Before Starting the CoC Application

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

 The Collaborative Applicant is responsible for:

 1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.

 2. Ensuring all questions are answered completely.

 3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.

4. Ensuring all imported responses in the application are fully reviewed and updated as needed.

 5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.

 6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

 - Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: MD-513 - Wicomico, Somerset, Worcester Counties CoC

1A-2. Collaborative Applicant Name: Somerset County Health Department

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Somerset County Health Department

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing 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)	Yes	Yes
EMT/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	Not Applicable	No
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
Other:(limit 50 characters)		

Veterans Agencies - VA staff, SSVF agencies t	Yes	Yes
One Stop Job, 211, Library staff, Telamon	Yes	Yes
Staff of U.S. Senators, Landlords, One Stop Job	Yes	Yes

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 1000 characters)

The CoC has an open invitation for all community members and agencies who have an interest in preventing or ending homelessness which appears on our website and is also solicited through a press release. New members are encouraged to join established subcommittees, each with a specific performance measure goal(s) to meet CoC objectives in preventing and reducing homelessness. At monthly CoC meetings, CoC members are asked for questions and comments about agenda topics discussed and there is time at the end for each meeting for agencies to share information. We conduct a yearly retreat which seeks opinions from each CoC member on how best to address homelessness in our region. Last year, our retreat revealed that the primary cause of homelessness is behavioral health issues, followed by affordable housing and lack of transportation. At this year's retreat in November, our goal is to educate new members on CoC activities and then seek opinions on new approaches and actions.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach.
(limit 1000 characters)

The CoC Collaborative Agent - Somerset County Health Department - informs all CoC member agencies that the CoC is open to people and agencies with an interest in combating homelessness on the lower shore of Maryland. There is a email group managed by the CoC lead agency that sends out agendas and minutes of meetings along with data, documents and notifications to all CoC members. The Collaborative Agent maintains a website to alert the public about the activities of the CoC, seek solicitations for funding opportunities and keep the public and CoC members informed of all activities of the CoC in meeting the needs of homeless in our CoC. CoC members are reminded at least quarterly that the CoC is open to new members. On a yearly basis, the CoC sends out an open invitation news release to newspapers and television stations soliciting new members. This year, that news release was sent out on September 9, 2017 and posted to the website on September 11, 2017.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to

proposals.
(limit 1000 characters)

For the last 5 HUD NOFA's, the CoC has solicited proposals from entities that have not previously received CoC funds, using a document that fully explains the funding opportunity and offers assistance by the CoC and HMIS leads for any new entity that wants to apply. The solicitation is then sent to the 118 CoC members asking them to share with others and the full notice is placed on the CoC website. At a CoC meeting, the CA presents the availability of funds, explains it in detail and asks CoC members for any questions so they can make an informed decision on whether or not to apply for funding. A letter of interest is requested within the week of the notice to give sufficient time to assist the new entity meet the CoC and HUD NOFA deadlines. New projects are submitted to the ranking committee for review, using the evaluation criteria form which addresses both renewal and new projects (see attachments). No new agencies applied this year.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects.
Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.**

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)	Not Applicable
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Veterans Services Funded by federal & state	Yes
Fair Housing & LEP services	Yes

**1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates.
(limit 1000 characters)**

(1)Last year, we modified our Governance Charter to include all ESG funded agencies. The local Salisbury Con Plan jurisdiction was already a member. This change increased our interactions for planning & allocation of funds to be

consistent as we meet at least monthly & resulted in a change in our ESG funding for all 3 counties in our CoC to address gaps in services.(2)The CoC actively participates in both Con Plan jurisdictions. The Salisbury Con Plan rep. is a member of our Governance Board and our CoC lead has been appointed to the Maryland Interagency Council on Homelessness to increase our participation in the State Con Plan planning. PIT and HIC data is sent to each on a yearly basis. (3)Our CoC has been involved in our local Con plan since it was funded, helping to write the original plan & then updating each year's plan with local homeless information. We provide local information to the State Con plan & the CoC lead updates the State Con Plan at ICH meetings and through emails.

1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.
(limit 1000 characters)

The Domestic Violence shelter in our CoC has been an active CoC member since its establishment, attending CoC meetings to provide monthly updates on the activities of the shelter and its programs. Survivors of DV are provided housing that prioritizes their safety and makes no limitations on access to money, physician and mental health issues. CoC funded projects have always taken DV victims. In FY 17, of 200 people served in CoC Funded projects, 29 were DV survivors and 4 were actively fleeing. We have adopted a victim-centered practice in providing housing and services. Our Coordinated Assessment tool seeks information if persons or families are fleeing domestic violence with instructions to refer them to the DV shelter to prioritize the safety and confidentiality of program participates. In last year's CoC competition, we submitted a bonus project for housing for DV victims to provide permanent housing, a first for our CoC.

1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.
(limit 1,000 characters)

(1) DV agency is a very active member who also operates the 211 Center, updating the CoC monthly on DV activities & conducting yearly CoC training on best practices in serving survivors of DV. Training topics include established programs as well as new programs i.e., offering DV victims legal assistance to stay in the home, if possible, rather than go to a shelter. 2)The CoC uses data from our DV agency for PIT & HIC data & also adds aggregate data from their database to our HMIS data. We track this data yearly as part of our community needs and compare to prior year's data to determine gaps analysis. (3) In our coordinated assessment, we seek DV info, but have found that victims do not always share that info when originally assessed. When they admit to DV issues,

we seek assistance from our DV shelter in either relocating them to the DV shelter or obtaining much needed services to return them to safe permanent housing, always maintaining the survivor's safety and confidentiality.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.
Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Wicomico Housing Authority	0.00%	No
Housing Authority of Crisfield	0.00%	No
Maryland Department of Housing and Community Development	0.00%	No

1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 1000 characters)

