unexpended funds in last grant year	10	
			Did not make timely withdraws from LOCCS, but had no unexpended funds	7	
			Made timely withdraws from LOCCS (min. quarterly) and 1st time returning funds in any program (last 3 years)	5	
			Did not make timely withdraws from LOCCS (min. quarterly) and 1st time returning funds in last 3 years)	2	
			Returned funds in multiple programs and/or multiple times (last 3 years)	0	
6	10	Data quality	HMIS data report card - 12 Month avg: A = 5, B = 4, etc	5	
			HMIS quality and outcome measures: A=5, B=4, etc	5	
7	10	Utilization	Program average at 98% or above capacity	10	
			Program average at 90% or above capacity	8	
			Program average at 75% or above capacity	5	
8	5	Leverage	Project Leverages more than 150% of HUD budget	5	
			Leverages 100 – 149%	3	
			Leverages 75 – 100%	1	
9	10	Income	75% or more of leavers and stayers increased income during year	10	
			Deduct 1 point for every 5% under 75%		
10	10	Mainstream Resources	90% of consumers in program or who exited during the program year receive at least one mainstream benefit (Medicaid, TANF, SSI/SSDI, food stamps, etc)	10	
			Deduct 1 point for every 5% under 90%		
11	10	Housing Stability	PSH, TH-RRH & RRH - 80% of stayers are housed 6 months or longer and/or 80% of exits are to Permanent Housing TH - 80% of TH residents exit to Permanent Housing	10	
			Deduct 1 point for every 5% under 80%		
12	10	CoC Participation	Attends a minimum of 90% of HSP meetings.	5	
			Actively Participates in a HSP committee	5	
	SUBTOTAL			100	
0 monitoring findings in the most recent program year				+5	
Failure to submit required documents on time.				-10	
Less than 5% of program exits have returned to homelessness in the last two years				+3	
	TOTAL				

Eligible Applicant	Nonprofit organization	
	Current DUNS number	
	HSP Attendance	
	Registered with SAM	
Eligible Population: Meets both HUD and CoC requirements	PSH – serves Chronically homeless or DedicatedPLUS RRH – serves families and singles (with priority to families) who are coming from the streets or emergency shelter only TH-RRH serves families, UHY or CoC priority sub-populations	
Eligible Service Model	Program follows the tenets of Housing First: Does not have entrance requirements or require participation in supportive services.	
Financial Capacity	Has operating reserves (or line of credit) to sufficiently cover a minimum of 6 months of program operating expenses	
	Most recent annual audited statement and management letter is provided and no significant findings are identified	
	Meets Match requirement of 25% of Operating, Rental Assistance, Supportive Services and Admin budget.	
Organization Capacity	Organization has a mission/purpose statement and bylaws to govern operations	
	Organization has an active governing board that includes one member who is homeless or formerly homeless, or a formal plan to immediately recruit someone.	
	Organization has clear policies and procedures to address potential conflicts of interest	
HMIS and Coordinated Entry	Project has the capacity and an acceptable plan to participate fully in HMIS and the CoC's Coordinated Entry System	
Submission Deadline	Application and all required documents are submitted to CoC planner by deadlines	

2018 Prince George's CoC <u>New Project</u> Application: Scoring Criteria

	Criterion	Description	Points	Score
1	Expertise* serving an identified sub-population	Mentally ill/substance abusing, Unaccompanied Homeless Youth, Domestic Violence, Returning Citizens, Veterans	5	
2	Serving Identified CoC Needs	PSH – CH singles (SMI, dual diagnosis and/or criminal history) PSH Dedicated Plus – CH singles and unaccompanied youth. RRH – very low and low income families, unaccompanied youth, and or DV/Trafficking Joint TH / PH-RRH – Same as RRH	5	
3	Applicant experience for proposed activities	Relevant experience and good outcomes	5	
		Limited relevant experience and good outcomes	3	
		No experience or poor outcomes	0	
4	Innovation and Effectiveness	Clear description of evidence-based practices and demonstrated experience	5	
		Clear description of evidence-based practices but little or no experience	3	
		Weak description of evidence-based practices but demonstrated experience	1	
		No description of evidence-based practices	0	
5	Performance Measures	Detailed plans for successfully achieving CoC performance measures and partnerships clearly identified and verified	10	
		Basic plan for successfully achieving performance measures and partnerships clearly identified and verified	6	
		Detailed plan for successfully achieving performance measures but limited or no partnerships clearly identified or verified	3	
		Basic or no plan for achieving performance measures and no partnerships identified	0	
5	Cost Effectiveness CoC Average for PSH is $19,456; RRH is $5,978	Average annual per unit/slot is 10% or more below system average	10	
		Average annual per unit/slot is at system average	5	
		Average annual per unit/slot is higher than system average	0	
		Average annual per unit/slot is more than 10% below system average – BONUS POINTS (add +3)		
5	Financial Capacity	Has successfully managed Federal grants	5	
		Has not managed a Federal grant but has successfully managed a State or Local government grant of equivalent size	4	
		Has managed Federal grants that resulted in the recapture of funds but agency has no unresolved monitoring or audit findings	2	
		Has never managed a government grant Or has managed Federal grants that resulted in the recapture of funds and has unresolved monitoring or audit findings	0	
8	Leverage	Project Leverages more than 150% of HUD budget	5	
		Leverages 100 – 149%	3	
		Leverages 75 – 100%	1	
		Leverages less than 75%	0	
12	CoC Participation	Attends a minimum of 90% of HSP meetings.	5	
		Actively Participates in a HSP committee	5	
	Sub-total		60	
Experience working with High System Utilizers			+5	
	TOTAL			

*Expertise can be documented through staff credentials and/or significant program experience working with the identified population

Prince George's County CoC Ranking and Selection Process   Updated and Ratified 7/12/2018

Prince George's County Continuum of Care Reallocation Policy 2018

The CoC Program (24 CFR part 578) is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, States, and local governments to quickly re-house homeless individuals, families, persons fleeing domestic violence and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by the homeless; and to optimize self-sufficiency among those experiencing homelessness. In order to ensure Prince George's County CoC has the right programs to end homelessness, the CoC has developed systemic supports to ensure that homeless assistance is well coordinated, well managed, inclusive, transparent, and achieves positive outcomes. These system-wide supports include Coordinated Entry, Collaborative Case Conferencing, Program Monitoring and Outcome Evaluation, Trainings on EBPs, and a **Policy for Reallocating Resources and Programs** within the CoC.

Under the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH), the HUD reallocation process allows Continuums of Care (CoC) to fund new projects by transferring all or part of funds from any existing CoC grant which is eligible for renewal into a new project. New projects created through reallocation must meet the requirements set forth in Section II.B of the FY 2018 Continuum of Care NOFA and the project eligibility and project quality thresholds established by HUD.

In the FY 2018 CoC Program Competition, CoCs may use reallocation to create:

- Permanent housing-permanent supportive housing (PH-PSH) projects that meet the requirements of Dedicated PLUS as defined in Section III.C.3.f of the NOFA or where 100 percent of the beds are dedicated to individuals and families experiencing chronic homelessness, as defined in 24 CFR 578.3
- Permanent rapid re-housing (PH-RRH) that will serve homeless individuals and families, including unaccompanied youth, coming directly from the streets or emergency shelters or fleeing domestic violence.
- Joint TH and PH-RRH component projects as defined in Section III.C.3.m of this NOFA to better serve homeless individuals and families, including individuals or families fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking who meet the following criteria:
  (i) residing in a place not meant for human habitation;
  (ii) residing in an emergency shelter;
  (iii) person meeting the criteria of paragraph (4) of the definition of homeless, including persons fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking;
  (iv) residing in a transitional housing project that is being eliminated
- Dedicated HMIS projects.
- A Coordinated assessment/entry system.

Prince George's County CoC will reallocate funds as needed to more effectively resolve homelessness, help households achieve stable housing and improve CoC performance. CoC program funds may be reallocated either by a voluntary process or by a competitive system transformation process.

I. Voluntary Reallocation and/or Transition Process

- CoC grantees are able to self-nominate to voluntarily reallocate or transition CoC-funded renewal funds to create new projects.
- A grantee seeking the ability to reallocate or transition funding through the Voluntary grantee-self-nominating process must do so in accordance with the timeline set by the CoC Lead agency in that year's application process and complete a new project application by the deadline set by the CoC Lead agency in order to be eligible.
- The CoC Project Ranking & Review Committee will review the applications and make determinations regarding the acceptance and ranking of the proposed project.
- If the new project meets HUD's CoC funding priorities, local needs, and is an eligible reallocate or transition project type under the NOFA, the applicant will be given the opportunity to apply to HUD for the new project.
- If the new project does not meet HUD's COC priorities, local needs, is an ineligible project type, or does not request the full grant amount awarded to the existing project, the funds either in total or in part not covered by the request, will revert back to the original grant or be released as new funds by the CoC Lead Agency for proposal during the COC competition.

II. Competitive Reallocation

The CoC Lead Agency may initiate a competitive reallocation process due to a renewal grantee ending a CoC program, or in order to increase CoC effectiveness by de-funding a project that does not meet CoC needs either because of program type or continual low performance.

A determination of low performance will be made based on an evaluation of the following criteria:

- Project performance, which takes into consideration exits to permanency, returns to homelessness, and increases in participant income;
- Utilization and effectiveness, which factors bed/unit operating capacity and cost effectiveness relative to project type and population served;
- Extent of participation in HMIS, including, but not limited to, bed coverage and data quality; and
- Grant management, which takes into consideration underspending, timely draws, and recaptured funds.

If a project is deemed to be low performing, the CoC Lead Agency will initiate a process by which the low performing project works with the CoC-Lead agency to develop a project improvement plan. If, in the timeframe outlined in the project improvement plan, the project has not made significant changes to improve its performance or meet set targets, the CoC reserves the right to reallocate the project.

In the case of involuntary reallocation, the funds that were allocated to the project will be released as new funds within the CoC, and agencies will have the opportunity to apply for them through a competitive process to create Permanent Supportive Housing for the chronically homeless and/or Rapid Re-housing projects.

III. Project Transfer between Two Existing Grantees or to a New Grantee

The process to transfer projects from one organization to another requires approval by the Executive Committee of the HSP and documentation that the HUD Field Office has approved the transfer request.

Grantees looking to transfer a project can submit the topic under new business at a plenary session of the HSP, address it at an Executive Committee meeting, or contact the Continuum of Care Planner.

IV. Project Transfer to the Collaborative Applicant

In the case where a provider submits an application to the CoC Collaborative Applicant and the project is subsequently approved and included in the CoC application, and selected for funding by HUD, the money allocated for that project will remain in the CoC even if the contract between the project applicant and HUD cannot be ratified. If something should happen to the provider that makes them unwilling or unable to enter into the grant agreement with HUD then the funding reverts to the Collaborative Applicant who will make it available for new projects through the process of reallocation.

CoC applications

Contessa Riggs -DHS- Prince Georges County   Thu, Aug 30, 2018 at 10:53
<contessa.riggs@maryland.gov>   PM
To: Priya Arokiaswamy -DHMH- <priya.arokiaswamy@maryland.gov>
Cc: Renee Pope -DHR- Prince Georges County <renee.pope@maryland.gov>

Hi Priya,

Congratulations.
The ranking panel met today and your applications DHMH PSH 15 & DHMH PSH 16 were
 approved, with modifications, for inclusion in this year's CoC application. Approval and
ratification of the final ranking of all applications for this year's CoC competition will take place
at the HSP plenary meeting on Thursday, Sept 6th at 2pm.

Thank you for all your hard work.

*Note: Inclusion in the CoC application is in not a guarantee of funding. HUD makes all final
decisions on what projects are funded.*

--
Contessa Riggs
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CoC applications

Contessa Riggs -DHS- Prince Georges County
Thu, Aug 30, 2018 at 10:49 PM
<contessa.riggs@maryland.gov>
To: Rasheeda Jamison <rjamison@ucappgc.org>
Cc: Renee Pope -DHR- Prince Georges County <renee.pope@maryland.gov>

Hi Rasheeda,

Congratulations.
The ranking panel met today and your applications for PATH 1, 2, & 3 were approved, with modifications, for inclusion in this year's CoC application. Approval and ratification of the final ranking of all applications for this year's CoC competition will take place at the HSP plenary meeting on Thursday, Sept 6th at 2pm.

Thank you for all your hard work.

Note: Inclusion in the CoC application is in not a guarantee of funding. HUD makes all final decisions on what projects are funded.

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CoC applications

Contessa Riggs -DHS- Prince Georges County <contessa.riggs@maryland.gov> Fri, Aug 31, 2018 at 10:35 AM
To: Renee Pope -DHR- Prince Georges County <renee.pope@maryland.gov>

---------- Forwarded message ----------
From: **Contessa Riggs -DHS- Prince Georges County** <contessa.riggs@maryland.gov>
Date: Thu, Aug 30, 2018 at 10:56 PM
Subject: CoC applications
To: dalem@peponline.org, "Christina E. Stanley" <christinas@peponline.org>

Hi Dale & Christina,

Congratulations.
The ranking panel met today and your applications Consolidated PEP PSH and Expanded PEP PSH were
both approved, with modifications, for inclusion in this year's CoC application. Approval and ratification of the
final ranking of all applications for this year's CoC competition will take place at the HSP plenary meeting on
Thursday, Sept 6th at 2pm.

Thank you for all your hard work.

*Note: Inclusion in the CoC application is in not a guarantee of funding. HUD makes all final decisions on
what projects are funded.*

--
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CoC applications

Contessa Riggs -DHS- Prince Georges County   Thu, Aug 30, 2018 at 10:51
<contessa.riggs@maryland.gov>   PM
To: Leah Paley <lpaley@laureladvocacy.org>
Cc: Renee Pope -DHR- Prince Georges County <renee.pope@maryland.gov>

Hi Leah,

Congratulations.
The ranking panel met today and your application LARS PSH 18 was approved, with
modifications, for inclusion in this year's CoC application. Approval and ratification of the final
ranking of all applications for this year's CoC competition will take place at the HSP plenary
meeting on Thursday, Sept 6th at 2pm.

Thank you for all your hard work.

*Note: Inclusion in the CoC application is in not a guarantee of funding. HUD makes all final
decisions on what projects are funded.*

--
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CoC application

Contessa Riggs -DHS- Prince Georges County <contessa.riggs@maryland.gov>   Fri, Aug 31, 2018 at 10:34 AM
To: Renee Pope -DHR- Prince Georges County <renee.pope@maryland.gov>

---------- Forwarded message ----------
From: **Contessa Riggs -DHS- Prince Georges County** <contessa.riggs@maryland.gov>
Date: Thu, Aug 30, 2018 at 10:54 PM
Subject: CoC application
To: Patricia Bunting <pbunting@voaches.org>

Hi Pat

Congratulations.
The ranking panel met today and your application VOA PSH 18 was approved, with modifications, for inclusion in this year's CoC application. Approval and ratification of the final ranking of all applications for this year's CoC competition will take place at the HSP plenary meeting on Thursday, Sept 6th at 2pm.

Thank you for all your hard work.

Note: Inclusion in the CoC application is in not a guarantee of funding. HUD makes all final decisions on what projects are funded.

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CoC application

Contessa Riggs -DHS- Prince Georges County   Thu, Aug 30, 2018 at
<contessa.riggs@maryland.gov>   10:48 PM
To: Mary Hunter <MHunter@hiphomes.org>
Cc: Renee Pope -DHR- Prince Georges County <renee.pope@maryland.gov>

Hi Mary,

Congratulations.
The ranking panel met today and your application Success 18 was approved,
with modifications, for inclusion in this year's CoC application. Approval and
ratification of the final ranking of all applications for this year's CoC competition
will take place at the HSP plenary meeting on Thursday, Sept 6th at 2pm.

Thank you for all your hard work.

*Note: Inclusion in the CoC application is in not a guarantee of funding. HUD
makes all final decisions on what projects are funded.*

--
Contessa Riggs
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CoC application

Contessa Riggs -DHS- Prince Georges County   Thu, Aug 30, 2018 at 11:24
<contessa.riggs@maryland.gov>   PM
To: l fountain <lfountain@jobshavepriority.org>
Cc: Renee Pope -DHR- Prince Georges County <renee.pope@maryland.gov>

Dear Lacy,

Congratulations.
The ranking panel met today and your applications for JHP PSH 18 was approved, with
modifications, for inclusion in this year's CoC application. Approval and ratification of the final
ranking of all applications for this year's CoC competition will take place at the HSP plenary
meeting on Thursday, Sept 6th at 2pm.

Thank you for all your hard work.

*Note: Inclusion in the CoC application is in not a guarantee of funding. HUD makes all final
decisions on what projects are funded.*

--
Contessa Riggs
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[Quoted text hidden]

CoC applications

Contessa Riggs -DHS- Prince Georges County   Thu, Aug 30, 2018 at 10:57
<contessa.riggs@maryland.gov>   PM
To: Tim Jansen <timj@ccsimd.org>
Cc: Renee Pope -DHR- Prince Georges County <renee.pope@maryland.gov>

Hi Tim,

Congratulations.
The ranking panel met today and your application CCSI RRH 18 was approved, with modifications, for inclusion in this year's CoC application. Approval and ratification of the final ranking of all applications for this year's CoC competition will take place at the HSP plenary meeting on Thursday, Sept 6th at 2pm.

Thank you for all your hard work.

Note: Inclusion in the CoC application is in not a guarantee of funding. HUD makes all final decisions on what projects are funded.

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CoC application

Contessa Riggs -DHS- Prince Georges County   Thu, Aug 30, 2018 at 11:00
<contessa.riggs@maryland.gov>   PM
To: Lorena Memberg <LORENAO@vesta.org>
Cc: Renee Pope -DHR- Prince Georges County <renee.pope@maryland.gov>

Hi Lorena,

Congratulations.
The ranking panel met today and your application Vesta PSH 18 was approved, with
modifications, for inclusion in this year's CoC application. Final approval and ratification of the
ranking of all applications for this year's CoC competition will take place at the HSP plenary
meeting on Thursday, Sept 6th at 2pm.

Thank you for all your hard work.

*Note: Inclusion in the CoC application is in not a guarantee of funding. HUD makes all final
decisions on what projects are funded.*

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CoC applications

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

Fri, Aug 31, 2018 at 11:58 AM

Dear Renee,

Congratulations.
The ranking panel met and the applications submitted by PGCDSS: HELP, TH-RRH, PGH TH-RRH, CES, HMIS, and Planner were approved, with modifications, for inclusion in this year's CoC application. Approval and ratification of the final ranking of all applications for this year's CoC competition will take place at the HSP plenary meeting on Thursday, Sept 6th at 2pm.

Thank you for all your hard work.

Note: Inclusion in the CoC application is in not a guarantee of funding. HUD makes all final decisions on what projects are funded.

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301.909.6331 (fax)

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CoC application

Contessa Riggs -DHS- Prince Georges County   Thu, Aug 30, 2018 at 10:58
<contessa.riggs@maryland.gov>   PM
To: Janice Miller <janice@hruthmd.org>
Cc: Renee Pope -DHR- Prince Georges County <renee.pope@maryland.gov>

Hi Janice,

Congratulations.
The ranking panel met today and your application DV Bonus RRH was approved, with
modifications, for inclusion in this year's CoC application. Approval and ratification of the final
ranking of all applications for this year's CoC competition will take place at the HSP plenary
meeting on Thursday, Sept 6th at 2pm.

Thank you for all your hard work.

Note: Inclusion in the CoC application is in not a guarantee of funding. HUD makes all final
decisions on what projects are funded.

--
Contessa Riggs
Planner
Office of Housing and Homeless Services
Prince Georges County Department of Social Services
805 Brightseat Rd
Landover, MD 20785
301.909.6333 (direct)
301.909.6331 (fax)
[Quoted text hidden]

CoC applications

Contessa Riggs -DHS- Prince Georges County
<contessa.riggs@maryland.gov>
To: Mission of Love Charities Inc MOLC <abueno@molc-inc.org>
Cc: Renee Pope -DHR- Prince Georges County <renee.pope@maryland.gov>

Thu, Aug 30, 2018 at 11:22 PM

Hi Ana,

The ranking panel met today and after much deliberation decided to advance other projects over those submitted by Mission of Love. Your applications for the DV bonus and the Permanent Housing Bonus will not be included in this year's CoC application.

If you would like more information about this decision or how your projects were ranked please contact me at contessa.riggs@maryland.gov. If you would like to appeal the decision of the ranking panel, please follow the attached instructions.

Thank you for all your hard work. I'm sorry your applications were not selected for inclusion in this year's CoC Application, but I look forward to working with you in the future to improve the lives of the homeless in Prince George's County.

Note: Final approval and ratification of the ranking of all applications for this year's CoC competition will take place at the HSP plenary meeting on Thursday, Sept 6th at 2pm.

--
Contessa Riggs
Planner
Office of Housing and Homeless Services
Prince Georges County Department of Social Services
805 Brightseat Rd
Landover, MD 20785
301.909.6333 (direct)
301.909.6331 (fax)

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Appeals Process 18.docx
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Appeals Process

The Appeals Committee represented by 3-5 non-conflicted HSP members will review all appeals and will make recommendations to the HSP Executive Committee. Applicants may appeal any of the following decisions of the CoC PRC:

- Rejection of a project.

- Placement of a project in Tier 2.

- Reduction of a renewal grant amount (i.e. renewal grant partially re- allocated to a new project).

- Reallocation of a renewal grant (i.e. entire grant reallocated to a new project) if not previously notified that the grant was to be reallocated as a result of low performance.

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

Any agency that wishes to appeal must notify the CoC Planner in writing via email at contessa.riggs@maryland.gov no later than two business days after the acceptance or rejection of applications has been communicated in writing. An appeal must state the following:

‼ Agency name
‼ Project name
‼ Reason for appeal (no longer than two pages)

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

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

The FY 2018 CoC Program Competition is Now Open

Dennis Lewis -DHS- Prince Georges County <dennis.lewis@maryland.gov>   Thu, Jun 21, 2018 at 9:34 AM
Bcc: renee.pope@maryland.gov

ATTENTION HSP MEMBERS: The FY18 CoC Competition is Now Open!!

———— Forwarded message ————
From: **HUD Exchange Mailing List** <news@hudexchange.info>
Date: Wed, Jun 20, 2018 at 10:54 AM
Subject: The FY 2018 CoC Program Competition is Now Open
To: renee.pope@maryland.gov

Is this email not displaying correctly? View it in your browser.

*Resources and assistance to support
HUD's community partners*

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The FY 2018 CoC Program Competition is Now Open

The Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2018 Continuum of Care (CoC) Program Competition has been posted to the FY 2018 CoC Program Competition: Funding Availability page on the HUD Exchange. Additional resources are available on the *e-snaps* page on the HUD Exchange.

Submission Deadline: Tuesday, September 18, 2018 at 8:00 PM EDT

The electronic application *e-snaps* will be available on or after Thursday, June 28, 2018. In the meantime, HUD strongly encourages CoCs, Collaborative Applicants, project applicants, and stakeholders to:

- Carefully and thoroughly read the FY 2018 CoC Program Competition NOFA to understand the information; and

- Begin to plan local competitions based on the information, new and changed, from the previous Competition, provided in the FY 2018 CoC Program Competition NOFA.

Additionally, HUD will post the FY 2018 Estimated Annual Renewal Demand (ARD) Report to the HUD Exchange on or after Thursday, June 28, 2018 that will include the amounts a CoC may apply for: CoC planning, Bonus, and Domestic Violence (DV) Bonus. This report will also provide the Preliminary Pro Rata Need (PPRN) and the estimated ARD for each CoC.

What's New for the FY 2018 CoC Program Competition

The list below highlights some important information regarding new concepts CoCs should consider while planning for the FY 2018 CoC Program Competition. This list is not exhaustive and additional details are in the FY 2018 CoC Program Competition NOFA. A full list of new, changed, and highlighted information is on the HUD Exchange and can also be found on the FY 2018 CoC Program Competition: Funding Availability page.

- *Transition Grants.* Project applicants can transition their project(s) from one CoC Program Component to another during the CoC Program Competition using the funds to wind down the previous project while ramping up the new project. (Section II.B.2).

- *Domestic Violence Bonus.* CoCs can apply for up to 10 percent of their PPRN or a minimum of $50,000, whichever is greater, or a maximum of $5 million, whichever is less, to create up to three DV Bonus Projects to serve survivors of domestic violence, dating violence, and stalking. (Section II.B.3). CoCs may create up to one of each of the following project types:
    - Permanent Housing-Rapid Rehousing (PH-RRH;
    - Joint Transitional Housing (TH) and Permanent Housing-Rapid Rehousing (PH-RRH) component project; and
    - Supportive Services Only-Coordinated Entry (SSO-CE).

- *Consolidated Project.* Eligible renewal project applicants will have the ability to consolidate two or more (limit of four) eligible renewal projects into one project application during the application process. (Section II.B.4).

- *CoC Merger.* CoCs that merged between the FY 2016 CoC Program Registration and FY 2018 CoC Program Registration process are eligible for merger bonus points. (Section II.B.5).

Listserv Communications

All information related to the FY 2018 CoC Program Competition is communicated via the HUD Exchange Mailing List. Join the mailing list to receive important updates and reminders.

If you are aware or suspect that the Collaborative Applicant, CoC members, or interested stakeholders are not currently receiving these listserv messages, please forward the following link, https://www.hudexchange.info/mailinglist/, to them so that they may register for the listserv messages as this is the only form of communication used by HUD to the public.

If you have questions related to subscribing to the HUD Exchange mailing list or have issues receiving listserv messages in your inbox please contact info@hudexchange.info. Please be sure to add news@hudexchange.info and info@hudexchange.info to your contact list or safe senders list. This ensures that messages from the HUD Exchange go to your inbox and are not filtered to your spam or junk folder.

Questions

If you have questions pertaining to *e-snaps* technical issues, please submit your questions to the *e-snaps* Ask A Question (AAQ) portal on the HUD Exchange website. To submit a question to the *e-snaps* AAQ portal, select "*e-snaps*" from the "My question is related to" drop down list on Step 2 of the question submission process.

If you have questions related to the CoC Program interim rule or a policy related question, please submit your questions to the CoC Program AAQ portal. To submit a question to the CoC Program AAQ portal, select "CoC Program" from the "My question is related to" drop down list on Step 2 of the question submission process.

The AAQ portal accepts question submissions 24/7. However, responses are usually provided between 8:00 AM and 5:00 PM Eastern Time, Monday through Friday, except for federal holidays. Additionally, per the FY 2017 CoC Program Competition NOFA, starting 2 days prior to the application deadline for FY 2018 funds, the AAQ will respond only to emergency technical support questions up to the deadline of Tuesday, September 18, 2018 at 8:00 PM EDT.

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Dennis Lewis, MSW, Manager
Program Development & Public Relations
Prince George's County
Department of Social Services - Community Services Division
(301)-909-6041 Office; (301)-909-6331 Fax
425 Brightseat Rd., Landover, MD 20785
dennis.lewis@maryland.gov

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HSP Meeting

Dennis Lewis -DHS- Prince Georges County <dennis.lewis@maryland.gov>   Wed, Jun 27, 2018 at 6:23 PM
Bcc: renee.pope@maryland.gov

ATTENTION HSP MEMBERS:

Please note that we are having our Plenary HSP Meeting:

Thursday July 12, 2018
2 to 4 pm, Conference Room 251
425 Brightseat Rd.
Landover MD 20785

Attached you will find the Agenda along with the CoC 2018 Continuum of Care Submission Deadlines.

Also note that the HSP Meeting for September is being rescheduled from the 13th to 6th to accommodate HUD submission requirements.

Have a great day!

--
Dennis Lewis, MSW, Manager
Program Development & Public Relations
Prince George's County
Department of Social Services - Community Services Division
(301)-909-6041 Office; (301)-909-6331 Fax
425 Brightseat Rd., Landover, MD 20785
dennis.lewis@maryland.gov

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2 attachments

HSP.agenda.July 2018.doc
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HUD.2018.CoC submission deadlines.xlsx
15K

Prince George's County Continuum of Care

Plenary Meeting

July 12, 2018

2 pm – 4:00 pm

AGENDA

1. Welcome, Introductions & Approval of Minutes	*Don Phillips, HSP Co-Chair, CCSI*
2. Environmental Review	*Jonathan Sager, DHCD*
3. Provider Report Cards	*Robin Gray, DSS*
4. HUD Continuum of Care 2018 Competition • **NOFA Highlights** • **Deadlines and CoC Submission Calendar** • **New / Bonus Provider Requirements Review** • **Evaluation and Ranking Process Review**	*Contessa Riggs, HSP Planner, DSS*
5. Announcements	*Don Phillips, HSP Co-Chair, CCSI*

OFFICERS

| **Don Phillips**
Co-Chair
Private Sector Representative
301-864-7095 ext. #425
donnyp@ccsimd.org | **Renee Ensor Pope**
Co-Chair
Government Representative
301-909-6316
renee.pope@maryland.gov | **Dennis Lewis**
Co-Secretary
Government Representative
301-909-6041
dennis.lewis@maryland.gov | **VACANT**
Co-Secretary
Private Sector Representative |

CoC 2018 Continuum of Care Submission Deadlines

	Deadline	Location	Deliverable
7/12/2018	2:00 PM	425 Brightseat Road	CoC NOFA review / Ranking Procedures and Criteria Ratification / Plenary meeting * / ** / ***
7/16/2018	5:00 PM	County Website	Public posting of the CoC Ranking Procedure and Criteria ***
7/16/2018	4:00 PM	425 Brightseat Road	Letter of interest due from new and bonus applicants **
7/17/2018	11:00 AM	425 Brightseat Road	New and bonus projects - Provider Decision Meeting **
8/9/2018	2:00 PM	425 Brightseat Road	CoC Plenary / Policy Review and Ratification / CoC NOFA final Q & A * / ** / ***
8/17/2018	4:00 PM	E-Snaps	Applications due to the CoC * / **
8/30/2018	9 AM - 5 PM	425 Brightseat Road	Ranking / Review Panel
8/31/2018	3:00 PM	425 Brightseat Road	Notification of Decision to Applicants
9/6/2018	2:00 PM	425 Brightseat Road	CoC Plenary / Ratification of Ranking recommendations * / ** / ***
9/14/2018	11:59 PM	County Website	Public posting of the CoC Application and Priority Listing***
9/17/2018	7:59 PM	E-Snaps	Final CoC 2018 Submission

* Mandatory for current recipients

** Mandatory for new / interested applicants and bonus applicants

*** Open to the public

Fwd: bonus loi

Dennis Lewis -DHS- Prince Georges County <dennis.lewis@maryland.gov>   Thu, Jul 12, 2018 at 6:04 PM
Bcc: renee.pope@maryland.gov

ATTENTION HSP MEMBERS:

Thank you for attending the HSP meeting today. Attached please find the letter format that members can use to submit their Letter of Intent to apply for Bonus Funding.

Further information will be coming to you in the near future!!

--
Dennis Lewis, MSW, Manager
Program Development & Public Relations
Prince George's County
Department of Social Services - Community Services Division
(301)-909-6041 Office; (301)-909-6331 Fax
425 Brightseat Rd., Landover, MD 20785
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Bonus LOI.docx
14K

2018 Continuum of Care Program: Letter of Intent to apply for Bonus Funding

The Permanent Housing Bonus available in this year's NOFA is estimated at **$314,395.** This bonus can be used to fund a program that will provide Permanent Supportive Housing, Permanent Supportive Housing *DedicatedPLUS, Rapid Re-Housing, and / or Joint Component Projects.

Additionally, there is up to **$365,165** in funding available for projects providing RRH or TH-RRH to people fleeing Domestic Violence.

Interested applicants should refer to the official HUD issued FY 2018 CoC Program Competition NOFA for additional details regarding any and all of these components and are encouraged to familiarize themselves with that document to ensure proposed projects are eligible.

Any organization interested in applying for funds must complete the following LOI and submit it to Contessa Riggs (contessa.riggs@maryland.gov) by 4:00 p.m. on Monday, July 16, 2018. Organizations submitting a completed LOI must also attend the CoC Bonus Application information meeting scheduled for Tuesday July 17, at 11 a.m. at 425 Brightseat Road, Landover, Maryland, 20785.

Organization Name: _____

Duns Number: _____   Sams Number: _____

Current Annual Agency Budget: $_____

Has the organization received Federal funding in the past: ☐ yes ☐ no

Has the organization received State or Local government funding in the past: ☐ yes ☐ no

Bonus Type: ☐ Permanent Supportive Housing   ☐ Domestic Violence

Proposed Housing Type: ☐ Permanent Supportive Housing
                               ☐ Permanent Supportive Housing * DedicatedPLUS
                               ☐ Rapid Re-housing
                               ☐ Joint Component Project

Amount Requested: $_____   Projected Number of households to be Served: _____

Target Subpopulation (check all that apply): ☐ Chronic Homeless ☐ Mentally Ill/Substance Abusing

☐ Physically Disabled   ☐ Unaccompanied Homeless Youth   ☐ Families ☐ Domestic Violence

☐ Returning Citizens   ☐ Veterans   ☐ Other

Will the project be operated under the tenets of Housing First: ☐ Yes   ☐ No

Provide a brief description of your organization and, if funded, the program you would create (please include the organization's experience operating housing programs and providing services to the homeless and/or low income individuals and program):

Fwd: bonus loi

Dennis Lewis -DHS- Prince Georges County <dennis.lewis@maryland.gov>   Mon, Jul 16, 2018 at 2:22 PM
Bcc: renee.pope@maryland.gov

ATTENTION HSP MEMBERS:

This is a reminder that today by 4:00 pm is the deadline to submit your LOI for those interested in Bonus funding. Attached is a drafted format for this purpose. Also, for those of you who have or will submit a LOI, there is a mandatory meeting tomorrow, 7-17-18, at 11:00 am at the DSS offices. Thank you for your attention!

---------- Forwarded message ----------
From: **Dennis Lewis -DHS- Prince Georges County** <dennis.lewis@maryland.gov>
Date: Thu, Jul 12, 2018 at 6:04 PM
Subject: Fwd: bonus loi
To:

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📄 **Bonus LOI.docx**
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HSP Plenary Meeting Notice

Dennis Lewis -DHS- Prince Georges County <dennis.lewis@maryland.gov>   Tue, Aug 7, 2018 at 6:05 PM
Bcc: renee.pope@maryland.gov

ATTENTION HSP MEMBERS:

Please note that we will be having our HSP Plenary Meeting:

Thursday August 9, 2018
2 to 4 pm Conference Room 251
425 Brightseat Rd. Landover MD 20785

Attached you will find a copy of the Agenda and the drafted minutes from the July HSP Meeting for your review.