While none of the three PHAs that serve our CoC currently have a homeless admission preference in their written policies, all serve people who are homeless. The Maryland Department of Housing and Community Development manages all 61 of the HUD VASH vouchers (providing housing for 81 people) for the Eastern Shore of Maryland for homeless veterans, but has been unwilling to adopt a homeless preference. We have asked each PHA to adopt a homeless preference for the last 2 years. One PHA submitted a proposal to its board last year to adopt a homeless preference, but it was rejected. We have researched successful practices of other CoCs in obtaining a homeless preference by their PHAs. This year, CoC Board members will attend the PHA board meetings to make a direct plea to board members rather than continue to just ask the Executive Directors. We know that our PHAs already house many people formally homeless and will work with each PHA to gain a homeless preference.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effecctively implement the Equal Access to Housing

in HUD Programs Regardless of Sexual Orientation or Gender Idenity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy.
(limit 1000 characters)

For many years, the CoC has ensured that CoC and ESG funded agencies accept families as they present.We have numerous families of same sex partners with children that are placed in housing together as a family. The CoC ensures that no person presenting for housing or services are asked questions about their gender identity. (1)To address the needs of LGBT individuals, we have had active CoC members representing the Lower Shore LGBTX Coalition. This organization did yearly training to the CoC on LGBT needs. The lead has left and we are now seeking a University professor to become a member to continue our education and training. Last year, we defunded an ESG agency that was violating the equal access rule. (3)We implemented a Fair Housing and Equal Access Policy on September 14, 2017 to ensure anti-discrimination which was presented after this year's annual fair housing training. It was unanamiously approved by the CoC.

1C-6. Criminalization: Select the specific strategies implemented by the CoC 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:	
No strategies have been implemented	
Other:(limit 50 characters)	

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

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

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs.
(limit 1000 characters)

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

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 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

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
CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
(limit 1000 characters)

First, each project application was reviewed and each stated that would consider the following vulnerabilities: abuse, assault, criminal histories, chronic homelessness, low or no income and current or past substance abuse. Next, our ranking tool looked at each project in accordance with July 1, 2017 CoC Policy to comply with the requirements of CPD-016-11 to assess the severity of needs and vulnerabilities of all new CoC funded participants. Along with the application, a Self Sufficiency Outcome Matrix must be filled out to assess vulnerabilities, arriving at a score. The lower the score, the higher the vulnerability. As all PSH projects are full, our CoC lead maintains a wait list and gives the applicant with the most needs and vulnerabilities to projects when they have a vacancy. Compliance with this policy was included in two questions in our scoring for the project ranking and selection process. Two projects did not follow this policy and lost points.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking 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. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	X
Email	X
Mail	
Advertising in Local Newspaper(s)	
Advertising on Radio or Television	
Social Media (Twitter, Facebook, etc.)	

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.
Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.
No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps.   09/12/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps.   09/12/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No		

Attachment Details

Document Description:

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the 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?   Yes

Attachment Required: If "Yes" is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. 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. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA.   3 - Governance Charter

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was "Yes", attach a copy of the HMIS Policies and Procedures Manual.   Yes

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

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

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	187	17	160	94.12%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	41	0	41	100.00%
Rapid Re-Housing (RRH) beds	17	0	17	100.00%
Permanent Supportive Housing (PSH) beds	181	0	181	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.
(limit 1000 characters)

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR?   12

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)   04/28/2017

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception.   01/25/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy)   04/28/2017

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results.
(limit 1000 characters)**

In completing the HIC, several shelters reduced their beds due to renovations and staffing issues. During the course of the year, we see fluctuations in bed capacity due to damage to shelter space, bed bug infestation and loss of staff. This January, we saw a larger number of issues than normal. I compared the number of emergency beds available in 2017 to 2016 to determine that while we added 16 beds, primarily cold weather shelter and hotel/motel placement beds, we saw a reduction in emergency and transitional beds of 25. Therefore we had a reduction of 9 beds available for the PIT from the number available in 2016. Other than that change, we completed the 2017 PIT using the same methodology and data quality methods we used in 2016.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? Yes

2C-2a. If "Yes" was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	16
Beds Removed:	25
Total:	-9

2C-3. 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 2017 sheltered PIT count? No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017? CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015. Yes

**2C-4a. Describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC's unsheltered PIT count results. See Detailed Instructions for more information.
(limit 1000 characters)**

Our PIT increased by 5 people in 2017, from 37 to 42, as one of the counties in our CoC changed their unsheltered methods. While only finding 2-3 unsheltered individuals per year in the past, this year they identified 25. This year, they started to outreach to unsheltered individuals prior to the PIT and asked them what items they needed - clothing, backpacks, blankets, etc., informing them they would bring items to specific locations on the day of the PIT. So, we went from 2-3 per year to 25 unsheltered individuals in that county. However, the county with the most consistent number of unsheltered individuals saw their numbers of unsheltered reduced as we prioritized them for placement into PSH.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count? Yes

**2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified.
(limit 1000 characters)**

(1) We also added questions to the PIT to identify homeless youth who may be doubled up with family and friends. (2)For our PIT subcommittee, we ensured that all agencies providing services to youth were active participants, helped us select locations and participated on the day of the PIT and in the service count. (3)We engaged youth currently in shelters to assist us with counts. (4)In the past two Youth REACH MD counts that are conducted outside of the PIT, we identified locations for magnet events where homeless youth were know to congregate. We ensured that those locations were canvassed in the PIT.