Also, below are helpful resources concerning the HUD NOFA

FY 2018 CoC Program NOFA:

https://www.hudexchange.info/resource/5719/fy-2018-coc-program-nofa/

USICH Material on the Recently Released HUD NOFA:

Gathering information to help you respond to the FY 2018 Continuum of Care (CoC) Program Notice of Funding Availability?

Check out our recently recorded webinar to learn more about the NOFA's priorities and the application process.

These considerations and resources can also be used in your efforts to address racial disparities within your actions and application.

Lastly, below is the link from the United States Interagency Council on Homelessness' webinar, 2018 Continuum of Care Program Competition: Strategies for Success

https://www.usich.gov/tools-for-action/webinar-fy-2018-continuum-of-care-competition-strategies-for-success

See you Thursday!

--
Dennis Lewis, MSW, Manager
Program Development & Public Relations
Prince George's County
Department of Social Services - Community Services Division
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2 attachments

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HSP.minutes July. 2018.docx
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Prince George's County Continuum of Care

Plenary Meeting

August 9, 2018

2 pm – 4:00 pm

AGENDA

1. Welcome, Introductions & Approval of Minutes	*Don Phillips, HSP Co-Chair, CCSI*
2. Calendar Reports	*Robin Gray, HMIS Administrator, PGCDSS*
3. HUD Continuum of Care 2018 Competition • Review of CoC Submission Calendar • Policy Review and Ratification • NOFA applicant Q & A	*Contessa Riggs, HSP Planner, PGCDSS*
4. Announcements	*Don Phillips, HSP Co-Chair, CCSI*

OFFICERS

Don Phillips	Renee Ensor Pope	Dennis Lewis	VACANT
Co-Chair	Co-Chair	Co-Secretary	Co-Secretary
Private Sector Representative	Government Representative	Government Representative	Private Sector Representative
301-864-7095 ext. #425	301-909-6316	301-909-6041	
donnyp@ccsimd.org	renee.pope@maryland.gov	dennis.lewis@maryland.gov	

Prince George's County Continuum of Care Governance Charter

I. Introduction

HUD requires communities that receive funds under the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act to establish a local Continuum of Care (CoC) to promote a community-wide commitment to ending homelessness, provide funding for efforts to promote community-wide planning and strategic use of resources to address homelessness, improve coordination and integration with mainstream resources, and other programs targeted to people experiencing homelessness.

The Homeless Service Providers (HSP) coordinate the CoC's policies, strategies, and activities toward preventing and ending homelessness through a coalition of more than 100 organizations that includes public and private non-profit agencies, faith-based organizations, service providers, mainstream programs, consumers and concerned citizens. The HSP's work includes gathering and analyzing information in order to determine the local needs of people experiencing homelessness, implementing strategic responses, educating the community on homeless issues, providing advice and input on the operations of homeless services, and measuring CoC performance. The HSP also serves as the official advisory board on homelessness to the County Executive.

The Prince George's County Continuum of Care (CoC) for homeless persons consists of the entire geographic area of Prince George's County, all of which is covered by this charter. The charter outlines the structure and work of the CoC as coordinated by the HSP and is organized as follows:
- Vision
- CoC Responsibilities
- HSP Membership
- HSP Organization and Structure
- Collaborative Applicant Responsibilities
- HMIS Lead Responsibilities

II. Vision

Prince George's County envisions a comprehensive housing crisis response system through which homelessness can be prevented, and when this is impossible, episodes of homelessness can be quickly ended. The HSP is responsible for implementing the County's 10-year plan to end homelessness, which is designed to identify and align our homeless support systems to meet the distinct needs of people at risk of, or experiencing homelessness.

The County shares the goals of the Federal Strategic Plan to Prevent and End Homelessness:
- Ending veterans' homelessness
- Ending chronic homelessness
- Ending family, unaccompanied youth and child homelessness by 2020
- Setting a path to ending all homelessness

To make these goals a reality, the Homeless Services Partnership (HSP) commits to:
- Preventing homelessness whenever possible;
- Ensuring easy access to communitywide, culturally competent, safe and effective housing and homeless services;
- Ensuring people exit homelessness as quickly as possible;
- Connecting people to communities and the resources needed to thrive; and
- Building and sustaining the political will and community support to end homelessness

III. Responsibilities of the Prince George's County CoC

The responsibilities of the Prince George's County CoC, the HSP, and Prince George's County Department of Social Services (PGCDSS) as the Collaborative Applicant and Homeless Management Information System (HMIS) Lead include the following activities: Operate the CoC; Operate an HMIS; CoC Planning; Prepare an application for CoC Funds.

A. Operate the CoC
- Develop, follow, and update annually this Governance Charter, which includes all procedures and policies needed to comply with HUD requirements and with HMIS requirements.
- Conduct bi-monthly HSP meetings and at least quarterly meetings of HSP committees, subcommittees and workgroups.
- Appoint additional committees, sub-committees or workgroups as needed.
- Recruit new HSP members, issue a public invitation for new members, and conduct an orientation session for new members at least annually.
- Establish and operate a coordinated entry system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.
- Establish and consistently follow written standards for providing CoC assistance.
- Consult with recipients and subrecipients to establish performance targets appropriate for population and program type.
- Monitor performance of CoC recipients and subrecipients, evaluate outcomes, and take action against poor performance.
- Monitor and evaluate CoC System Performance against HUD's eight performance benchmarks
- Report the outcomes of CoC projects and CoC System performance to HUD annually.

B. Operate a Homeless Management Information System
- Designate a single HMIS for the CoC's geography, and an eligible entity to serve as the CoC's HMIS Lead.

- Review, revise, and approve a CoC HMIS data privacy plan, data security plan, and data quality plan and ensure that the HMIS is administered in compliance with HUD requirements.
- Ensure consistent participation by CoC recipients and subrecipients in HMIS

C. CoC Planning
- Coordinate the implementation of a housing and service system within Prince George's County that meets the needs of homeless individuals and families. At a minimum, the system encompasses the following:
  - Outreach, engagement, and assessment
  - Shelter, housing, and supportive services
  - Prevention strategies
- Plan for and conduct a Point-In-Time (PIT) count of homeless persons within the CoC, including a housing inventory of shelters, transitional housing, and permanent housing for homeless persons.
- Conduct an annual gaps analysis of the needs of homeless people, as compared to available housing and services within the CoC geographic area.
- Provide information required to complete the Consolidated Plan within the CoC geographic area.
- Coordinate with Emergency Shelter Grant (ESG) recipients to ensure their participation in the Coordinated Entry System and HMIS.
- Consult with ESG recipients regarding the allocation of ESG funds and the evaluation of the performance of ESG recipients.

D. Prepare an Application for CoC Funds
- Design, operate, and follow a collaborative process for the development of a CoC application to HUD.
- Establish priorities that align with local and federal policies for recommending projects for CoC Program funding.
- Designate an eligible Collaborative Applicant to collect and combine the required application information from all applicants.
- Determine whether to select the Collaborative Applicant to apply for Unified Funding Agency (UFA) designation from HUD.
- Approve the final submission of applications in response to the CoC Notice of Funding Availability (NOFA)

IV. HSP Membership

A. General Membership
The HSP is open to any organizations or persons residing or doing business in Prince George's County with an interest in preventing and/or ending homelessness in the community. Membership includes Faith-based organizations, Neighborhood Associations, Homeless and formerly homeless persons, Homeless advocates, Somatic and Behavioral Healthcare Providers,

Government representatives, Non-profit Organizations, the Business Community, the Board of Education, Colleges and Universities, the Departments of Social Services, Health, Housing and Community Development, and Corrections, Law Enforcement, the Housing Authority, the Veteran's Administration, and Community Development Corporations. All members are encouraged to attend HSP meetings and to participate more extensively in the CoC by serving on a committee, sub-committee, or workgroup.

B. Duties of the HSP
- Promote a community-wide goal to end homelessness
- Implement the strategic plan to prevent and reduce homelessness and minimize the trauma and dislocation cause to homeless families and individuals
- Review and monitor any program that is a component of the CoC
- Produce an annual report for the County Executive and Council on the state of homelessness in the county, and suggest any improvements to the CoC, including process changes, to reduce any barriers to housing and minimize the time needed to move someone from homelessness to housing
- Educate the community about homelessness, best practices to reduce homelessness and resources needed
- Recommend and promote partnerships with any private organization, business, corporation, philanthropic organization/foundation, and any municipal, state, or federal government agency to improve the County's ability to prevent and reduce homelessness

C. Meetings and Agenda
The HSP holds full membership meetings at least bi-monthly. The HSP's Executive Committee, which consists of members from both the public and private sector, announces the date, time and location of these meetings, sets the meeting agenda and publishes it at least 24 hours before the meeting. Meeting agendas are posted to the HSP shared drive as well as emailed to all members for review prior to the meeting.

D. Voting
HSP members determine and approve CoC policy by a majority vote of HSP members.

HSP member organizations are granted one vote per organization. This does not preclude organizations from having more than one employee attend CoC committee, subcommittee, workgroup and/or full CoC meetings. In situations where more than one employee from an organization is present at a committee, subcommittee, workgroup or full CoC meeting, only one person can represent the organization in a voting role. Furthermore, if there are different employees from the same organization, on different committee, subcommittee and/or workgroups each employee can vote at their own committee, subcommittee and/or workgroup meeting (as long as only one person per agency is voting at that meeting).
HSP individual members, including homeless and formerly homeless persons, are authorized to vote as an individual.

V. HSP Organization and Structure

HSP Executive Committee/CoC Board
The HSP is led by the Executive Committee (CoC Board) which consists of the Co-Chairs and Co-Secretaries of the HSP; Co-Chairs of all standing committees, sub-population work groups; and three members elected from the general HSP membership. Considerations for Executive Committee representation include expertise and experience in homelessness, geographic distribution, diversification of interests, as well as HUD funded and Non-HUD funded agencies. The HSP and all of its committees, sub-committees, and work groups shall be co-chaired by a representative from the public sector and a representative from the private sector.

The term for HSP Executive Committee members is two years. Upon expiration of the term, members can be reappointed to a new two year term. If a member is appointed to fill a vacancy before a term expires, the successor serves the rest of the unexpired term. The Co-Chairs and Co-Secretaries of the HSP are elected by the general membership. Co-chairs of the committees, sub-committees, and work groups are nominated by the Executive Committee and approved by the HSP membership.

The HSP Executive Committee meets a minimum of quarterly and written agendas and meeting minutes are kept and made public to promote transparency.

The HSP Executive Committee is responsible for establishing committee, sub-committees, and work groups, as well as drafting CoC policies and procedures. Additional duties include:
- Coordinate the overall system of care
- Implement, monitor, and update the CoC's Strategic 10-Year Plan to end homelessness
- Establish and follow written standards for providing CoC assistance
- Develop and recommend policies and procedures for approval by the HSP
- Plan CoC activities in coordination with appropriate groups including all other committees, subcommittees, and workgroups
- Review summary reports from all activities of committees, subcommittees, and workgroups
- Hold meetings of the full membership, with published agendas, at least bi-monthly
- Coordinate the full CoC to adopt, follow, and update annually a governance charter in consultation with the Collaborative Applicant and HMIS Lead

Conflict of Interest
The CoC, the HSP and its Executive Committee will comply with the Conflict of Interest requirements outlined in 24 CFR part 578.95. In addition, any individual participating in or influencing decision-making must identify actual or perceived conflicts of interest as they arise and comply with this policy. Disclosure should occur at the earliest possible time and, if possible, prior to discussion of any issue. Individuals with a conflict should abstain from voting on any issue in which they may have a conflict. No member of the HSP Board shall vote upon or participate in the discussion of any matter which shall have a direct financial bearing on the organization that the member represents. This includes all decisions with respect to funding, awarding contracts, and implementing corrective actions. Any HSP Board member finding themselves in a situation where conflict of interest may arise shall recuse himself/ herself from

proceedings. The recusal shall be duly recorded in the HSP minutes. All HSP processes shall comply as it relates with the requirements of 24 CFR Part 578.95(b).

Committees, Sub-Committees, & Work Groups
Prince George's County HSP is organized into eight committees that conduct the work of the CoC and five workgroups that represent the needs of distinct sub-populations.   Each committee and workgroup is made up of stake holders from the public and private sectors and is responsible for completing the tasks and that will propel the County towards its goal of ending homelessness. Decisions made by the committees are decided by majority vote of committee membership. Each individual member has one vote, and one representative from each organization has one vote. All committees operate with two co-chairs.

Committees and workgroups provide members with a venue for coordinating efforts and assisting each other, which, in addition to improving outcomes for our consumers, makes the County a more attractive place for funders and government agencies to invest money. By working in partnership the HSP ensures that funding applications are submitted that meet the needs of our consumers, utilize the talents and strengths of provider organizations, and ultimately have a strong chance of being funded.

Outcomes/Data Committee
- Review and monitor aggregate CoC-wide performance through HMIS data, including the Annual Progress Report (APR), Annual Homeless Assessment Report (AHAR), Point in Time (PIT) count, and Housing Inventory Chart (HIC)
- Establish performance targets appropriate for population and program type in consultation with recipients and subrecipients
- Monitor recipients and subrecipients performance, evaluate outcomes, and recommend actions against poor performers
- Evaluate project outcomes of ESG and CoC programs, and report those outcomes to the Executive Committee
- Plan for and conduct a Point-In-Time (PIT) count of homeless persons within the CoC, including a housing inventory of shelters, transitional housing, and permanent housing for homeless persons.

Coordinated Entry Steering Committee: See the Prince George's County Continuum of Care: Coordinated Entry Process and Policies, incorporated herein by reference.

- Establish policies, procedures and performance benchmarks for the County's Coordinated Entry System
- Conduct an annual gaps analysis of homelessness needs and services
- Resolve conflicts between organizations utilizing the Coordinated Entry System
- Coordinate funding resources to ensure the CES is fully operational and optimized within the County
- Research National Best Practices and provide education and training to the HSP

Media/Public Relations Committee
- Promote a community-wide goal to end homelessness
- Provide education to the community on homeless issues

Project/Program Committee
- Provide research and national best practices to other committees, subcommittees, and workgroups
- Organize relevant trainings on best practices for the CoC
- Create and recommend Standard Operating Procedures for the different segments of the Homeless Services System

Grant Advisory Committee
- Design, operate, and follow a collaborative process for the development of joint CoC applications for federal funding, including HUD CoC funding.
- Establish priorities that align with local and federal policies for recommending projects for grant funding.
- Establish criteria for competitive ranking of applications that take into account local and federal goals, program performance and organizational capacity.

Fundraising/Development Committee
- Research upcoming local, state and Federal grant competitions that could help forward the mission of the CoC and disseminate the information to the HSP
- Foster partnerships between HSP members that increase the competitiveness of grant proposals by expanding services offered while reducing redundancies

Membership Committee
- Publish and disseminate an open invitation annually for persons within the Prince George's County CoC area to join as new CoC members
- Conduct an orientation session for new members at least annually

- Examine current HSP make-up and actively recruit membership from un/under-represented populations, businesses and organizations
- Approve all membership applications

Housing Development Committee
- Develop criteria and guidelines for use of Transitional Housing, Rapid Re-housing, Permanent Supportive Housing, and Housing Voucher set-asides
- Develop Standard Operating Procedures for the use of emergency rental assistance and Rapid-Re-housing funds in the County
- Work with the Housing Authority, Department of Housing and Community Development, and housing developers to increase housing opportunities for the homeless and affordable housing within the County.
- Engage landlords and property owners

Workgroups
The HSP has 5 active workgroups that meet regularly to ensure that the needs of homeless sub-populations are met.
- Unaccompanied Homeless and Unstably Housed Youth
- Chronically Homeless, Mentally Ill, Substance Abusing, and/or Physically Disabled
- Veterans
- Domestic Violence Survivors
- Returning Citizens

VI. Collaborative Applicant

Prince George's County Department of Social Services Community Services Division acts as the Continuum of Care Collaborative Applicant. Duties include:
- Supporting the planning and operations of the CoC
- Coordinating, preparing, collecting information, and submitting the CoC Program application
- Applying for CoC Planning Funds
- Coordinating and conducting the annual PIT count
- Coordinating and completing the HIC
- Designing, operating, and following a collaborative process for the development of applications and approving submission of applications in response to a CoC Program NOFA
- Providing information required to complete the Consolidated Plan
- Reviewing performance data of providers and the system as a whole. Making recommendations and implementing policies to improve performance outcomes.
- Providing technical assistance and training in best practices to the CoC.

VII. HMIS Lead

Prince George's County Department of Social Services Community Services Division acts as the HMIS Lead. See HMIS Policies and Procedures Manual for detailed responsibilities. At minimum the HMIS Lead will:
- Designate a single HMIS system.
- Review, revise, and approve privacy, security, and data quality plans.
- Ensure consistent participation of recipients/subrecipients in HMIS.
- Ensure that the HMIS is administered in compliance with HUD.

PRINCE GEORGE'S COUNTY DEPARTMENT OF SOCIAL SERVICES CONTINUUM OF CARE HOMELESS INFORMATION MANAGEMENT TRACKING SYSTEM (HMIS)

Policies and Procedures Manual

August 21, 2018 revision.   **November 29, 2010 original**

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ATTACHMENTS:
Initial Implementation Requirements…………………………………………………….………
Program Information……………………………………………………………………….………
ServicePoint User Access Form……………………………………………………….…………
Location Access Authorization……………………………………………………….…………
Laptop & Off-site Installation Access Privileges Commit Form………………………………..
HMIS Staff Commitment Form………………………………………………………….…………
Interagency Data Sharing Agreement…………………………………………………….………
Sample Client Consent Form…………………………………………………………………..
Referral Agencies………………………………………………………………………….………

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INTRODUCTION

The Prince George's County Department of Social Services Continuum of Care Homeless Information Management Tracking System (HMIS) is a project that utilizes Internet-based technology to assist homeless service organizations across the county to capture information about the clients that they serve. HMIS staff provides training and technical assistance to users of the system throughout the county.

A goal of HMIS is to inform public policy about the extent and nature of homelessness in the county. This is accomplished through analysis and release of data that are grounded in the actual experiences of homeless persons and the service providers who assist them in shelters and homeless assistance programs throughout the state. Information that is gathered via interviews, conducted by service providers with consumers, is analyzed for an unduplicated count, aggregated and made available to policy makers, service providers, advocates, and consumer representatives.

The HMIS is advised by a user committee committed to understanding the gaps in services to consumers of the human service delivery system, in an attempt to end homelessness. This group is committed to balancing the interests and needs of all stakeholders involved: homeless men, women, and children; service providers; and policy makers.

Potential benefits for homeless men, women, and children and case managers: Case managers can use the software as they assess their clients' needs, to inform clients about services offered on-site or available through referral. Case managers and clients can use on-line resource information to learn about resources that help clients find and keep permanent housing, or meet other goals clients have for themselves. Service coordination can be improved when information is shared among case management staff within one agency, or with staff in other agencies who are serving the same clients. If the client is unaware that information is shared (written consent form not completed), then information that is already in the system cannot be discussed with the client unless your agency entered the information.

Potential benefits for agency and program managers: When aggregated, information can be used to garner a more complete understanding of clients' needs and outcomes, and then used to advocate for additional resources, complete grant applications, conduct evaluations of program services, and report to funders such as Housing & Urban Development (HUD). The software has the capability to generate the HUD Annual Progress Report (APR).

Potential benefits for community-wide Continuums of Care and policy makers: Involvement in the project provides the capacity to programs within a continuum to generate automated HUD APRs, to access aggregate reports that can assist in completion of the HUD-required gaps chart, and to utilize the aggregate data to inform policy decisions aimed at addressing and ending homelessness at local, state and federal levels.

This document provides the policies, procedures, guidelines, and standards that govern the HMIS project, as well as roles and responsibilities for HMIS and participating agency staff. Participating agencies will receive all relevant portions of the complete document. A copy of internal policies and procedures is available upon request.

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GOVERNING PRINCIPLES

The following descriptions are the overall governing principles upon which all other decisions pertaining to the HMIS project are based.

Data Integrity: Data are the most valuable assets of the HMIS Project. It is our policy to protect this asset from accidental or intentional unauthorized modification, disclosure or destruction.

Access to Client Records: The Client Records Access policy is designed to protect against the recording of information in unauthorized locations or systems. Only staff working directly with clients or who have administrative responsibilities will receive authorization to look at, enter, or edit client records. Additional privacy protection policies include:
- Client has the right to not answer any question, unless entry into a service program requires it;
- Client has the right to know who has added to, deleted, or edited their client record in ServicePoint;
- Client information transferred from one authorized location to another over the web is transmitted through a secure, encrypted connection.

Application Software: Only tested and controlled software should be installed on networked systems. Use of unevaluated and untested software outside an application development environment is prohibited.

Computer Crime: Computer crimes violate state and federal law as well as the HMIS Data Security Policy and Standards. They include but are not limited to: unauthorized disclosure, modification or destruction of data, programs, or hardware; theft of computer services; illegal copying of software; invasion of privacy; theft of hardware, software, peripherals, data, or printouts; misuse of communication networks; promulgation of malicious software such as viruses; and breach of contract. Perpetrators may be prosecuted under state or federal law, held civilly liable for their actions, or both. HMIS staff and authorized agencies must comply with license agreements for copyrighted software and documentation. Licensed software must not be copied unless the license agreement specifically provides for it. Copyrighted software must not be loaded or used on systems for which it is not licensed.

End User Ethics: Any deliberate action that adversely affects the resources of any participating organization or institution or employees is prohibited. Any deliberate action that adversely affects any individual is prohibited. Users should not use HMIS computing resources for personal purposes. Users must not attempt to gain physical or logical access to data or systems for which they are not authorized. Users must not attempt to reverse-engineer commercial software. Users must not load unauthorized programs or data onto HMIS computer systems. Users should scan all personal computer programs and data for viruses before logging onto HMIS computer systems.

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SECTION 1:

Contractual Requirements and Roles

Title: HMIS CONTRACT REQUIREMENTS

Policy: HMIS is committed to provide services to participating agencies.

Standard: HMIS will provide quality service to existing and new
                participating agencies.

Purpose: To outline the basic services for existing and new agencies

Scope: Participating agencies and HMIS Project

Basic Requirements:

A. **Purchase of Software Licensing and Technical Support:** All existing and new sites participating in the HMIS Project that are funded through the Prince George's County Department of Social Services Office of Housing and Homeless Services are covered under their current contracts. The costs covered by their contractors include user licenses for ServicePoint and technical assistance provided by HMIS staff. **Please note: participating agencies are responsible for all costs associated with hardware acquisition and maintenance, personnel, and Internet access.**

   Agencies that are not funded to participate in the HMIS Project must pay a yearly fee according to HMIS' cost document.

B. **Access:** Existing and new participating agencies covered under existing contracts will not be granted access to the ServicePoint software system until a contractual agreement has been signed with HMIS.

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Title: HMIS USER COMMITTEE

Policy: HMIS User Committee, representing all stakeholders to this project, will advise all project activities.

Standard: The responsibilities of the User Committee will be apportioned according to the information provided below.

Purpose: To define the roles and responsibilities of the project User Committee.

Scope: All project stakeholders.

Responsibilities:

The User Committee meets monthly to advise and support HMIS' operations in the following programmatic areas: Resource Development; Consumer Involvement; and Quality Assurance/Accountability.

Membership of the User Committee will be established according to the following guidelines:
- Target will be 25 Active Users;
- There will be a concerted effort to find replacement representatives when participation has been inactive or inconsistent from the organizations involved in the project;
- There will be a pro-active effort to fill gaps in the membership of the Committee in terms of constituency representation, consumer representatives, shelters for families and individuals, advocacy organizations, government agencies that fund homeless assistance services, and statewide geographic distribution.

The User Committee is fundamentally an advisory committee to the HMIS project. However the HMIS delegates final decision making authority to the Committee on selected key issues that follow. These issues include:
- Determining the guiding principles that should underlie the implementation activities of HMIS and participating organizations and service programs;
- Selecting the minimal data elements to be collected by all programs participating in the HMIS project;
- Defining criteria, standards, and parameters for the release of aggregate data;
- Ensuring adequate privacy protection provisions in project implementation.

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Title: HMIS MANAGEMENT

Policy: A HMIS management structure will be put into place that can adequately support the operations of the HMIS system according to the Guiding Principles described in the Introduction.

Standard: The responsibilities of the HMIS will be apportioned according to the information provided below.

Purpose: To define the roles and responsibilities of the HMIS.

Scope: System wide.

HMIS Roles and Responsibilities:

Management:

The HMIS management staff is responsible for oversight of all day-to-day operations including: technical infrastructure; planning, scheduling, and meeting project objectives; supervision of staff, including reasonable divisions of labor; hiring; and orientation of new staff to program operations, Guiding Principles and Policies and Procedures.

Technical Assistance:

The Technical Assistants are responsible for overseeing usage of the application ServicePoint, and being available for phone support as needed.

Responsibilities and Duties of the TA Manager/Staff include:

- Provide training on a monthly basis to agency staff
- Provide technical assistance and troubleshooting as needed
- Provide technical assistance in generating funder-required reports

Data Analysis:

HMIS' data analysis manager/staff is responsible for the following:

- Provide data quality queries to sites on a regular basis.
- Provide detailed statewide reports on families and individuals accessing emergency shelter.
- Provide data analysis and reports for Continua that have contracts with HMIS.

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Systems Administration/Security/User Accounts:

HMIS has a contract with Bowman Internet Systems to host the central server. They will have overall responsibility for the security of the system.

The HMIS Technical Assistant Manager/Staff will review all network and security logs regularly.

All Site Technical Administrator user accounts are the responsibility of the Prince George's County Department of Social Services. All Participating Agency staff user accounts are the responsibility of the Site Technical Administrator.

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Title: **ROLE: PARTICIPATING AGENCY EXECUTIVE DIRECTOR & PROGRAM MANAGER**

Policy: The Executive Director & Program Manager of each participating agency will be responsible for oversight of all agency staff who generate or have access to client-level data stored in the system software to ensure adherence to the HMIS standard operating procedures outlined in this document.

Standard: The Executive Director & Program Director holds final responsibility for the adherence of his/her agency's personnel to the HMIS Guiding Principles and Standard Operating Procedures outlined in this document.

Purpose: To outline the role of the agency Executive Director & Program Manager with respect to oversight of agency personnel in the protection of client data within the system software application.

Scope: Executive Director & Program Manager in each participating agency.

Responsibilities:

The participating agency's Executive Director or Program Manager is responsible for all activity associated with agency staff access and use of the ServicePoint data system. This person is responsible for establishing and monitoring agency procedures that meet the criteria for access to the ServicePoint software system, as detailed in the Policies and Procedures outlined in this document. The Executive Director or Program Manager will be held liable for any misuse of the software system by his/her designated staff. The Executive Director or Program Director agrees to only allow access to the ServicePoint software system based upon need. Need exists only for those shelter staff, volunteers, or designated personnel who work directly with (or supervise staff who work directly with) clients or have data entry responsibilities.

The Executive Director & Program Manager also oversee the implementation of data security policies and standards and will:

1. Assume responsibility for integrity and protection of client-level data entered into the ServicePoint system;
2. Establish business controls and practices to ensure organizational adherence to the HMIS Policies and Procedures;
3. Communicate control and protection requirements to agency custodians and users;
4. Authorize data access to agency staff and assign responsibility for custody of the data;
5. Monitor compliance and periodically review control decisions.

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Title: ROLE: PARTICIPATING AGENCY SITE TECHNICAL ADMINISTRATOR

Policy: Every participating agency must designate one person to be the Site Technical Administrator.

Standard: The designated Site Technical Administrator holds responsibility for the administration of the system software in his/her agency.

Purpose: To outline the role of the Site Technical Administrator.

Scope: Participating Agencies.

Responsibilities:

The participating agency agrees to appoint one person as the Site Technical Administrator. This person will be responsible for:

- Editing and updating agency information;
- Granting technical access to the software system for persons authorized by the agency's Executive Director by creating usernames and passwords;
- Training new staff persons on the uses of ServicePoint software system, including review of the Policies and Procedures in this document and any agency policies that impact the security and integrity of client information;
- Ensuring that access to the ServicePoint system be granted to authorized staff members only after they have received training and satisfactorily demonstrated proficiency in use of the software and understanding of the Policies and Procedures and agency policies referred to above;
- Notifying all users in their agency of interruptions in service.

The Site Technical Administrator is also responsible for implementation of data security policy and standards, including:

- Administering agency-specific business and data protection controls;
- Administering and monitoring access control;
- Providing assistance in the backup and recovery of data;
- Detecting and responding to violations of the Policies and Procedures or agency procedures.

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Title: ROLE: USER

Policy:	All individuals at the HMIS and at the Participating Agency levels who require legitimate access to the software system will be granted such access.
Standard:	Individuals with specific authorization can access the system software application for the purpose of conducting data management tasks associated with their area of responsibility.
Purpose:	To outline the role and responsibilities of the system user.
Scope:	System wide

Responsibilities:

HMIS agrees to authorize use of the ServicePoint Software system only to users who need access to the system for technical administration of the system, report writing, data analysis and report generation, back-up administration or other essential activity associated with carrying out HMIS responsibilities.

The **Participating Agency** agrees to authorize use of the ServicePoint Software system only to users who need access to the system for data entry, editing of client records, viewing of client records, report writing, administration or other essential activity associated with carrying out participating agency responsibilities.

Users are any persons who use the ServicePoint software for data processing services. They must be aware of the data's sensitivity and take appropriate measures to prevent unauthorized disclosure. Users are responsible for protecting institutional information to which they have access and for reporting security violations. Users must comply with the data security policy and standards as described in these Policies and Procedures. They are accountable for their actions and for any actions undertaken with their usernames and passwords.

SECTION 2:

Participation Requirements

Title: PARTICIPATION REQUIREMENTS

Policy: HMIS staff will communicate requirements for participation. All requirements for participation are outlined in this document.

Standard: HMIS staff and Participating Agencies will work to ensure that all sites receive the benefits of the system while complying with all stated policies.

Purpose: To provide the structure of on-site support and compliance expectations.

Scope: System wide

Procedure:

Participation Agreement Requirements

- **High Speed Internet Connection Greater than 56k / v90:** DSL, Cable, etc.

- **Identification of Site Technical Administrator:** Designation of one key staff person to serve as Site Technical Administrator. This person will be responsible for creating usernames and passwords and monitoring software access. This person will also be responsible for training new staff persons on how to use the Service Point system.

- **Security Assessment:** Meeting of Agency Executive Director (or designee), Program Manager/Administrator and Site Technical Administrator with DSS staff member to assess and complete Agency Information Security Protocols. See attached Initial Implementation Requirements.

- **Training:** Commitment of Site Technical Administrator and designated staff persons to attend training(s) at Prince George's County Department of Social Services prior to accessing the system online. **Note:** Staff will **NOT** be allowed to attend training until **ALL** Information Security paperwork is complete and signed by Executive Director (or designee).

- **Interagency Data Sharing Agreements:** Interagency Data Sharing Agreements must be established between any shelter/service program where sharing of client level information is to take place. See attached Interagency Data Sharing Agreement.

- **Client Authorization Forms** must be created for clients to authorize the sharing of their personal information electronically with other Participating Agencies through the ServicePoint software system where applicable. See attached Client Authorization Form as an example.

- **Participation Agreement:** Agencies are required to sign a participation agreement stating their commitment to develop the policies and procedures for effective use of the

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system and proper collaboration with HMIS. See attached Initial Implementation Requirements.

- **Minimal Data Elements:** Agencies will be required to enter minimal data elements as defined by the HMIS Project and its Steering Committee.

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Title: IMPLEMENTATION REQUIREMENTS

Policy: All Participating Agencies must read and understand all participation requirements and complete all required documentation prior to implementation of the system.

Standard: All implementation requirements must be complete and on file prior to using the system.

Purpose: To indicate documentation requirements prior to implementation.

Scope: Participating Agencies

Procedure: HMIS staff will assist Participating Agencies in the completion of all required documentation.

On Site Security Assessment Meeting: Meeting of Agency Executive Director or authorized designee, Program Manager/Administrator and Site Technical Administrator with HMIS staff member to assist in completion of the Agencies' Information Security Protocols.

Participation Agreement
The Participation Agreement refers to the document agreement made between the participating agency and the HMIS Project. This agreement includes commitment to minimal data as defined by the HMIS Project and its HMIS User Committee on all clients. This document is the legally binding document that refers to all laws relating to privacy protections and information sharing of client specific information. See Attachment A: Initial Implementation Requirements.

Agency Participation/Data Sharing Agreements: Upon completion of the Security Assessment, each agency must agree to abide by all policies and procedures laid out in the HMIS Security Manual. The Executive Director of designee will be responsible for signing this form. See Attachment A: Initial Implementation Requirements.

Identification of Referral Agencies: ServicePoint provides a resource directory component that tracks service referrals for clients. Each Participating Agency must compile a list of referral agencies and verify that the information has been entered into ResourcePoint.

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Title: INTERAGENCY DATA SHARING AGREEMENTS

Policy: Data sharing among agencies will be supported upon completion of Interagency Sharing Agreements by Participating Agencies wishing to share client-identified data.

Standard: For participating agencies to engage in data sharing arrangements, a written, formal document must be signed by the Executive Director of each of the Participating Agencies involved in the data sharing.

Purpose: To explain the vehicle through which agencies can enter into an agreement allowing them to share client records.

Scope: Participating Agencies wishing to share client records.

Responsibilities:

Interagency Sharing Agreements

A.   **Written Agreement:**   Participating Agencies wishing to share information electronically through the ServicePoint System are required to provide, in writing, an agreement that has been signed between the Executive Directors of Participating Agencies. See Attachment A: Interagency Sharing Agreement.

B.   **Role of Executive Director:**   The Executive Director is responsible for abiding by all the policies stated in any Interagency Sharing Agreement.

Procedure:

A.   Executive Directors wishing to participate in a data sharing agreement contact HMIS staff to initiate the process.

B.   Executive Directors complete the Interagency Sharing Agreement.   Each participating agency retains a copy of the agreement and a master is filed with the HMIS Organization.

C.   Site Technical Administrators receive training on the technical configuration to allow data sharing.

D.   Each Client whose record is being shared must agree via a written client authorization form to have their data shared. A client must be informed of what information is being shared and with whom it is being shared.

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SOP#: REQ-004	Revision:	Prepared by: HMIS
Effective date: 7/05	Revision date:	Revised by:

Title: WRITTEN CLIENT AUTHORIZATION PROCEDURE FOR ELECTRONIC DATA SHARING

Policy: As part of the implementation strategy of the system software, a Participating Agency must have client authorization procedures and completed forms in place when electronic data sharing is to take place.