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)

We greatly improved our 2017 PIT to better count individuals and families experiencing chronic homelessness and homeless veterans. We continued successful methods from the past in two counties and ensured we had a formerly homeless veteran on our PIT subcommittee that was actively engaged on the day of the PIT. In the third county, we greatly improved outreach to engage unsheltered homeless who did not participate previously. To conduct this outreach, staff went out prior to the PIT to engage and gain the trust of people who identified themselves as homeless. They explained the PIT to them and how it would help the CoC get a better idea of the needs in the community with the goal of gaining more funding. They then set up a time and location to meet them for the PIT and asked them for needed items that they would bring them that day. We will continue to use this successful approach and will conduct an unsheltered count each year to measure progress in ending homelessness.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.
(limit 1000 characters)

(1)The number of first time homeless decreased by 31. (2)To identify risk factors, we conducted a community needs assessment at our annual CoC retreat & identified that the primary factor as behavioral health issues, most notably mental illness which is often compounded by substance abuse, followed by lack of affordable housing & transportation. As an update, opinions were sought at the last CoC meeting which identified additional risk factors as lack of year-round employment & rentals. Our resort area has only seasonal employment & rentals, affecting the entire CoC. (3)Strategies to address: The CoC had presentations in services available to address behavioral health issue. A CoC organization has secured land & zoning approval for 48 units of affordable housing. We are contacting large employers in our CoC for employment opportunities and requested 8 units of RRH in this year's NOFA competition. (4)Organization responsible is the Homeless Prevention & Homeless Youth Subcommittee.

3A-2. Performance Measure: Length-of-Time Homeless.
 CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.
(limit 1000 characters)

(1)Between 2016 and 2016, the average LOT homeless increased by 7 and the median LOT homeless increased by 37.This year, the average and median were much closer, especially for ESG - 78 and 74 respectively.(2)In the last year, the CoC has implemented one locally funded PSH and RRH program to

provide 14 housing units to chronically homeless individuals and families and is implementing another to provide 6 units of housing for chronically homeless individuals, both of which should reduce length of homelessness. In revising our Coordinated Assessment process, we will emphasize linkages to housing to shorten lengths of stays. (3) We use the PSH wait list to house individuals with the longest length of time homeless. We will also use HMIS entries to prioritize housing placement for those with the longest length of homelessness. (4)The CoC lead is responsible for the wait list and the Chronically Homeless Subcommittee is responsible for reducing the amount of time people remain homeless.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention
Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing.
(limit 1000 characters)

(1) In 2016, we saw an increase in the number of people who exited to permanent housing, up to 478 over the 456 that exited in 2015, increasing the % from 50% in 2015 to 51% in 2016. In addition, we saw an increase in the persons who remained in PH projects and exited to permanent housing destinations from 256 to 303. This increased our successful exits/retention from 98% to 99%.(2)Our strategy to continue these successful outcomes is intensive case management, adherence to housing first and quarterly monitoring by our Rating and Monitoring Committee using HMIS reports, especially System Performance Measures. (3)The organization responsible is the Rating and Monitoring Committee and the Governance Board.

3A-4. Performance Measure: Returns to Homelessness.
Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness.
(limit 1000 characters)

(1)We saw increases and decreases in returns to homelessness comparing FY 15 - FY 16: (a)exits from ES - decrease from average 31% to 29%, (b)exits from TH - increase from 24% to 26% (c) Exists from PH -increase from 10% to 13% (d) overall decrease from 25% to 23% for all returns to homelessness.(2)Strategies to identify people who return to homelessness is the use of HMIS data to identify new requests for assistance and coordinate care with prior agency that served them (3)Strategies to reduce returns to homeless are (a) use of case management to increase income and mainstream benefits (b)analyze HMIS data to determine if certain agencies have patterns of returns & implement corrective action (c)include returns to homelessness as a priority placement in implementing features of our Coordinated Entry to meet the HUD Jan. 2018 deadline. (4)Due to the importance of this performance

measure, all CoC subcommittees will work on this, with overall responsibility by the Governance Board.

3A-5. Performance Measures: Job and Income Growth
Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits.
(limit 1000 characters)

(1) Strategies to increase access to employment and mainstream benefits is intensive case management for CoC funded projects that can connect participants to One Stop Job for employment, the newly funded Homeless Veteran Reintegration Program (HVRP) to obtain employment for veterans, SOAR for those seeking SSI/SSDI disability and referrals to local department of social services for mainstream benefits such as food stamps, Medicaid, WIC, etc. (2)The CoC runs quarterly HMIS reports to assist CoC funded projects determine the status of their projects and assists them to implement new strategies when needed. (3) The CoC works with Department of Labor which provides mobile service to agencies and HVRP to help individuals increase their cash income. (4)The organization responsible is the HMIS/Coordination & Resources Subcommittee for overseeing the CoC's strategy to increase job and income growth from employment, non-employment and mainstream benefits.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests).   Yes

3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count?
(limit 1000 characters)

The CoC covered a larger area in its unsheltered PIT this year in one of the counties in the CoC after identifying previously unknown encampments and abandoned buildings where unsheltered individuals were living. However, there are a few encampments in two of the counties which have been deemed unsafe by both law enforcement and outreach workers. To ensure the safety of the PIT surveyors, these encampments were not surveyed. Rather, we used the service based count to reach the individuals who live in these areas. Agencies participating in the serviced based count are visited by the individuals that live in

these encampments, so we used this method to capture PIT survey information to include as many of the unsheltered homeless people as possible.

3A-7. Enter the date the CoC submitted the 06/04/2017
System Performance Measures data in HDX,
which included the data quality section for FY
2016.
(mm/dd/yyyy)

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	59	69	10

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	12
Total number of beds dedicated to individuals and families experiencing chronic homelessness	57
Total	69

3B-1.2. Did the CoC adopt the Orders of Priority into their 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.

Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	X
Number of previous homeless episodes	X

Unsheltered homelessness	X
Criminal History	X
Bad credit or rental history (including not having been a leaseholder)	X
Head of Household with Mental/Physical Disability	X

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 1000 characters)

The CoC Governance Committee is the organization responsible for the strategy of rapidly rehousing families with children within 30 days of becoming homeless. The strategy is to increase the number of RRH units available in SSVF and ESG funded programs as well as family units available in CoC funded PSH programs. State funds also provide rental assistance programs that provide up to 12 months of rental assistance to individuals and families. Agencies connect families with wrap around services, such as TANF, Head Start, DV services, etc. CoC agencies assist them with obtaining income, transportation, addiction services, & credit repair to obtain housing and work with landlords to take renters with past criminal history. The CoC assures that ESG & CoC funded agencies that accept families are low barrier, employ a housing first model, give fair and equal access and prioritize households with children who are the most vulnerable. Follow up is conducted to assure housing stability.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	17	17	0

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination 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.
(limit 1000 characters)

This year, the CoC developed a Fair Housing and Equal Access policy and has reviewed all of the ESG and CoC funded project policies to ensure that they adhere to anti-discrimination policies by not denying admission to or separating any family members based on age, sex, gender, LGBT status, marital status or

disability when entering a shelter or housing program. In the last year, ESG funds were terminated as the transitional shelter would only allow women with children and not men with children. We sought guidance from our HUD regional coordinator and worked with the shelter to determine if there was a desire to revise their admission policy. As a result, ESG funds previously awarded were defunded and the funds were distributed to the other ESG funded agencies in the county. We also provide training on LGBTQ issues through the Lower Shore LGBTQ Coalition.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

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-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

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-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

(1) For 2years, our CoC has participated in Youth REACH to conduct a count to produce a State report on homeless youth demographics & the reasons for their homelessness, receiving $13,500 each year. As a direct result, we implemented the strategy to increase housing and services. in the last CoC Competition, we were awarded 2 PSH beds for youth and this year we are requesting 2 RRH beds for homeless youth. State agencies serving youth have been awarded

funds specifically to help youth experiencing poverty and homelessness, 3 of which are in our CoC. All are CoC members and serve on the youth subcommittee. (2)Use of HMIS reports to assess if the additional services & housing decreases the number of homeless youth in our CoC. Before the services and housing have been started, we increased PSH units for youth from 1 to 4 in one year. (3 &4)Continued use of HMIS and Youth REACH data to measure effectiveness to see if the number of youth go down with increased services & housing.

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services.
(limit 1000 characters)

(1)The 3 Board of Education (BOE) homeless liaisons have been active CoC members for many years.(2) Last year, the CoC entered into an MOU with the BOEs to hold a one day conference to inform parents of eligible educational services when the family becomes homeless. (3) The CoC has a written policy to ensure the educational needs of homeless children are met requiring the BOE and Head Start liaisons to collaborate with the CoC. They must (a) provide written material to parents informing them of their rights, (b) ensure that children are enrolled in school & connected to services, providing needed supplies (c) identify homeless children/youth, determine best interests, monitor enrollment & resolve enrollment disputes, (4) work with shelters, etc. to identify homeless youth, informing families of eligibility for education services, and (5)inform parents of their right to keep their children in the school of origin or for the child to attend the school where they are temporarily living.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".

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

3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 1000 characters)

Through our coordinated assessment process, veterans are identified and referred to SSVF agencies to determine if they are eligible for Veteran Affairs services. If ineligible for VA or SSVF services, veterans are referred to ESG and CoC funded programs. All 3 SSVF agencies in our CoC have outreach staff who go to visit shelters, encampments & day facilities to rapidly engage veterans. Shelter is made available to any unsheltered veteran, either through a VA contract bed or other shelters. If eligible for benefits, they are referred to VA for medical and other needs and given assistance by the SSVF agency to address their housing needs. A new program – Homeless Veteran Reintegration Program seeks employment opportunities for Veterans. Our Veterans Workgroup meets monthly to conduct case conferencing of all veterans who are homeless on the by-name list, even those that do not qualify for VA services,with the goal to house veterans within our 60 day goal.

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 is assisted to quickly move into permanent housing using a Housing First approach?   Yes

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits.
(limit 1000 characters)

(1) All CoC funded programs have case management staff to collaborate with agencies – Social Security, VA & State staff - facilitate health insurance enrollment - Medicaid, Medicare, VA health benefits and Affordable Care Act options. For Medicaid, TANF, Food Stamps, case managers work with each Department of Social Services. Each health department oversees substance abuse programs and provides updates to CoC members in meetings. This information is made available to all CoC members. (2) The CoC Board seeks presentations on a routine basis to keep CoC members current on available mainstream benefits and other resources to assist program participants and homeless individuals increase their income and provide services – i.e., substance abuse assistance – to meet their needs. It also maintains a resource guide of available programs on the CoC website which is updated at least

annually. This year a large portion of our retreat will be to educate CoC members on mainstream programs.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	9.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	9.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	9.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	9.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance.
(limit 1000 characters)

(1)The CoC has expanded CoC street outreach in the last year and provides 100% coverage of the CoC geographic area. Street Outreach services are conducted by PATH, SSVF ESG and faith based outreach agencies. In the two counties with large encampments, street outreach has been expanded through ESG, VA, PATH and SSVF agency staff to reach chronically homeless individuals who have lived unsheltered for many years. (2)Outreach frequency varies based on client needs. Some are seen bi-annually, quarterly, some monthly and some more often if they are in crisis. (3) Outreach is tailored to meet client needs - translation services are available, transportation is provided or arranged by outreach staff, services are sought to address cognitive and physical disabilities and access to phones are offered by outreach workers and internet is made available at local libraries. While we have been successful with a large number of these individuals, we have found some unwilling to take assistance.