Standard: Client authorization procedures must be on file prior to the assignment of user accounts to the site by Prince George's County Department of Social Services.

Purpose: To indicate the type of client consent procedures that Participating Agencies must implement prior to actual implementation.

Scope: Participating Agencies wishing to share client records

Procedure:

Client Authorization Procedures
See attached Client Authorization Form.

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Title: CONFIDENTIALITY AND INFORMED CONSENT

Policy: All Participating Agencies agree to abide by all privacy protection standards and agree to uphold all standards of privacy as established by Prince George's County Department of Social Services Technicians.

Standard: It is suggested that Participating Agencies develop procedures for providing oral explanations to clients about the usage of a computerized Homeless Management Information System. Participating Agencies are required to use written client authorization forms when information is to be shared with another agency.

Purpose: To ensure protection of clients' privacy.

Scope: Participating Agencies

Procedure:

Confidentiality / Client Consent

Informed Consent: Oral Explanation (non-shared records): All clients should be provided an oral explanation that their information will be entered into a computerized record keeping system. The Participating Agency should provide an oral explanation of the HMIS Project and the terms of consent. The agency may want to develop a fact sheet to post within the agency. HMIS suggests including the following information in the fact sheet:

1.   What ServicePoint is
     • Web-based information system that homeless services agencies across the state use to capture information about the persons they serve
2.   Why the agency uses it
     • To understand their clients' needs
     • Help the programs plan to have appropriate resources for the people they serve
     • To inform public policy
3.   Security
     • Only staff who work directly with clients or who have administrative responsibilities can look at, enter, or edit client records
4.   Privacy Protection
     • No information will be released to another agency without written authorization
     • Client has the right to not answer any question, unless entry into a program requires it
     • Client has the right to know who has added to, deleted, or edited their Service Point record

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- Information that is transferred over the web is through a secure connection
5. Benefits for clients
  - Case manager tells client what services are offered on site or by referral through the assessment process
  - Case manager and client can use information to assist clients in obtaining resources that will help them meet their needs.

Written Client Consent

Each client whose record is being shared electronically with another Participating Agency must agree via a written client authorization form to have his or her data shared. A client must be informed of what information is being shared and with whom it is being shared.

Information Release

The Participating Agency agrees not to release client identifiable information to any other organization pursuant to federal and state law without proper client consent. See attached Client Authorization Form.

Federal/State Confidentiality Regulations

The Participating Agency will uphold Federal and State Confidentiality regulations to protect client records and privacy. In addition, the Participating Agency will only release client records with written consent by the client, unless otherwise provided for in the regulations.

1) The Participating Agency will abide specifically by the Federal confidentiality rules as contained in 42 CFR Part 2 regarding disclosure of alcohol and/or drug abuse records. In general terms, the Federal rules prohibit the disclosure of alcohol and/or drug abuse records unless disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Participating Agency understands that the Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients.
2) The Participating Agency will abide specifically by Maryland general laws. In general, this law provides guidance for release of client level information including who has access to client records, for what purpose, and audit trail specifications for maintaining a complete and accurate record of every access to and every use of any personal data by persons or organizations.

Unnecessary Solicitation

The Participating Agency will not solicit or input information from clients unless it is essential to provide services, or conduct evaluation or research.

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Title: MINIMAL DATA ELEMENTS

Policy: Participating Agencies that collect client data through the Homeless Management Information System collects all data contained within the Profile Screen.

Standard: All agencies will collect minimal data elements.

Purpose: To ensure that agencies are collecting quality data.

Scope: All Participating Agencies

Procedure:

Commitment to Utilization of Interview Protocol

Minimal Data Elements: The Participating Agency is responsible for ensuring that all clients are asked the questions contained within the Profile Screen. Data will be used in aggregate analysis. These questions are contained within the Profile Screen.

Title: INFORMATION SECURITY PROTOCOLS

Policy: Participating Agencies must develop and have in place minimum information security protocols.

Standard: Participating Agencies must develop rules, protocols and procedures to address each of the following:

- Assignment of user accounts
- Unattended workstations
- Physical access to workstations
- Policy on user account sharing
- Client record disclosure
- Report generation, disclosure and storage

Purpose: To protect the confidentiality of the data and to ensure its integrity at the site.

Scope: Participating Agencies.

Procedures: To develop internal protocols, please reference Section 4.

Title: IMPLEMENTATION: CONNECTIVITY

Policy: Participating Agencies are required to obtain an adequate Internet connection (greater than 56K/v90)

Standard: Any Internet connection greater than 56K/v90 is acceptable.

Purpose: To ensure proper response time and efficient system operation of the Internet application.

Scope: Participating Agencies

Procedure: Prince George's County Department of Social Services staff informs all participating agencies about availability of Internet providers. Obtaining and maintaining an Internet connection greater than 56K/v90 is the responsibility of the participating agency.

Effective date: 7/05   **Revision date:**   **Revised by:**

Title: MAINTENANCE OF ONSITE COMPUTER EQUIPMENT

Policy: Participating Agencies commit to a reasonable program of data and equipment maintenance in order to sustain an efficient level of system operation.

Standard: Participating Agencies must meet technical standards for minimum computer equipment configuration, Internet connectivity, data storage and data back up.

Purpose: To ensure that participating agencies adopt equipment and data maintenance program.

Scope: Participating Agencies

Responsibilities:

The Executive Director or designee will be responsible for the maintenance and disposal of on-site computer equipment and data used for participation in the HMIS Project including the following:

A. **Computer Equipment:**   The Participating Agency is responsible for maintenance of on-site computer equipment. This includes purchase of and upgrades to all existing and new computer equipment for utilization in the HMIS Project.
B. **Backup:** The Participating Agency is responsible for supporting a back-up procedure for each computer connecting to the HMIS Project.
C. **Internet Connection:**   HMIS staff members are not responsible for troubleshooting problems with Internet Connections.
D. **Virus Protection:** As a matter of course, each agency should install virus protection software on all computers.
E. **Data Storage:** The Participating Agency agrees to only download and store data in a secure format.
F. **Data Disposal:** The Participating Agency agrees to dispose of documents that contain identifiable client level data by shredding paper records, deleting any information from diskette before disposal, and deleting any copies of client level data from the hard drive of any machine before transfer or disposal of property. HMIS staff can be contacted for advice on appropriate processes for disposal of electronic client level data.

August 21, 2018 revision.   **November 29, 2010 original**

SECTION 3:

Training

Title: TRAINING SCHEDULE

Policy:　　　　Prince George's County Department of Social Services staff will maintain an ongoing training schedule for Participating Agencies.

Standard:　　　Prince George's County Department of Social Services staff publishes a training schedule and will offer them regularly.

Purpose:　　　To make participating agencies aware of on going training.

Scope:　　　　System wide

Procedure:

A training schedule will be published monthly on the Prince George's County Department of Social Services HMIS website. Agencies will RSVP for all trainings. Trainings will be offered at Prince George's County Department of Social Services unless otherwise noted.

August 21, 2018 revision.　　　　**November 29, 2010 original**

Title: USER, ADMINISTRATOR AND SECURITY TRAINING

Policy: All users will undergo security training before gaining access to the system. This training includes a review of Prince George's County Department of Social Services security Policies and Procedures.

Standard: Prince George's County Department of Social Services staff will provide data security training.

Purpose: To ensure that staff is properly trained and knowledgeable of Prince George's County Department of Social Services' security Policies and Procedures.

Scope: System wide

Procedure: Agency staff must attend user training. Site Technical Administrators must <u>also</u> attend an administrator training and a Report Writer I training in addition to a user training. Agencies will be notified of scheduled training sessions.

Training:
The Participating Agencies Site Technical Administrator is responsible for training new users. Users must receive ServicePoint training prior to being granted user privileges for the system.

August 21, 2018 revision.   **November 29, 2010 original**

SECTION 4:

User, Location, Physical and Data Access

Title: ACCESS PRIVILEGES TO SYSTEM SOFTWARE

Policy: Participating Agencies will apply the user access privilege conventions set forth in this procedure.

Standard: Allocation of user access accounts and privileges will be made according to the format specified in this procedure.

Purpose: To enforce information security protocols.

Scope: Participating Agencies

Procedure:

User Access Privileges to ServicePoint

A. **User access:** User access and user access levels will be deemed by the Program Manager of the participating agency in consultation with the Site Technical Administrator. The Site Technical Administrator will generate username and passwords within the administrative function of ServicePoint.

B. **User name format:** The Site Technical Administrator will create all usernames using the First Initial of First Name and Last Name. Example: John Doe's username would be JDoe. In the case where there are two people with the same first initial and last name, then the middle initial should be used. If someone has the same first name and middle initial and last name, the sequential number should be placed at the end of the above format. Example: JDoe2, JDoe3.

C. **Passwords:**

   1. **Creation:** Passwords are automatically generated from the system when a user is created. Site Technical Administrators will communicate the system-generated password to the user.

   2. **Use of:** The user will be required to change the password the first time they log onto the system. The password must be between 8 and 16 characters and contain 2 numbers.

   3. **Expiration:** Passwords expire every 45 days.

   4. **Termination or Extended Leave from Employment:** The Site Technical Administrator should terminate the rights of a user immediately upon termination from their current position. If a staff person is to go on leave for a period of longer than 45 days, their password should be inactivated within 5 business days of the start of their leave. The Site Technical Administrator is responsible for removing users from the system. The Site Technical Administrator must update the access list and signed agreement on a yearly basis.

August 21, 2018 revision.   **November 29, 2010 original**

Effective date: 7/05   **Revision date:**   **Revised by:**

Title: ACCESS LEVELS FOR SYSTEM USERS

Policy: participating agencies will manage the proper designation of user accounts and will monitor account usage.

Standard: Participating agency agrees to apply the proper designation of user accounts and manage the use of these accounts by agency staff.

Purpose: To enforce information security protocols

Scope: Participating Agencies

Procedure: User accounts will be created and deleted by the Site Technical Administrator under authorization of the Participating Agency's Program Manager.

Designation of ServicePoint Users

User Levels: There are 9 levels of access to the ServicePoint system. These levels should be reflective of the access a user has to client level paper records, and access levels should be need-based. Need exists only for those shelter staff, volunteers, or designated personnel who work directly with (or supervise staff who work directly with) clients or have data entry responsibilities.

Resource Specialist I	Access is limited to the ResourcePoint module. This role allows the user to search the database of area agencies and programs and view the detail screens for each agency or program. Access to client or service records is not given. A Resource Specialist cannot modify or delete data.
Resource Specialist II	The same access rights as Resource Specialist I, however, this person is considered an agency-level I&R Specialist who updates their own agency and program information.
Resource Specialist III	The same access rights as Resource Specialist II, however, this person is a system-wide I&R Specialist who can update any agency or program information. This access level can also edit the system-wide news.
Volunteer	Access to ResourcePoint module is limited access to ClientPoint, and limited access to service records. A volunteer can view or edit basic demographic information about clients (the profile screen), but is restricted from viewing detailed assessments. A volunteer can enter new client records, make referrals, or check-in/out a client from a shelter. Normally, this access level allows a volunteer to complete the intake

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	and then refer the client to agency staff or a case manager.
Agency Staff	Agency staff has access to ResourcePoint, limited access to ClientPoint, full access to service records and access to most functions in ServicePoint. However, Agency Staff can only access basic demographic data on clients (profile screen). All other screens are restricted, including assessments and case plan records. They have full access to service records. Agency Staff can also add news items to the newswire feature. There is no reporting access.
Case Manager	Case Managers have access to all features excluding administrative functions. They have access to all screens within ClientPoint, including the assessments and full access to service records. There is full reporting access.
Agency Administrator	Agency Administrators have access to all features, including agency level administrative functions. This level can add/remove users for his/her agency and edit their agency and program data. They have full reporting access. They cannot access the following administrative functions: Assessment Administration, Picklist Data, Licenses, Shadow Mode, or System Preferences.
Executive Director	Same access rights as Agency Administrator, but ranked above Agency Administrator.
System Operators	System Operators have no access to ClientPoint or ShelterPoint. They have no access to reporting functions, but do have access to administrative functions. The System Operator can setup new agencies, add new users, reset passwords, and access other system-level options. The system operator helps to maintain the system, but does not have access to any client or service records. The system operator can order additional user licenses and modify the allocations of licenses.
System Administrator I	Same access rights to **client** information (full access) as **Agency Administrator.** However, this user has full access to administrative functions.
System Administrator II	System Administrator IIs have full and complete access to the system. However, this user does not have the option of choosing a Provider other than the default provider assigned to their ID.

August 21, 2018 revision.   **November 29, 2010 original**

Title: ACCESS PRIVILEGES TO SYSTEM SERVER

Policy: Participating agencies agree to enforce the location access privileges to the system server.

Standard: Only authorized computers will be able to access the system from authorized locations.

Purpose: To enforce information security protocols.

Scope: Participating Agencies

Procedure:

Location Access: Access to the software system will only be allowed for computers identified by the Executive Director and Site Technical Administrator of the participating agency. Those designated computers will be registered electronically with the central server by HMIS. Laptops and off-site installations will require an additional security form stating that use will not be for unauthorized purposes from unauthorized locations. See attached Laptop and Off-Site Installation Access Privileges to System Server Commitment Form.

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Title: ACCESS TO DATA

Policy: Participating agencies must agree to enforce the user access privileges to system data server as stated below.

Standard: **A. User Access:** Users will be able to view the data entered by other users of ServicePoint. Security measures exist within the ServicePoint software system that restricts agencies from viewing each other's data.

   B. Raw Data: Users who have been granted access to the ServicePoint Report Writer tool have the ability to download and save client level data onto their local computer. Once this information has been downloaded from the ServicePoint server in raw format to an agency's computer, the data become the responsibility of the agency. A participating agency should develop protocol regarding the handling of data downloaded from the Report Writer.

   C. Agency Policies Restricting Access to Data: The participating agencies must establish internal access to data protocols. These policies should include who has access, for what purpose, and how they can transmit this information. Issues to be addressed include storage, transmission and disposal of these data.

   D. Access to Countywide ServicePoint Data: Access will be granted based upon policies developed by the Access to Data Subcommittee of the HMIS User Committee.

Purpose: To enforce information security protocols.

Scope: Participating Agencies

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Title: ACCESS TO CLIENT PAPER RECORDS

Policy: Participating Agencies will establish procedures to handle access to client paper records.

Standard: The Participating Agencies agree to establish procedures regarding which staff have access to client paper records.

Purpose: To enforce information security protocols.

Scope: Participating Agencies

Procedures:

- Identify which staff has access to the client paper records and for what purpose. Staff should only have access to records of clients, which they directly work with or for data entry purposes.
- Identify how and where client paper records are stored.
- Develop policy regarding length of storage and disposal procedure of paper records.
- Develop policy on disclosure of information contained in client paper records.

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Title: PHYSICAL ACCESS CONTROL

Policy: Physical access to the system data processing areas, equipment and media must be controlled. Access must be controlled for the transportation of data processing media and other computing resources. The level of control is contingent on the level of risk and exposure to loss.

Standard: Personal computers, software, documentation and diskettes shall be secured proportionate with the threat and exposure to loss. Available precautions include equipment enclosures, lockable power switches, equipment identification and fasteners to secure the equipment.

Purpose: To delineate standards for physical access.

Scope: System wide

Guidelines:

Access to computing facilities and equipment
- The HMIS staff and Participating Agencies Site Technical Administrators will determine the physical access controls appropriate for their organizational setting based on HMIS security policies, standards and guidelines.
- All those granted access to an area or to data are responsible for their actions. Additionally, those granting another person access to an area are responsible for that person's activities.

Media and hardcopy protection and transportation
- Printed versions of confidential data should not be copied or left unattended and open to unauthorized access.
- Media containing client-identified data will not be shared with any agency that does not participate in Prince George's County ServicePoint. Authorized employees, using methods deemed appropriate by the participating agency, may transport HMIS data that meet the above standard. Reasonable care should be used, and media should be secured when left unattended.
- Magnetic media containing HMIS data, which is released and/or disposed of from the Participating Agency and Central Server, should first be processed to destroy any data residing on that media.
- Degaussing and overwriting are acceptable methods of destroying data.
- Responsible personnel must authorize the shipping and receiving of magnetic media, and appropriate records must be maintained.
- HMIS information in hardcopy format should be disposed of properly. This may include shredding finely enough to ensure that the information is unrecoverable.

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Title: UNIQUE USER ID AND PASSWORD

Policy: Authorized users will be granted a unique user ID and password.

Standard:

- Each user will be required to enter a User ID with a Password in order to logon to the system.
- User ID and Passwords are to be assigned to individuals.
- The User ID will be the first initial and full last name of the user. If a user has a first initial and last name that is identical to a user already in the system, the User ID will be the first initial, middle initial, and last name. If someone has the same first and middle initial and last name, then the number 1 should follow, i.e., JBDoe1, JBDoe2.
- The Password must be no less than eight and no more than 16 characters in length, and must contain two numbers.
- The password must be alphanumeric

Purpose: In order to ensure that only authorized users will be able to access, modify or read data, a unique User ID will be issued to every user.