4A-5. Affirmative Outreach
Specific strategies the CoC has 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; who are least likely to apply in the absence of special outreach. Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

(1)The strategy to further fair housing is yearly fair housing education and counseling provided by Telamon, Inc. a HUD approved Intermediary. Telamon has been an active CoC member for over 10 years and keeps CoC members fully informed of fair housing requirements to ensure that persons are housed regardless of race, color national origin, religion, sex, gender identity, sexual orientation, age, familial status or disability. (2) Telamon provides services to individuals with limited English proficiency and translates CoC PIT and other forms into other languages. The staff of Telamon & another CoC member - Seton center - speak several languages prominent in our area which has a large population of migrant workers. In addition, State agencies provide translation services through contracts with providers for languages that are outside of Telamon's language translation scope. Braille services are available at the Blind Industries and Services of Maryland located in Salisbury.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	17	17	0

4A-7. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?   No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3).   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
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes		
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes		
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes		
05. CoCs Process for Reallocating	Yes	HALS CoC Process ...	09/22/2017
06. CoC's Governance Charter	Yes	HALS CoC Governan...	09/22/2017
07. HMIS Policy and Procedures Manual	Yes	HALS CoC HMIS Pol...	09/20/2017
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes		
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No		
11. CoC Written Standards for Order of Priority	No	HALS CoC Written ...	09/22/2017
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	MD-513 System Per...	07/27/2017
14. Other	No		
15. Other	No		

Submission Summary

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

Page	Last Updated
1A. Identification	08/25/2017
1B. Engagement	09/19/2017
1C. Coordination	09/22/2017
1D. Discharge Planning	08/25/2017
1E. Project Review	09/22/2017
1F. Reallocation Supporting Documentation	No Input Required
2A. HMIS Implementation	09/19/2017
2B. PIT Count	09/19/2017
2C. Sheltered Data - Methods	09/22/2017
3A. System Performance	09/22/2017
3B. Performance and Strategic Planning	09/22/2017

4A. Mainstream Benefits and Additional Policies	09/22/2017
4B. Attachments	Please Complete
Submission Summary	No Input Required

Homeless Alliance for the Lower Shore Continuum of Care (CoC) Policy			
Procedure: Monitoring Process for CoC Funded Programs and Reallocation Process	Effective:		Revised: 8/30/2016
Approved by:	Name:	**Date:** 9-9-16	

I.   Purpose

Need to develop a monitoring process for all Permanent Supportive Housing Programs based on using the following HUD objectives: (1) increase progress towards ending chronic homelessness; (2) Increasing housing stability; (3) Increase project participants' income; (4) Increase the # of participants obtaining mainstream benefits. The Monitoring process may recommend reallocation if a program is not meeting CoC goals.

II.   Policy

Homeless Alliance for the Lower Shore (HALS) Continuum of Care (CoC) will collaborate with each CoC funded PSH program to insure that HUD objectives are being met. If the CoC determines that a PSH program is not meeting the objectives, additional assistance will be given by members of the CoC Governance Board. If these efforts are not successful, the Governance Board may recommend reallocation to the CoC for a vote. In addition, at the start of the CoC Competition, CoC funded programs will be asked if they desire to reallocate their projects. As all of the HALS CoC Funded Projects provide permanent supportive housing, reallocation does not help achieve the goal of providing more permanent supportive housing in the CoC.

III. Procedure for Local Implementation Plan – Monitoring of CoC Funded Projects

- All PSH Programs will prioritize placement of chronically homeless individuals and families when filling PSH vacancies.
- PSH Programs will use an updated intake form to capture updated income, disability and non-cash benefit amount for all program participants. This form will be used to update information in HMIS annually.
- HMIS system administrator will provide training and technical assistance to PSH staff to ensure accurate income, disability and non-cash benefits amounts is entered into HMIS.
- The HALS CoC Monitoring and Ranking Committee will review HMIS generated Annual Progress Reports bi-annually and expenditure data to determine if funding is being spent appropriately.
- To assist the monitoring process, the HMIS Administrator will capture APR data into a spreadsheet to ensure that HUD objectives are being met.
- Any findings by the Monitoring Committee will be sent to PSH Program staff with a date for a required response.
- After the response is received, the Monitoring Committee will determine if additional

assistance is needed by any of the PSH Programs. The Governance Committee will arrange for the additional assistance.

- If the additional assistance is not successful and the PSH Program cannot meet the CoC goals, the Governance Board may recommend reallocation to the CoC for a vote.
- The PSH Program will be notified in writing of the decision of the CoC.

IV. Procedure for Local Implementation Plan – CoC ranking of CoC funded Projects

- At the start of the CoC NOFA CoC Competition, the Monitoring and Ranking Subcommittee will be assembled from CoC members who have the expertise to review the project applications, APRs and spreadsheets documenting the performance of CoC funded projects from the previous year. No CoC funded Program staff will be allowed to participate in the ranking of the projects.
- The Monitoring and Ranking Subcommittee will score each renewal project on a 100 points based upon 10 criteria that evaluates: (1) Applicant capacity and active CoC participation; (2) Match provided for the grant (3) Addressing the needs of the Chronically Homeless; (4) Project follows a Housing First model; (5) HMIS entries; (6) Bed Utilization Rates; (7) Budget review of grant and expenditures including funds recaptured by HUD; (8) Project applicants maintain housing stability to meet HUD and CoC objectives; (9) Project increases participant income; and (10) Timely drawdowns of funds in eLOCCS.
- For New Projects, CoC Monitoring and Ranking Subcommittee will score based upon the plan to address the criteria above, with the exception of #10. For #10, new projects will be scored to determine if placement of this project above existing projects will result in the displacement of participants currently housed, therefore contributing to increased homelessness.
- After scoring the projects, the Subcommittee will rank the projects for inclusion in the CoC Priority Listing. This ranking will be shared with the CoC Funded Projects being reviewed.
- At the next CoC meeting, the full CoC will vote to approve or modify the Subcommittee's recommendation for the CoC Priority Listing which will be the final that will be posted to the HALS CoC Website and sent to HUD along with the CoC Application.

V. Procedures for Local Implementation Plan – Reallocation

- Just prior to the CoC NOFA Competition, each CoC Funded Projects will be asked about their desire to voluntarily reallocate their project.
- Monitoring Process – If problems are identified in III above as a result of annual Program monitoring and the issues are not corrected within the specified time period, the Governance Committee may notify the CoC Funded PSH program that they will recommend reallocation to the full CoC. At the next CoC meeting following the notice to the CoC Funded Program, the findings of the Monitoring Review will be given to the full CoC and they will be asked to vote on whether or not to reallocate the Project in the new CoC NOFA Competition.
- CoC Ranking Review – Scores below 70 in the prior CoC NOFA competition will be recommended for reallocation in next year's competition and voted upon by the full CoC.