Scope: System wide

Procedures:

- *Discretionary Password Reset*
  Initially, each user will be given a password for one time use only. The first or reset password will be automatically generated by ServicePoint and will be issued to the User by the Site Technical Administrator. Passwords will be communicated in written or verbal form. The first time a temporary password can be communicated via email. HMIS staff is not available to agency staff to reset passwords. Only a Site Technical Administrator can reset a password.
- *Forced Password Change (FPC)*
  FPC will occur every forty-five days once a user account is issued. Passwords will expire and user will be prompted to enter a new password. Users may not use the same password consecutively, but may use the same password more than once.
- *Unsuccessful logon*
  If a User unsuccessfully attempts to logon three times, the User ID will be "locked out," access permission revoked and unable to gain access until their password is reset in the manner stated above.

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Title: RIGHT TO DENY USER AND PARTICIPATING AGENCIES' ACCESS

Policy: Participating Agency or a user access may be suspended or revoked for suspected or actual violation of the security protocols.

Standard: Serious or repeated violation by users of the system may result in the suspension or revocation of an agency's access.

Purpose: To outline consequences for failing to adhere to information security protocols.

Scope: Participating Agency

Procedure:

1. All potential violations of any security protocols will be investigated.
2. Any user found to be in violation of security protocols will be sanctioned accordingly. Sanctions may include but are not limited to: a formal letter of reprimand; suspension of system privileges; revocation of system privileges; termination of employment and criminal prosecution.
3. Any agency that is found to have consistently and/or flagrantly violated security protocols may have their access privileges suspended or revoked.
4. The Continuum of Care Steering Committee imposes all sanctions.

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Title: DATA ACCESS CONTROL

Policy: Site Technical Administrators at Participating Agencies and   HMIS staff must regularly review user access privileges and remove identification codes and passwords from their systems when users no longer require access.

Site Technical Administrators at Participating Agencies and HMIS staff must implement discretionary access controls to limit access to HMIS information when available and technically feasible.

Participating Agencies and HMIS staff must audit all unauthorized accesses and attempts to access HMIS information. Participating Agencies and HMIS staff also must audit all off-site accesses and attempts to access HMIS systems. Audit records shall be kept at least six months, and Site Technical Administrators and HMIS staff will regularly review the audit records for evidence of violations or system misuse.

Purpose: To indicate the standards and guidelines for data access control for the participating agency.

Scope: System wide

Guidelines:

- Access to computer terminals within restricted areas should be controlled through a password or through physical security measures.
- Each user should have a unique identification code.
- Each user's identity should be authenticated though an acceptable verification process.
- Passwords are the individual's responsibility, and users cannot share passwords.
- Users should be able to select and change their own passwords, and must do so at least every forty-five days. A password cannot be re-used until 1 password selection has expired.
- Passwords should not be able to be easily guessed or found in a dictionary. The password format is alphanumeric.
- Any password written down should be securely stored and inaccessible to other persons. Users should **not** store passwords on a personal computer for easier log on.

August 21, 2018 revision.   **November 29, 2010 original**

Title: AUDITING: MONITORING, VIOLATIONS AND EXCEPTIONS

Policy: HMIS staff will monitor access to all systems that could   potentially   reveal   a violation of information security protocols.

Standard: **Monitoring**
HMIS staff will monitor compliance with data security standards.

Violations
Any exception to the data security policies and standards not approved by the Continuum of Care Steering Committee is a violation, and will be reviewed for appropriate disciplinary action that could include termination of employment or criminal prosecution.

Exceptions
All exceptions to these standards are to be requested in writing by the Program Manager or Executive Director of the Participating Agency and approved by the Continuum of Care Steering Committee as appropriate, as well as the HMIS Management Team.

Purpose: To outline the standards and procedures on compliance with information security protocols and the process by which HMIS staff will monitor compliance with such policies.

Scope: System wide

Monitoring
- Monitoring compliance is the responsibility of HMIS.
- All users and custodians are obligated to report suspected instances of noncompliance.

Violations
- HMIS staff will review standards violations and recommend corrective and disciplinary actions.
- Users should report security violations to the Site Technical Administrator, or HMIS staff person as appropriate.

Exceptions
- Any authorized exception to this policy must be issued from the Continuum of Care Steering Committee and the Participating Agency's Executive Director or Program Manager.

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Title: LOCAL DATA STORAGE

Policy: Client records containing identifying information that are stored within the Participating Agency's local computers are the responsibility of the Participating Agency.

Standard: Participating Agencies should develop policies for the manipulation, custody and transmission of client-identified data sets.

Purpose: To delineate the responsibility that Participating Agencies have for client-identified data.

Scope: Participating Agencies

Procedure: A Participating Agency develops policies consistent with Information Security Policies outlined in this document regarding client-identifying information stored on local computers.

Effective date: 7/05   **Revision date:**   **Revised by:**

Title: TRANSMISSION OF CLIENT LEVEL DATA

Policy: Client data will be transmitted considering the utmost security method to protect client privacy and confidentiality.

Standards: Administrators of the Central Server data must be aware of access-control vulnerabilities for that data while they are in transmission within the network.

Purpose: To provide guidelines regarding security of client level data during transmission.

Scope: System wide

Guidelines: Transmission will be secured by 128-bit encryption provided by SSL Certificate protection, which is loaded at the HMIS server.

August 21, 2018 revision.   **November 29, 2010 original**

SECTION 5:

Technical Support and System Availability

SOP#: TSS-001   **Revision:**   **Prepared by: HMIS**

Effective date: 07/05   **Revision date:**   **Revised by:**

Title: PLANNED TECHNICAL SUPPORT

Policy: System & Agency Administrative staff will offer standard technical support to all participating agencies.

Standards: System & Agency Administrative staff will provide technical assistance to participating agencies on use of the system software.

Purpose: To describe the elements of the technical support package offered by HMIS.

Scope: System Wide

Procedure: **System & Agency Administrative**

- Start-up and implementation
- On-going technical assistance
- Training
- Technical assistance with report writing

August 21, 2018 revision.   **November 29, 2010 original**

Title: PARTICIPATING AGENCY SERVICE REQUEST

Policy: System Administrator will respond to requests for service that arrive from the Agency's Executive Director or the site Technical Administrator.

Standards: To effectively respond to service requests, System Administrators will require that proper communication channels be established and used at all times.

Purpose: To outline the proper methods of communicating a service request from a Participating agency to a System Administrator.

Scope: Participating Agencies

Procedure:
   Service Request from Participating Agency

A. Agency Management Staff (Executive Director or site Technical Administrator) contact assigned system administrator for service

B. System Administrator assigned to the participating Agency determines resources needed for service.

C. System Administrator contacts agency management staff to work out a mutually convenient service schedule

Chain of communication

System Administrator
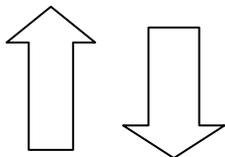
Agency Management staff – Executive Director or Site Technical Administator

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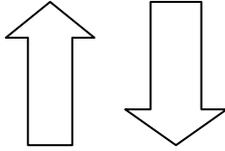
Agency Staff

SOP#: TSS-003	Revision:	Prepared by: HMIS
Effective date: 07/05	Revision date:	Revised by:

Title: AVAILABILITY: HOURS OF SYSTEM OPERATION

Policy: The system will be available to the community of users in a manner consistent with the users reasonable usage requirements**.**

Standard: Members of the HMIS agree to minimally operate the System website twenty hours a day/ seven days a week. Some time is required each day to back-up the server and database.

Purpose: To delineate the schedule that Prince George's County Department of Social Services will make the system available to the network of users throughout Prince George's County.

Scope: System Wide

Schedule: The system will be available from 6:00 A.M – 12:00PM and 2:00PM-4:00AM, seven days a week, excluding acts of god, or federal or state declared emergency situations.

August 21, 2018 revision.   **November 29, 2010 original**

SOP#: TSS-004 **Revision:** **Prepared by: HMIS**

Effective date: 07/05 **Revision date:** **Revised by:**

Title: AVAILABILITY: CSPTECH STAFF AVAILABILITY

Policy: System or Agency Administrator will be available to the community of users in a manner consistent with the user's reasonable service request requirements.

Standard: System Agency Administrator are available for Technical Assistance, questions and troubleshooting between the hours of 8:30am and 5:00pm Monday to Friday, excluding city, state, and federal holidays

Purpose: To delineate the range of technical issues that System and Agency Administrators will be able to resolve**.**

Scope: County

Procedure:

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Title: AVAILABILITY: PLANNED INTERRUPTION TO SERVICE

Policy: System Administrator will inform participating agencies of any planned interruption to service.

Standard: Participating Agencies will be notified of planned interruption to service one week prior to the interruption.

Purpose: To indicate procedures for communicating interruption to service. To indicate procedures for communicating when services resume.

Scope: County

Procedure:

Planned Interruption to service

System Administrator will notify Participating Agencies via ServicePoint Newsflash, e-mail and/or fax the schedule for the interruption to service. An explanation of the need for the interruption will be provided and expected benefits or consequences articulated.

Service Restoration

System Administrator will notify via e-mail and / or fax service has resumed.

August 21, 2018 revision.   **November 29, 2010 original**

Title: AVAILIBILITY: UNPLANNED INTERRRUPTION TO SERVICE

Policy: Participating Agencies may or may not be notified in advance of unplanned interruption to service.

Standard: Participating Agencies will be notified of unforeseen interruption to service that are expected to exceed two hours**.**

Purpose: To indicate procedures for communicating unforeseen interruption to service

Scope: System Wide

SECTION 6:

Data Release Protocols

Title: DATA RELEASE AUTHORIZATION AND DISTRIBUTION

Policy: HMIS staff will follow User Committee procedures to release of all data as needed.

Standard: HMIS staff will abide by Access to Data Policies as established by the User Committee.

Purpose: To outline the procedures for the release of data from the HMIS Training System.

Scope: User Committee and HMIS Staff will decide based on procedure how to release all data.

Procedure: All data that are to be released in aggregate format must represent at least sixty percent (60%) of the clients in that region.

Release of data principals (Participating Agency)
- Only de-identified aggregate data will be released.
- Program specific information will not be released without the written consent of the Participating agency Executive Director
- There will be full access to aggregate data for the inner circle (all participating agencies).
- Aggregate data will be available in the form of an aggregate report or as a raw data set.
- Aggregate data will be made directly available to the public in the future.
- Parameters of the aggregate data, that is, where the data comes from, what it includes and what it does not include, will be presented with each report.
- An executive committee shall be put in place when approval is required for release of data that does not meet the 60% release rate.

August 21, 2018 revision.   **November 29, 2010 original**

Title: RIGHT TO DENY ACCESS TO CLIENT IDENTIFIED INFORMATION

Policy: PGCDSS retains authority to deny access to all client identified information contained within the system.

Standard: No data will be released to any person, agency, or organization that is not the owner of said data.

Purpose: To protect client confidentiality.

Scope: Countywide.

Procedure:

1. Any request for client identified data from any person, agency, or organization other than the owner will be forwarded to the PGCDSSCoC Board for review.

2. Pursuant to PGCDSSCoC Review Board Policy any outside entity must obtain the written consent of <u>every</u> client contained within the database prior to the release of the data.

August 21, 2018 revision.   **November 29, 2010 original**

SOP#: DRP-003	Revision:	Prepared by: HMIS
Effective date: 0705	Revision date:	Revised by:

Title: RIGHT TO DENY ACCESS TO AGGREGATE INFORMATION

Policy: HMIS staff retains authority to deny access to all aggregate data contained within the system.

Standard: No data will be released without proper authorization.

Purpose: To prevent the unauthorized distribution of aggregated reports.

Scope: County Wide.

Procedure: When a person or organization requests data, the request will be reviewed by PGCDSSCoC.

August 21, 2018 revision.   **November 29, 2010 original**

ATTACHMENTS

August 21, 2018 revision.   **November 29, 2010 original**

HMIS Tracking System
_____

Initial Implementation Requirements

This contractual agreement is entered into on ___/_____/_____ between the **HMIS**.

Agency Name _____

Executive Director _____

Name of person completing questionnaire _____

Address _____   Phone _( )____-_____
_____   Fax _____
_____   Email _____

This document contains the specific obligations that each agency and PGCDSSCoC must follow in order to participate in the HMIS. The signatory for the document shall be the agency Executive Director or designee.

I.   Contractual Requirements and Rules _____
                                                    Signature

I agree to abide by the following policies as contained in SECTION 1 of the HMIS Procedures as described below.

   A. **Steering Committee:** Advises the project on all activities.
   B. **Participating Agency Executive Director:** Assumes responsibility for the entire implementation and administration of the system.
   C. **Participating Agency Site Technical Administrator:** The Executive Director's designees to manage operations.
   D. **Participating Agency User:** Agency Staff who serve clients who are authorized by the Executive Director to access the system.

II.   Participation Requirements _____
                                                Signature

I agree to abide by the following policies as contained in SECTION 2 of the PDCDSSCoCHMITS procedures.

   A. ***Participation Requirements of Participating Agency and HMIS***: Layouts responsibilities of all parties involved in implementation.
   B. ***Implementation Documentation***: Delineates all written documentation required for implementation including data sharing agreements, clients consent forms, data collection commitment and participating agency security protocols.

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C. **Minimal Data Elements:** Participating agencies must make every effort to enter information on all clients served in participating programs. Agencies agree to enter at a minimum, all data contained within the Profile Screen.

D. **Confidentiality:** The Participating Agency will uphold federal and state confidentiality regulations that protect client records and privacy as referenced in 42 CFR Part 2, Health Insurance Portability and Accountability Act (HIPPA) and Maryland general law chapter 66A

E. **Maintenance of Internet Connection and Onsite Computer Equipment:** Outlines responsibility of agency in maintaining connectivity and equipment.

III.   Training   _____
                        Signature

I agree to abide by the following polocies as contained in SECTION 3 of the PGCDSSCoC Policies and Procedures as described below.

A. **Training Schedule: System Admin** staff will provide schedule and on site training as documented.

B. **User, Administration and Security Training:** Prior to being granted access to the system, all staff will be trained on relevant information security issues.

IV.   User, Location, Physical, and Data Access   _____
                                                        Signature

I agree to abide by the following policies as contained in SECTION 4 of the PGCDSSCoC procedures as described below.

A. **User Access:** Identifies process for user access including authorization of user names and passwords.

B. **Location Access:** Participating agencies must identify the locations from which system software can be accessed.

C. **Physical Access:** All agencies must develop internal access policies to all systems.

D. **Data Storage and Transmission:** All agencies will develop internal protocols for the transmission and storage of client level information, System Agency Admin to provide recommendations for policy development.

V.   Technical Support And System Availability   _____
                                                      Signature

I agree to abide by the following policies as contained in SECTION 5 of the PGCDSS policies and procedures as described below.

A. **Planned Technical Support:** Participating agencies will receive planned technical support as requested.

B. **Availability:** System software will be made available for set periods of time with time for updates and protocols for unplanned interruption to service.

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VI. Data Release Protocols.   _____
                                                                Signature

I agree to abide by the following policies as contained in SECTION 6 of the PGCDSS policies and procedures as described below.

    A. ***Data release Authorization***: Outlines specific policies regarding release of aggregate data.

By Signing this document, I agree to abide by all policies as stated in the PGCDSS policies and procedures Document. I also agree to educate all staff members in my agency as to the policies that directly affect their work.

_____
Name of Program

_____ _____
    Name/Title of person Completing Questionnaire   Date

_____
Name of Sponsoring Agency / Signature of Person Completing Questionnaire / Date

_____ _____
Executive Director   Signature of Executive Director / Date

_____ _____
    PGCDSSCoC   Signature PGCDSSCoC / Date

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Program Information

Please complete for each program in the agency which will be linking data to ServicePoint

Agency Name: _____

Program Name: _____Date _____

Address: _____

City: _____ State_____Zip_____

Completed By: _____ Phone: _____

Type Of Program: ☐ Emergency Shelter
                     ☐ Transitional Housing
                     ☐ Permanent Supportive Housing
                     ☐ Supportive Services Only
                     ☐ Outreach
                     ☐ Other: Specify _____

Population Served: ☐ Individuals   ☐ Families   ☐ Both

Target Population (ex. Youth, Elders, Families with Children, Singles, etc.)
_____

Capacity Information: Please use the following categories to identify the number of beds / slots in your program. Select only one category per bed (s) / Slot (s).

	# Individual Beds:	*# Beds entered intoyour database:*
Regular:	_____	_____
Winter:	_____	_____
Overflow:	_____	_____
Hud Funded:	_____	_____

Operating Year: From ____/_____/____   To _____/_____/___

Additional: _____
Explain: _____

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 # Family Units:
DTA Funded: _____   _____

Community Beds: _____   _____

Additional: _____   _____

Explain: _____

Service Programs

\# Slots: _____   _____

HUD Funded: _____   _____

Operating Year: From ____/____/___   To ____/____/___

Other: _____   _____

Explain: _____

HMIS

_____

ServicePoint User Access Form

Program Name: _____

Agency Administrator: _____

Executive Director: _____

Staff Name	Access Level (See Below)	Status (active / inactive)	Authorized By	Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

	Resource Specialist I	Resource specialist II	Resource Specialist III	Volunteer	Agency Staff	Case Manager	Agency Admin	Exec Direct	System Oper	Syst Admin I	System Admin II
Client Point											
Profile				X	X	X	X	X		X	X
Employment						X	X	X		X	X
Residential History						**X**	X	X		X	X
Medical Addict							X	X		X	X
Legal						X	X	X		X	X
Military						X	X	X		X	X
Case Notes						X	X	X		X	X
Worksheets					X	X	X	X	X	X	X
ServicePoint											
Referrals				X	X	X	X	X		X	X
Check in / out				X	X	X	X	X		X	X
Other Services					X	X	X	X		X	X
ResourcePoint	**X**	X	X	X	X	X	X	X	X	X	X

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ShelterPoint				X	X	X	X	X		X	X
Reports						**X**	X	**X**		**X**	**X**
Administration											
Add Users							X	X	X	X	X
Remove Users							X	X	X	X	X
Reset Password							X	X	X	X	X
Add Agency									X	X	X
Edit Agency		X	X				**X**	**X**	X	X	X
Remove Agency									X	X	X
Picklist options									X	X	X
Licenses									X	X	X
Other Options									X	X	X

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HMIS

Location Access Authorization

Please List the locations and users of each computer that should be registered with HMIS server that can access the Service Point software system.