HOMELESS ALLIANCE FOR THE LOWER SHORE CONTINUUM OF CARE COMMITTEE GOVERNANCE CHARTER

ARTICLE I **ORGANIZATION**

The name of this Alliance is the **Homeless Alliance for the Lower Shore Continuum of Care (HALS CoC) Committee; hereinafter referred to as the HALS CoC.**

ARTICLE II **VISION**

The HALS CoC envisions a community where residents of Somerset, Wicomico, and Worcester Counties are free from homelessness, and live in safe, stable, and affordable housing

ARTICLE III **MISSION**

The HALS CoC addresses the needs of individuals and families who are homeless or at risk of homelessness through collaboration, advocacy, and resource development in Somerset, Wicomico, and Worcester Counties.

ARTICLE IV **MEMBERSHIP**

Membership of the HALS CoC is open to all interested parties/agencies, and consists of any and all public and private (non-profit) agencies/organizations serving the homeless of Somerset, Wicomico and Worcester counties on Maryland's lower eastern shore; homeless and/or formerly homeless individuals; and individual citizens, all of whom;

(1) Share HALS CoC vision and mission;

(2) Actively engage in identifying creative solutions and/or funding to further enhance the continuum of care for the homeless;

(3) Support the efforts of HALS CoC by helping to educate the community about the issue of homelessness.

Each HALS CoC agency is allowed one vote on CoC issues & elections. If an agency has more than one member, only one member may vote on CoC matters. A voting member may designate another representative to attend a meeting and vote in their absence, but this proxy must be provided in writing (letter or email) prior to the start of the HALS CoC meeting.

ARTICLE V   MEETINGS

Regular meetings of this coalition shall be held monthly, on the 2nd Thursday of every month from 12:00 noon until 1:30pm. All regular meetings shall be conducted in accordance with "Robert's Rules of Order". Regular meeting agendas and minutes will be electronically provided to CoC members. Sub-Committees will meet as scheduled by the sub-committee chair. Sub-committee reports will be given at monthly HALS CoC meetings.

ARTICLE VI   LOCATION

Meetings of the HALS CoC shall be held in a central location – normally the Community Foundation of the Eastern Shore or One Stop Job, both of which are located in Salisbury. The third alternative are the offices of United Way. HALS CoC members will be notified of the new location prior to the meeting.

ARTICLE VII   ORGANIZATIONAL YEAR:

The organizational year of the HALS CoC shall begin on the first day of July and end on the last day of June of the following calendar year.

ARTICLE VIII   VOTING

Voting shall be conducted verbally or by written ballots based on the wishes of the CoC members present for voting on CoC issues. For member's agencies with more than one representative, only the designated representative shall vote. For the purposes of conducting HALS CoC official business, a Quorum must be present. The presence of a simple majority (51% of the total voting members) shall constitute a quorum.

ARTICLE IX   CONFLICT OF INTEREST & CODE OF CONDUCT

No member of the HALS CoC shall cast a vote on any matter brought before the committee at regular meetings, which would provide direct benefit to that member or to the agency/organization with which the member is affiliated, or where the matter would otherwise give the appearance of a conflict of interest as defined by HUD 24 CFR Part 578.95.

While carrying out the CoC's mission, all CoC members are expected to conduct the CoC's business in a consistent and professional manner, adhering to the following principles:
- Perform all activities in compliance with pertinent laws, regulations and CoC policies.

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- Participate in and promote high standards of business ethics and integrity.
- Perform all duties accurately and honestly.
- Maintain appropriate levels of confidentiality as it relates to the public, protecting agency and personal identifying information for individuals seeking services of CoC member agencies.
- Conduct business transactions with suppliers, vendors, contractors and other third parties free from offers or solicitations of gifts and favors, or other improper inducements.
- Avoid conflicts of interest, in appearance or fact, in the conduct of all activities. In the event that there are conflicts, CoC members must take prompt, appropriate action to make full disclosure to the Governance Committee.
- Make prudent and effective use of resources, property, and accurate financial reporting.

ARTICLE X   **DISPUTES**

HALS CoC members, who disagree with decisions made by the HALS CoC, may submit a written request to the Governance Committee detailing the basis for their dispute and asking for a review of the decision. The Governance Committee will review all relevant information relating to the initiating the dispute. In the case where the individual's disagreement is upheld, the HALS CoC Co-chairs shall so inform the full HALS CoC at the earliest possible meeting.

ARTICLE XI   **COLLABORATIVE AGENT/COC LEAD/HMIS LEAD**

The Somerset County Health Department established the Homeless Alliance for the Homeless Continuum of Care and functions as the Collaborative Agent.

The CoC Lead for the Homeless Alliance for the Homeless is Shannon Frey, Administrator at the Somerset County Health Department. She acts as the liaison between the U.S. Department of Housing and Community Development and the Homeless Alliance for the Lower Shore Continuum of Care, providing direction to the CoC on HUD requirements and requesting guidance from HUD on matters of concern to the CoC. The CoC HMIS lead is Greta Rolland, HMIS System Administrator at the Somerset County Health Department who also acts as staff to the CoC. She provides guidance and direction to the CoC on HUD HMIS data requirements and acts as the liaison between the CoC and HUD on HMIS related matters.

The Collaborative Agent will oversee the development of HUD required policies and procedures to meet the HUD CoC requirements, distribute to CoC members in emails and make available on the HALS website:

The HMIS Lead must comply with the HALS CoC HMIS Policy and Procedures and reports to the CoC Lead. As both the CoC Lead and CoC HMIS Lead are employed by the Somerset County Health Department, there is no need for an MOU. Rather, the HMIS Policy and Procedures outline the responsibilities of the CoC and HMIS lead.

ARTICLE XII   LEADERSHIP

The HALS CoC shall be guided by a Governance Committee.

Responsibilities: The Governance Committee members shall be responsible for (1) providing leadership to the HALS CoC; (2) recommending actions to ensure that the adopted Strategic Plan is enacted; (3) creating new strategies to further the mission of the HALS CoC as needed; (4) evaluating the progress of the HALS CoC in addressing its identified goals and objectives, particularly those goals to prevent and end homelessness in order to meet the goals of Opening Doors; (5) setting meeting agendas and (6) ensuring the HALS CoC meets state and federal requirements, particularly those that are HUD CoC and ESG Funded.

Governance Committee Membership: The Governance Committee membership shall consist of (1) two co-chairs who are also serving as co-chairs of the HALS CoC, (2) representative from each CoC funded program (3) a formerly homeless or homeless HALS CoC member, (4) Consolidated Plan lead/representative for one of the two Con Plan jurisdictions in which the HALS CoC participates (5) representative for each ESG sub-grantee (6) staff support, as defined below in Article XIII, or a designated representative for one or more of the above, and (7) representative of each Local Department of Social Services.

Election and Term: Governance Committee co-chairs (HALS CoC co-chairs) and members (subcommittee chairs) shall be elected in the month of July (or the month of the annual retreat) and shall serve for one year.

ARTICLE XIII   SUBCOMMITTEES/WORK GROUPS

HALS CoC Committee meetings shall be supplemented by subcommittee meetings. Identified Subcommittees include (1) Strategic Planning/VA Homelessness (2) 10 Year Plan & Ending Chronic Homeless (3) Homeless Management Information System, Point in Time & Coordinated Assessment (4) Monitoring & Ranking and Grant Opportunities (5) Homeless Prevention & Homeless Youth. From time to time the HALS CoC Committee may appoint other subcommittees and ad hoc working

groups to address specific concerns, performing duties to accomplish objectives identified through the continuum of care planning process.

Subcommittee Membership: Subcommittee membership shall consist of (1) a chair and (2) members of the HALS CoC assigned to that subcommittee, or who have a specific interest in serving on a particular subcommittee.

Election and Term: Subcommittee chairs shall be elected in the month of July, shall serve for one year, and are selected by subcommittee members.

ARTICLE XIV   MONITORING & RANKING RESPONSIBILITIES

ESG and CoC funded projects will be monitored by the Monitoring and Ranking Subcommittee, with assistance of the Governance Committee. On a yearly basis, the HMIS System Administrator prepares reports for the Subcommittee for review to assess the effectiveness of each project to meet CoC and federal goals and to rank for the CoC Application Project Priority. All ESG and CoC funded projects must participate in HMIS and meet utilization goals established by the CoC to meet federal goals.

CoC funded projects are evaluated on goals of maintaining housing stability, income growth, follow a housing first model, obtaining mainstream benefits, bed utilization goals to ensure acceptance of data into AHAR, exits to permanent housing, prioritizing chronically homeless individuals and families for filling vacancies, appropriate funding expenditures and HUD drawdowns, and use of the coordinated assessment system.

ESG funded projects are evaluated to determine use of the coordinated assessment system, meet the CoC bed utilization goals to ensure acceptance of data into AHAR, maintain 90% data quality, increase in income and mainstream resources upon exit, reducing returns to homelessness, success in exits to permanent housing, and success either providing prevention services or rapidly rehousing services to families with children.

If the need for technical assistance is determined through the monitoring process, the CoC shall provide technical assistance to the agency.

ARTICLE XV   COORDINATED ASSESSMENT

HALS CoC established a CoC wide Coordinated Assessment System in March 2015 which is a no wrong door model that utilizes a Coordinated Assessment Screening Tool to assess the housing and service needs of homeless or near homeless individuals/families to ensure they are referred to the most appropriate agency to serve their needs. While all homeless agencies participate in Coordinated Assessment, ESG and CoC funded

programs are held to a higher standard of compliance in accepting referrals. Complaints of non-compliance by referring agencies should be sent to the HMIS System Administrator for referral to the Governance Committee. The results of the Governance Committee review will be shared with the full CoC. In addition, effective July 1, 2016, HALS CoC implemented CPD-14-012 to prioritize persons experiencing Chronic Homelessness and Other Vulnerable Persons in PSHs, establishing one form for all CoC funded projects, one waiting list and use of Self Sufficiency Outcome Matrix to assess priority/vulnerability needs.

ARTICLE XVI   STAFFING

The HALS CoC Committee shall be staffed by the Somerset County Health Department, and shall consist of the HALS CoC Lead, the HMIS Lead, and a clerical staff member. Day to day operations of the HALS CoC shall be provided by the Somerset County Health Department with oversight by the Health Officer.

Date Adopted: June 5, 2009
Revised May 8, 2010
Revised March 18, 2013 (name of CoC changed)
Revised September 12, 2013 (membership and voting changed)
Revised 11-7-15 (added monitoring, coordinated assessment, CoC roles, Code of Conduct)
Revised 8-11-16 (modified Membership, Voting, Governance Committee Members, Names of Subcommittees, Coordinated Assessment
Revised 5-11-17 (modified leadership section of Governance Committee membership)
Revised 8-24-17 (modified meetings, added policies & procedures to Collaborative Agent, monitoring & ranking responsibilities

Craig Stofko
Health Officer
Somerset County Health Department

Homeless Alliance for the Lower Shore Continuum of Care (CoC) Policy			
Policy: Prioritizing Chronically and Vulnerable Homeless Persons in PSH	Effective:		Revised:
Approved by:	Name: _CSHL2_		Date: 9-9-16

I. Purpose: Effective July 1, 2016, the HALS CoC voted to adopted the provisions of CPD-14-012 to meet the goal of ensuring that homeless individuals and families who have spent the longest time in places not meant for human habitation and in emergency shelters and who have the most severe needs within HALS Continuum of Care are prioritized for permanent supportive housing (PSH). While writing this policy, HUD released CPD-16-11, therefore, that notice was used in preparing this policy to ensure that the HALS CoC met all current HUD requirements.