Location	Computer Description	Users of Computer	Registered With Server PGCDSS

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HMIS

Laptop and Off Site Installation Access Privileges to System Server Commitment Form.

Security Agreement

This agreement is made between PGCDSSCoC and (Agency Name)
_____

By signing this security agreement, I agree that I will not allow persons other than Agency authorized staff to use the laptop. I understand that I will only use the Service Point software from locations authorized by the agency as appropriate for entering data. I realize if I access the ServicePoint software from an unauthorized agency location that I am putting the confidentiality of all of the clients served in this agency at risk.

By signing this document, I agree to abide by the above policies.

_____   _____
          Staff Name   Date

_____   _____
          Agency Name   Date

PGCDSS Staff Commitment Form Part I

Staff Security Agreement
PRINCE GEORGE'S COUNTY DEPARTMENT OF SOCIAL SERVICES
HMIS STATEMENT OF CONFIDENTIALITY AND REQUIEST OF COC USER

Please complete the following:

Employee Name: _____
                                        (Print)
Agency Name: _____

Important – Please note

New Users and Existing Users must complete this form annually.

If you have any questions regarding the completion of this request, please contact the Prince George's County

Department of Social Services Housing and Homeless Services Unit at (301) 909-6346.

After filling out this form, mail it to Prince George's County Department of Social Services at 805 Brightseat

Road, Landover, MD 20785. Do not fax this form due to confidentiality issues.

SERVICE AGREEMENT

_____ ("Agency") agrees to provide resources to persons referred to this service provider for the purpose of facilitating the necessary established goals and outcomes for the individual within the Homeless Services Partnership and on the Service Point Information System (HMIS).

STATEMENT OF CONFIDENTIALITY

I AGREE TO MAINTAIN THE STRICT CONFIDENTIALITY OF INFORMATION OBTAINED THROUGH THE Prince George's County Department of Social Services CoC Homeless Information Management Tracking System. This information will be used only for the legitimate client services and administration of the above named agency. Any breach of confidentiality will result in immediate termination of participation in the Prince George's County Department of Social Services, Office of Homeless Services Continuum of Care Client Tracking Systems.

Employee Signature: _____ **Date:** _____

Executive Director
Or Authorized Personnel Signature:_____Date:_____

Part II

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REQUEST FOR ACCOUNT

Each user requires a unique username and password (to be kept private). Use of another user's username (account) is grounds for immediate termination from the Prince George's County Continuum of Care Homeless Management Information Systems, Office of Housing & Homeless Services Department of Social Services tracking systems (PGCCoCHMISOHHSDSS)

User ID (Assigned by PGCDSS): _____

_____

USER'S RESPONSIBILITY STATEMENT

Your username and password give you access to the Department of Social Services Information Services Center network system. Initial each item below to indicate your understanding of the proper use of your username and password, and sign where indicated. Any failure to uphold the confidentiality standards set forth below is grounds for immediate termination from the Prince George's County Information Services Center Network system.

Initial Only

_____   I understand that my username and password are for my use only.

_____   I understand that I must take all reasonable means to keep my password physically secure.

_____   I understand that the only individuals who can view PGCCoCHMISOHHSDSS Tracking information are authorized users and the clients to whom the information pertains.

_____   I understand that I may only view, obtain disclose, or use the database information that is necessary in performing my job.

_____   I understand those hard copies of PGCCoCHMISOHHSDSS Tracking information must be kept in a secure file.

_____   I understand that these rules apply to all users of the PGCCoCHMISOHHSDSS Tracking Systems whatever their work role of position.

_____   I understand that once the hard copies of PGCCoCHMISOHHSDSS Tracking information are no longer needed, they must be properly destroyed to maintain Confidentiality.

_____   I understand that if I notice or suspect a security breach, I must immediately notify PGCCoCHMISOHHSDSS at (301) 909-6346.

I understand and agree to the above statements.

Employee Signature: _____   Date: _____

Please mail this form back to:

Prince George's County Department of Social Services
Office of Housing and Homeless Services
805 Brightseat Road
Landover, MD 20785

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Interagency Data Sharing Agreement

The PGCDSSCOC administers a computerized record-keeping system that captures information about people experiencing homelessness, including their service needs. The system, ServicePoint, allows programs the ability to share information electronically about clients who have been entered into software. Client level information can only be shared between agencies that have established an Interagency Sharing Agreement with PGCDSS and have received written consent from particular clients agreeing to share their personal information with other agencies participating with ServicePoint. The agency receiving the written consent has the ability to "share" that client's information electronically through the ServicePoint system with a collaborating agency.

This process benefits clients by eliminating duplicate intakes. Intake and exit interviews can be shared, with written consent, between PGCDSSCOC.

By establishing this agreement the PGCDSSCOC agree that within the confines of the HMITS.

1.) ServicePoint information in either paper or electronic form will never be shared outside of Prince George's County without client written consent.
2.) Client level information will only be shared electronically through ServicePoint System Agencies that were authorized by the client.
3.) Information that is shared with written consent will not be used to harm or deny any services to a client.
4.) A violation of the above will result in immediate disciplinary action.
5.) Information will be deleted from the system upon client request.
6.) Clients have the right to request information about who has viewed or updated their ServicePoint record.

We at PGCDSSCOC establish this interagency sharing agreement so that our agencies will have the ability to share client level information electronically through the ServicePoint System. This agreement does not pertain to client level information that has not been entered into the ServicePoint system. This electronic sharing capability only provides us with a tool to share client level information. This tool will only be used when a client provides written consent to have an agreement with PGCDSSCOC and have completed security procedures regarding the protection and sharing of client data.

By signing this form, on behalf of our agencies, I authorize the PGCDSS to allow us to share information between our agencies. We agree to follow all of the above policies to share information between our collaborating agencies.

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We agree to share the following information (please check all that apply)

☐ Basic Client Information
☐ Required Data Elements (HUD Universal Data Elements)
☐ Children's Required Data Assessment (HUD Data Elements For Children)
☐ HUD 40118 Assessment (HUD APR Fields)
☐ Other (Please Specify)_____

_____   _____
                Agency 1   Agency 2

_____   _____
Printed Name of Executive Director   Printed Name of Executive Director

_____   _____
  Signature of Executive Director   Signature of Executive Director

_____   _____
                 Date   Date

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CLIENT INFORMATION AUTHORIZATION

Service Point Information System
Prince George's County, Maryland

I, _____, hereby authorize _____ to exchange any information concerning my history, and/or that of my immediate family, care, treatment, household demographic, housing issues, income, assets or benefits between directors, agencies, and staff of the Service Point Information System listed herein. The purpose of this release is to protect my privacy, help staff make referrals and to help me or my family receive better planning and delivery of services.

I understand that the aforementioned information will be communicated to other agencies using this computer system in several ways, one of which will include communication through a computer-based system that uses telephone lines to send and receive information. The highest level of security measures will be used to protect the information sent and received by telephone. Only authorized personnel will be able to view my personal information.

I understand that the System Administrator, the Prince George's County Department of Social Services, Office of Housing and Homeless Services, has personnel authorized to view my personal information.

Information entered into the Service Point Client Profile, which is basic demographic and services, will be shared with all agencies that participate in the Service Point System in Prince George's County.

This release authorizes a free exchange of information between agencies for one year in order to give the most complete and thorough services available. I understand that I may revoke this authorization at anytime.

_____   _____
Print Name   Social Security Number

_____   _____
Signature   Date

_____   _____
Signature of parent, guardian, or authorized   Date
representative when required

_____   _____
Witness   Date

I understand that my records are protected under federal regulations and cannot be disclosed without my written consent or as otherwise permitted by such regulations, and that in any event this consent expires one year from the date of entry or upon my departure from further service provider participation.

[CURRENT HMIS MEMBER LIST TO BE ATTACHED]

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AGENCIES AND PROGRAMS WITH ACCESS TO SERVICE POINT IN PRINCE GEORGE'S COUNTY

Aid of Humanity
Bethel House
Bowie Interfaith Pantry and Emergency Aid Fund
Bowman Internet Systems
Center for Therapeutic Concepts
Community Crisis Services
Community Ministry
Covenant House Washington
DCVET
Department of Corrections
Department of Family Services
Department of Housing and Community Development
Department of Human Resources/Community Services Administration/ Office of Transitional Services
DLLR One Stop
Easter Seals
Family Crisis Center
Family Preservation
FES Oxon Hill
FES Oxon Hill
Friendship Place
Homeless Hotline
Housing Initiative Partnership
Jobs Have Priority
Kristin's Place
Laurel Advocacy & Referral Services
Maryland Department of Housing and Community Development (TBD)
Maryland Department of Juvenile Services – Metro Region
Maryland Mental Hygiene Administration
Maryland Multicultural Youth Center (MMYC) /Latin American Youth Center (LAYC)
MCVET
New Vision House of Hope
People Encouraging People (PEP)
Prince George's Community College
Prince George's Community College Upward Bound
Prince George's County Department of Social Services
Prince George's County Economic Development Corporation
Prince George's County Health Department
Prince George's County Public Schools
Prince George's House
Prince George's Vet Center
Quality Care, Inc.
Rehabilitation Systems, Inc.
Salvation Army Rehab
Sasha Bruce Youthwork
Sexual Minority Youth Assistance League (SMYAL)
St. Ann's Infant and Maternity Home
The Believers Worship Center/See the Other Side Re-Entry Program
Transitional Housing Programs
U.S. Department of Veterans Affairs
United Communities Against Poverty (UCAP)
United Way of Central America (TBD)
US Army 310 ESC
VESTA Inc.
VA Benefits/Readjustment
VA Health Suite
VA Mobile Vet Center
VA Outreach
Veterans Forever Inc.
Volunteers of America Chesapeake VOA)

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2018 HDX Competition Report

PIT Count Data for MD-600 - Prince George's County CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	544	525	478
Emergency Shelter Total	251	240	227
Safe Haven Total	0	0	0
Transitional Housing Total	191	197	166
Total Sheltered Count	442	437	393
Total Unsheltered Count	102	88	85

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	20	35	19
Sheltered Count of Chronically Homeless Persons	7	15	16
Unsheltered Count of Chronically Homeless Persons	13	20	3

2018 HDX Competition Report

PIT Count Data for MD-600 - Prince George's County CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	**105**	**103**	**88**
Sheltered Count of Homeless Households with Children	103	100	88
Unsheltered Count of Homeless Households with Children	2	3	0

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	**15**	**26**	**21**	**29**
Sheltered Count of Homeless Veterans	14	19	16	21
Unsheltered Count of Homeless Veterans	1	7	5	8

2018 HDX Competition Report

HIC Data for MD-600 - Prince George's County CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	196	0	196	100.00%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	173	0	173	100.00%
Rapid Re-Housing (RRH) Beds	68	0	30	44.12%
Permanent Supportive Housing (PSH) Beds	276	0	276	100.00%
Other Permanent Housing (OPH) Beds	197	0	197	100.00%
Total Beds	910	0	872	95.82%

2018 HDX Competition Report

HIC Data for MD-600 - Prince George's County CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	77	134	157

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	0	17	17

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	11	113	68

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Summary Report for MD-600 - Prince George's County CoC

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 October, 1, 2012.

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.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	949	1205	78	77	-1	66	55	-11
1.2 Persons in ES, SH, and TH	1251	1406	182	145	-37	95	69	-26

b. This measure is based on data element 3.17.

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.

 The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	1046	1233	145	148	3	98	75	-23
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	1301	1438	261	228	-33	142	102	-40

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

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.

 After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO	11	0	0%	0	0%	0	0%	0	0%
Exit was from ES	314	13	4%	6	2%	16	5%	35	11%
Exit was from TH	162	1	1%	2	1%	7	4%	10	6%
Exit was from SH	0	0		0		0		0	
Exit was from PH	42	0	0%	0	0%	0	0%	0	0%
TOTAL Returns to Homelessness	529	14	3%	8	2%	23	4%	45	9%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	544	525	-19
Emergency Shelter Total	251	240	-11
Safe Haven Total	0	0	0
Transitional Housing Total	191	197	6
Total Sheltered Count	442	437	-5
Unsheltered Count	102	88	-14

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	1306	1423	117
Emergency Shelter Total	1032	1207	175
Safe Haven Total	0	0	0
Transitional Housing Total	388	279	-109

FY2017 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	92	169	77
Number of adults with increased earned income	5	12	7
Percentage of adults who increased earned income	5%	7%	2%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	92	169	77
Number of adults with increased non-employment cash income	13	37	24
Percentage of adults who increased non-employment cash income	14%	22%	8%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	92	169	77
Number of adults with increased total income	18	46	28
Percentage of adults who increased total income	20%	27%	7%

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	115	80	-35
Number of adults who exited with increased earned income	38	15	-23
Percentage of adults who increased earned income	33%	19%	-14%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	115	80	-35
Number of adults who exited with increased non-employment cash income	23	14	-9
Percentage of adults who increased non-employment cash income	20%	18%	-2%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	115	80	-35
Number of adults who exited with increased total income	55	27	-28
Percentage of adults who increased total income	48%	34%	-14%

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

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

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	929	1092	163
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.	99	83	-16
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)	830	1009	179

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

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1007	1233	226
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.	124	119	-5
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.)	883	1114	231

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

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

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

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

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	4	29	25
Of persons above, those who exited to temporary & some institutional destinations	0	9	9
Of the persons above, those who exited to permanent housing destinations	4	18	14
% Successful exits	100%	93%	-7%

Metric 7b.1 – Change in exits to permanent housing destinations

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	885	1077	192
Of the persons above, those who exited to permanent housing destinations	488	558	70
% Successful exits	55%	52%	-3%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	523	437	-86
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	491	417	-74
% Successful exits/retention	94%	95%	1%

2018 HDX Competition Report
FY2017 - SysPM Data Quality

MD-600 - Prince George's County CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2018 HDX Competition Report

FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	196	187	196	196	254	257	226	193	461	466	482	421				113				
2. Number of HMIS Beds	196	172	196	196	140	155	226	193	450	466	482	421				30				
3. HMIS Participation Rate from HIC (%)	100.00	91.98	100.00	100.00	55.12	60.31	100.00	100.00	97.61	100.00	100.00	100.00				26.55				
4. Unduplicated Persons Served (HMIS)	1044	980	1027	1131	375	391	388	279	323	333	345	283				159				158
5. Total Leavers (HMIS)	878	815	823	937	134	184	213	49	38	49	110	21				84				23
6. Destination of Don't Know, Refused, or Missing (HMIS)	283	17	19	28	0	7	3	0	2	2	9	1				0				2
7. Destination Error Rate (%)	32.23	2.09	2.31	2.99	0.00	3.80	1.41	0.00	5.26	4.08	8.18	4.76				0.00				8.70

2018 HDX Competition Report
Submission and Count Dates for MD-600 - Prince George's County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/24/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/27/2018	Yes
2018 HIC Count Submittal Date	4/27/2018	Yes
2017 System PM Submittal Date	5/31/2018	Yes

Prince George's County CoC Coordinated Entry Policy and Order of Priority

1. Introduction

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

A coordinated entry/assessment system is defined to mean a coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. The basic minimum requirements for the Continuum's coordinated assessment system includes:
- Covers the entire geographic area of the County,
- Is easily accessed by individuals and families seeking housing or services,
- Is well advertised,
- Includes a comprehensive and standardized assessment tool.

The CoC is required to establish and consistently follow written standards for providing assistance. At a minimum, these written standards must include:
- Policies and procedures for evaluating individuals' and families' eligibility for assistance
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance;
- Policies and procedures that ensure assistance is provided fairly and methodically.

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

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

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

2. Overview of the Coordinated Entry System

Most communities, Prince George's County included, lack the resources to meet the needs of all people experiencing homelessness. By utilizing Coordinated Entry, the County ensures that households experiencing homelessness receive the level of assistance that is most appropriate to resolving their homelessness, and that households with the most severe service needs are prioritized for assistance and receive it in a timely manner.

Key elements of CES include:
- A designated coordinated entry team that makes housing referrals within the CoC
- The use of standardized assessment tools to assess consumer needs – Housing Prioritization Tool (HPT) and VI-SPDAT
- Prioritization of consumers with the longest time homeless and the most barriers to returning to housing.
- Referrals based on the results of the assessment tool(s) to homeless assistance programs, mainstream services, behavioral health providers, and other appropriate programs.
- Documentation of VI-SPDAT scores, ranking on the priority housing list, referrals, etc in HMIS or other shared database to ensure transparency.
- Regular – bi-weekly – Coordinated Entry meetings that includes representatives from ES, TH, and PSH providers, Behavioral Health, Street Outreach and other interested parties.
- A Coordinated Entry Steering Committee (meets quarterly, or more often when necessary) that is responsible for establishing policies, procedures and performance benchmarks, measuring performance and identifying system gaps, resolving conflicts and coordinating funding resources. This is a relatively small group of executive-level decision-makers from the major providers and/or funders of housing or services.

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

3. CES in Prince George's County

Coordinated entry in the County consists of several components which are described in detail below.

Nondiscrimination
All housing assistance made available through PGCoC is available to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability and without regard to actual or perceived sexual orientation, gender identity and expression, or marital status and must comply with the

nondiscrimination and equal opportunity provisions of Federal civil rights laws in accordance with 24 CFR 5.105 (a) including, but not limited to the following:

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

Data Management/Privacy Protections – Prince George's County's HMIS Policies and Procedures Manual is hereby incorporated into this policy.

Marketing & Education
In order to reach all County residents who may be in need of services, PGCoC affirmatively markets their housing and supportive services to eligible persons (see non-discrimination section of this policy). PGCoC utilizes a number of means to disseminate information about the County's coordinated entry system and educate potential users of the system as well as agencies and service providers who may work with people experiencing or at-risk of homelessness. Special outreach and marketing campaigns utilizing radio, social media and print media have been designed and are utilized to reach specific subpopulations including: domestic violence survivors, transition aged youth, and veterans.

The County's homeless hotline is featured prominently on the County's website as well as being listed in area service guides, and posted in day centers, social service offices, public libraries, and recreation centers throughout the County. The street outreach team works closely with area emergency rooms, crisis response, public safety agencies, mobile integrated health teams and public libraries to ensure that they are knowledgeable about the County's coordinated entry system and how to help someone access it. The CES team attends cross-disciplinary meetings with the Departments of Health, Corrections, Education, Social Services, specialty courts, and domestic violence and veteran service providers in order to identify potential system users and to ensure that information on how to access services is well known throughout the County. Additionally events geared toward the homeless or those at risk of homelessness like the annual point in time enumeration, holiday food and gift giveaway, and homeless services day are advertised widely on social media, in the paper and on local radio stations. DSS keeps a record of these marketing activities

Access, Initial Contact and Engagement
The County has a 24/7 homeless hotline and street outreach teams to ensure that anyone in need of services can easily access them. A no wrong door approach is utilized enabling the homeless to be referred to the hotline or to street outreach (whichever is more appropriate) by day centers, libraries, hospitals, public safety agencies, mental health and social service providers, the religious community, and others.

Homeless Hotline

The County's 24/7 hotline is staffed by people trained in trauma-informed care, and well educated in the county's homeless services and CES.   Staff screen and assess all callers utilizing the Housing Prioritization Tool (HPT) to determine if they are homeless or at risk of imminent homelessness. All consumers are assisted in being linked to mainstream resources outside the Homeless Services System including: Social Services, Energy Assistance, Somatic and Behavioral Health, SOAR, ACIS, Employment Programs, and Food Pantries. Basic consumer information is entered into HMIS, along with any service transactions provided.

Special populations are identified at this point and appropriate referrals made:

Veterans	→	VA and SSVF providers
Domestic Violence	→	Family Crisis Center, House of Ruth, DASH, CAFY
Unaccompanied Youth	→	Promise Place, MMYF, St. Ann's
Returning Citizens	→	Bridge Center at Adams House, Welcome Home, American Justice Reentry & Rehabilitation
Chronically Homeless	→	Street Outreach Team, QCI, ACIS, Crisis Response, SOAR, HealthCare Alliance, MIH, Behavioral Health

If a consumer meets the criteria for being homeless or at imminent risk of homelessness, hotline staff immediately makes efforts to divert the household from entering the sheltering system through mediation, emergency rental assistance, and/or rapid re-housing. If homelessness for the individual/family cannot be prevented the individual/family will be placed in emergency shelter, provided space is available. Regardless of whether space is available, the individual/family will be referred and contact information provided to the CES team.

Street Outreach

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

Screening and Assessment

Prince George's County utilizes two assessment tools, the HPT as its initial screening tool and the VI-SPDAT as a more in-depth screening and prioritization tool, to guide referrals for emergency rental assistance, rapid re-housing, transitional housing, subsidized and unsubsidized housing, and permanent supportive housing based on consumer need, program eligibility and services offered.

Housing Prioritization Tool (HPT)

The HPT is an initial screening tool used to assign a color code – green, yellow, orange or red – to a household. These colors provide guidance on the appropriateness of certain housing options and indicate what further interventions, if any, may be offered. All persons scoring yellow, orange, or red are referred to the CES team and further assessed using the VI-SPDAT

VI-SPDAT

In order to maintain consistency and transparency, VI-SPDATs are conducted by trained members of the CES team who are not direct employees of sheltering or housing programs within the CoC.   VI-SPDAT trainings are conducted annually and the CoC currently uses three distinct versions of the VI-SPDAT: singles, families, and transitional age youth. All VI-SPDATs are conducted on the individual/family

within 3 days of the referral being made by the Hotline or Street Outreach whenever possible. If the person has been placed in emergency shelter the assessment will take place in the shelter. If the person is on the street and/or was not placed in ES because of lack of space, the CES team will conduct the assessment at a mutually agreed location.

All VI-SPDATS are entered into HMIS. Case managers will use the information provided by the VI-SPDAT to tailor case management and supportive services options. Additionally, the VI-SPDAT score identifies which housing intervention, if any, is best suited to the household.

VI-SPDAT Score	Housing Intervention	Notes
0 – 4	Family and/or landlord mediation. Assistance with security deposit and 1st month rent.	Linkages to mainstream services and supports. Case management focuses on increasing household income, money management, family relationships, and helping the household to self-resolve.
5 – 9	Transitional Housing Rapid Re-housing Housing Vouchers	Transitional Housing is prioritized for Unaccompanied Homeless Youth and Families fleeing Domestic Violence. HV and RRH resources are extremely limited. Households should be assisted in self-resolving whenever possible. Other housing options and mainstream supports must be pursued.
10 – 20	Housing Vouchers Permanent Supportive Housing	Because many of the CoC's PSH units are shared 2 or 3 bedroom apartments, street outreach and case management should work to identify other CH individuals with whom the person maybe compatible. Non-chronic households can be considered for PSH that is not dedicated or prioritized for the chronically homeless.

The VI-SPDAT tool allows the CoC to quickly identify which consumers have the most barriers to returning to housing so they can be prioritized for a housing intervention. While each housing intervention has its own standards for entry (detailed in Section: 4) in addition to the VI-SPDAT score some of the criteria used to determine a consumer's placement on the priority list for an intervention include:

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

The priority list is updated weekly and is kept as a shared Google document that is utilized by the CES team and available to members of the CoC, and the broader Homeless Services Providers group. Beginning November 1, 2016, the CoC required the VI-SPDAT assessment to be entered into HMIS, in order to begin the process of managing the priority list and coordinated entry referrals to all except DV survivors through HMIS.

Coordinated Entry Team (CET) Meetings/ Referral Protocols

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

The CET meets bi-weekly to review the prioritized list of homeless consumers and match them to current and upcoming openings within the CoC. The team is composed of representatives from ES, RRH, TH, and PSH providers, the VA, behavioral health providers, the SOAR team, and Street Outreach. Prior to the meeting notice is sent out that includes the minutes from the last meeting, the current prioritized list of homeless households, and any current housing openings within the CoC.

During the bi-weekly meeting the CET discusses individual consumers and which program could best serve them. Resources from outside the CoC are discussed and linkages to them provided. Matches are made in priority order from the priority housing list to TH, RRH, and PSH providers. Once the decision is made a referral is completed to the receiving program and the consumer's Housing Navigator arranges a warm hand-off.

Housing Navigators serve as the main point of contact for each individual targeted for a housing intervention. When the consumer is located in a shelter their case manager is their de facto navigator. If the person is living in a place not meant for human habitation a Street Outreach worker, SOAR specialist or Community Health worker can act as their housing navigator. Navigators provide referrals, offer coordination, or provide in-person support to clients for their mental health, physical health, entitlement enrollment, and other service needs. The level of support provided is based on a client's independence; at a minimum, the housing navigator will serve as the main point of contact for the individual and help collect all documents needed to be placed in housing.

Basic documents to be considered "housing ready" include: 1. Birth Certificate; 2. Social Security card; 3. Government issued photo ID; 4. Proof of any income or zero income statement; 5. Verification of homelessness; and 6. DD-214 if the person is a Veteran.

Referral Rejection Policy

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

Both CoC providers and program participants may deny or reject referrals. All service denials should be infrequent and must be documented in HMIS with specific justification as prescribed by the CoC.

Allowable criteria for denying a referral includes:

- Consumer /household refused further participation (or client moved out of CoC area)
- Consumer/household does not meet required criteria for program eligibility
- Consumer/household unresponsive to multiple communication attempts
- Consumer resolved crisis without assistance
- Consumer /household safety concerns.

- Property management denial (include specific reason documented by property manager and validated under fair housing laws).

Grievance Procedure

If a customer or provider is dissatisfied with the decision of the Coordinated Entry Team they must put their concern in writing and request a meeting with the CoC Lead or his/her designee. The CoC Lead or his/her designee will review the written document to schedule a meeting with the customer within 5 business days of receiving the request and will render a decision in writing within 5 business days of the meeting.

4.　　Housing Intervention and Prioritization Standards

Prioritization Standards

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

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

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

Rapid Rehousing

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

An applicant shall be eligible to receive RRH assistance if he/she:
1) Is a resident of Prince George's County.
2) Is currently homeless as defined by HUD which includes having a primary nighttime residence that is a publicly or privately operated shelter or transitional housing facility designed to provide temporary living accommodations; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
3) Is referred by the HSP's CET,
4) Has a documented VI-SPDAT score of 5 or higher, **AND**
5) Has no other housing option (must be validated by the CoC).

Given that there will be more eligible applicants for RRH funds then limited resources can support, additional criteria will be considered by the HSP's Coordinated Entry sub-committee and priority will be given to candidates who meet at least one of the following conditions:
- Homelessness status was a result of a *one-time* crisis – financial, health, domestic violence – for whom it can reasonably be assumed will become self-sustaining once the crisis is resolved.

- Reasonable expectation for career advancement or increased income as indicated by tenure in current employment, expected completion of education/vocational programs, achievement of skills and training certifications, or pending military, retirement or social security benefits.
- Referred and case managed by one of the County's problem-solving courts (re-entry, drug, veterans, family and youth).
- Defined as Unaccompanied Homeless Youth, elderly, Domestic Violence survivor, disabled (including HIV).
- Living on the street in a place not met for human habitation

Transitional and TH-RRH Housing
An applicant shall be eligible to receive Transitional or TH-RRH Housing if he/she:
1) Is a resident of Prince George's County.
2) Is currently homeless as defined by HUD which includes having a primary nighttime residence that is a publicly or privately operated shelter or transitional housing facility designed to provide temporary living accommodations; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
3) Is referred by the HSP's CET,
4) Has a documented VI-SPDAT score of 5 or above, **AND**
5) Has no other housing option (must be validated by the CET.

Given that there will be more eligible applicants for TH and TH-RRH then limited resources can support, additional criteria will be considered by the HSP's CET and priority will be given to candidates who fall within the CoC sub-population priority categories.

Permanent Supportive Housing
All admissions into PSH must come through Coordinated Entry and be accompanied by the CoC's *Verification of Chronic Homelessness Documentation Checklist and Summary* (addendum a). Prince George's County CoC has adopted the provisions and requirements set out in the HUD Notice CPD-14-012 for the Prioritizing Person's Experiencing Chronic Homeless and Other Vulnerable Homeless Persons in Permanent Supportive as the baseline written standards for operations of Permanent Supportive Housing Programs within the CoC.

PSH Dedicated or Prioritized for PSH
Order of Priority 1: A household should be prioritized first in dedicated or prioritized PSH if all of the following are true:
- Individual or head of household meets the definition of chronically homeless per 24 CFR 578.3; and,
- The length of time the individual or head of household has been homeless is at least 12 months continuously or at least four occasions in the past 3 years where the total length of time homeless totals at least 12 months; and,
- The individual or head of household has been identified as having severe service needs.

Order of Priority 2: A household should be prioritized second in dedicated or prioritized PSH if all of the following are true:
- Individual or head of household meets the definition of chronically homeless per 24 CFR 578.3; and,
- The length of time the individual or head of household has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter is at least 12 months continuously or at least four occasions in the past 3 years where the total length of time homeless totals at least 12 months; and,
- The individual or head of household has NOT been identified as having severe service needs; and,

- There are no chronically homeless households within the CoC's geographic area that meet the criteria under Order of Priority 1 for dedicated or prioritized PSH.

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

Order of Priority 4: A household should be prioritized fourth in dedicated or prioritized PSH if all of the following are true:
- Individual or head of household meets the definition of chronically homeless per 24 CFR 578.3;
- The length of time the individual or head of household has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter is at least four occasions in the past 3 years where the total length of time homeless totals less than 12 months; and,
- The individual or head of household has NOT been identified as having severe service needs; and
- There are no chronically homeless households within the CoC's geographic area that meet the criteria under Order of Priority 1, 2, and 3 for dedicated or prioritized PSH.

PSH that is not dedicated or prioritized for Chronically Homeless:
Order of Priority 1: A household should be prioritized first in non-dedicated and non-prioritized PSH if the following are true:
- Household is eligible for CoC Program-funded PSH meaning that there is a household member with a disability and they are coming from a place not meant for human habitation, a safe haven, or in an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution; and
- The household has been identified as having severe service needs.

Order of Priority 2: A household should be prioritized second in non-dedicated and non-prioritized PSH if all of the following are true:
- Household is eligible for CoC Program-funded PSH meaning that there is a household member with a disability and they are coming from a place not meant for human habitation, safe haven, or emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution; and,
- The household has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 6 months or has experienced three occasions in the past 3 years of living in one of these locations; and,
- The household has NOT been identified as having severe service needs; and,
- There are no eligible households within the CoC's geographic area that meet the criteria under Order of Priority 1 for non-dedicated or non-prioritized PSH.

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

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

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

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

Verification of Chronic Homelessness Documentation Checklist and Summary

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

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

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

Head of Household Name: _____ Date: _____

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

<u>**Disability**</u> – as defined by section 401(9) of the McKinney-Vento Homeless Assistance Act (43 U.S.C. 11360(9)).

Third Party Documentation is required. Please indicate the type of verification supplied and <u>attach to this form</u>.

☐ Written verification from a *licensed professional* certifying that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently
☐ Written verification from the *Social Security Administration*
☐ Receipt of a **disability check**
☐ *Temporary Option – Staff Observations of a disability can be used for program entry, but must be confirmed by one of the above written standards within 90 days of program entry.*

<u>**Current Living Situation**</u> – To be considered chronically homeless, the individual must meet one of the following homeless conditions the night before entering the program.

Documentation and Details must be provided by completing the *Chronic Homeless Summary* (attached).

☐ Lives in a place not meant for human habitation or an emergency shelter.
☐ Has been residing in an institutional care facility for fewer than 90 days and met the homelessness criteria above before entering the facility (including but not limited to jail, substance abuse or mental health treatment facility or hospital).

<u>**Homeless History**</u> – To be considered chronically homeless, the individual must meet one of the following two homeless history conditions. (Documentation and Details must be provided by completing the *Chronic Homeless Summary* (attached)).

The individual must have been living in a place not meant for human habitation, or an emergency shelter:
☐ **Continuously for at least 12 months,** without a break of 7 or more consecutive nights
☐ **On at least 4 separate occasions in the last 3 years,** where the combined occasions equal at least 12 months

Notes: Stays in institutional care facilities for fewer than 90 days do not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was residing in an emergency shelter or place not meant for human habitation immediately before entering the institutional care facility.

A single encounter in a month is sufficient to consider the household homeless for the entire month unless evidence of a break

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

Current Living Situation	Suitable Documentation

Streets or other place not meant for human habitation	• **Written Third Party** (one or more of the following)
	   o HMIS record of calls to Hotline and/or street outreach contacts
	   o Signed letter on letterhead from street outreach or homeless service provider
	   o Signed letter on letterhead from referral sources including: feeding centers, churches, somatic and behavioral health providers, crisis response, police, and libraries.
	OR
	• **Self-Declaration** (both of the following):
	   o Signed declaration of homelessness
	   o Written explanation by staff of attempts to secure 3rd party verification

Emergency Shelter (includes hypothermic, church-based, domestic violence and County shelters)	• **Written Third Party** (one or more of the following)
	   o HMIS record of shelter stay
	   o Signed letter on letterhead from the shelter provider
	OR
	• **Self-Declaration** (both of the following):
	   o Signed declaration of homelessness
	   o Written explanation by staff of attempts to secure 3rd party verification

Hospital, Jail, or Other Institution
If the client's stay was 90 days or less and the client was in shelter or on the streets prior to entry, the time at the institution is counted as time homeless.
If the client's institutional stay is over 90 days it is counted as a break in homelessness.
	• **Written Third Party** (one or more of the following)
	   o Letter or discharge paperwork from hospital or other institution, including admission and discharge dates
	   o Referral from Dept of Corrections, Offender Reentry Program or one of the County's Specialty Courts
	   o Record of institutional stay pulled from institutional database
	
	   AND, to document homelessness, at least one of the types of documentation required for streets or shelter homelessness related to the client's housing status immediately prior to stay in the institution, or identification as homeless upon intake at the institution.

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

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

☐   Continuous homelessness on the streets or in shelters for 1 year or longer (document a least the past 1 year)

☐   4 or more occasions of homelessness totaling 12+ months on the streets or in the shelters in the past 3 years (document the past 3 years)

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

Certifications

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

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

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

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