II. Dedication and Prioritization of Permanent Supportive Housing Strategies to Increase Number of PSH Beds Available for Chronically Homeless Persons

A. Increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness.

Dedicated PSH beds are those which are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness unless there are no persons within the CoC that meet that criteria. If there are no persons within the HALS CoC that meet the definition of chronically homeless at a point in which a dedicated PSH bed is vacant, the recipient may then follow the order of priority for non-dedicated PSH established in this Policy. The bed will continue to be a dedicated bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within HALS CoC at that time.

B. Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness.

Prioritization means implementing an admissions preference for chronically homeless persons for CoC Program-funded PSH beds. During the CoC Program competition project applicants for CoC Program-funded PSH indicate the number of non-dedicated beds that will be prioritized for use by persons experiencing chronic homelessness during the operating year of that grant, when awarded. These projects are then required to prioritize chronically homeless persons in their non-dedicated CoC Program-funded PSH beds for the applicable operating year as the project application is incorporated into the grant agreement.

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III. Order of Priority in CoC Program-funded Permanent Supportive Housing

The definition of chronically homeless included in the final rule on "Defining Chronically Homeless", 2016, requires an individual or head of household to have a disability and to have been living in a place not meant for human habitation, in an emergency shelter, or in a safe haven for at least 12 months either continuously or cumulatively over a period of at least 4 occasions in the last 3 years. Please note that the HALS CoC does not have a safe haven.

A. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness.

1. CoC Program-funded PSH projects that is dedicated or prioritized for persons experiencing chronic homelessness would be required to follow that order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.

2. Where there are no chronically homeless individuals and families within the HALS CoC, CoC Program-funded PSH are encouraged to follow the order of priority in Section III.B. of this Policy.

3. CoC Program funded PSH project should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, PSH project that is permitted to target homeless persons with a serious mental illness should follow the order of priority under Section III.A.1. of this Policy to the extent in which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless within HALS CoC, the recipient should follow the order of priority under Section III.B for persons with a serious mental illness.

4. CoC Program funded PSH projects must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. As some persons–particularly those living on the streets or in places not meant for human habitation–might require significant engagement and contacts prior to their entering housing, PSH projects are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. PSH projects are encouraged to follow a Housing First approach to the maximum extent practicable. Therefore, a person experiencing chronic homelessness should not be forced to refuse an offer of PSH if they do not want to participate in the project's services, nor should a PSH project have eligibility criteria or preconditions to entry that systematically exclude those with severe service needs.

B. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1. HALS CoC PSH projects will follow the order of priority for non-dedicated and non-

prioritized PSH beds below as long as it is consistent with their current grant agreements.

(a) First Priority–Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

(b) Second Priority–Homeless Individuals and Families with a Disability with Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation or Emergency Shelter without Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(d) Fourth Priority–Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation or an emergency shelter prior to entry in the transitional housing.

2. CoC Program-funded PSH projects should follow the order of priority above, while also considering the goals and any identified target populations served by the project. For example, non-dedicated or non-prioritized CoC Program-funded PSH that is permitted to target youth experiencing homelessness should follow the order of priority under Section III.B.1. of this Policy to the extent in which youth meet the stated criteria.

3. Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are prioritized for assistance based on their length of time homeless and the severity of their needs following the order of priority described in this Policy. PSH projects are encouraged to follow a Housing First approach to the maximum extent practicable.

IV. Using Coordinated Entry and a Standardized Assessment Process to Determine Eligibility and Establish a Prioritized Waiting List

A. Coordinated Entry Requirement
CoC Funded PSH Projects must participate in the HALS CoC Coordinated Assessment System.

B. HALS CoC has established a Single Prioritized List for PSH projects.
A major component of Coordinated Assessment is that all CoC Program-funded PSH projects must accept referrals only through a single prioritized list which is maintained by the CoC lead. The single prioritized list should be updated frequently to reflect the most up-to-date and real-time data as possible.

C. Standardized Assessment Tool Requirement
CoC Funded PSH projects must use the CoC Funded PSH Program form which includes a standardized assessment tool (see attached forms).

D. Nondiscrimination Requirements
PSH projects must continue to comply with the nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II or III of the Americans with Disabilities Act, as applicable. See 24 C.F.R. § 5.105(a).

V. Recordkeeping Recommendations for HALS CoC in adopting the orders of priority

The HALS CoC, as well as recipients of CoC Program-funded PSH, will maintain evidence of implementing these priorities. Evidence of following these orders of priority may be demonstrated by:

A. Evidence of Severe Service Needs.
Evidence of severe service needs is that by which the CoC Funded PSH projects or CoC Lead is able to determine the severity of needs as defined in Section I.D.3. of this Policy through the use of the HALS CoC standardized assessment. The documentation should include any information pertinent to how the determination was made, such as notes associated with case conferencing decisions.

B. Evidence that the Recipient is Following the CoC's Written Standards for Prioritizing Assistance.
CoC Funded PSH projects must follow the HALS CoC written standards for prioritizing assistance. In accordance with HALS CoC's adoption of written standards for prioritizing assistance, recipients must in turn document that the CoC's revised written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.

C. Evidence that there are no Households Meeting Higher Order of Priority within HALS CoC.

(a) When dedicated and prioritized PSH is used to serve non-chronically homeless households, the CoC Program-funded PSH project should document how it was determined that there were no chronically homeless households identified for assistance within HALS CoC at the point in which a vacancy became available. This documentation should include evidence of the outreach efforts that had been undertaken to locate eligible chronically homeless households within HALS CoC where chronically homeless households have been identified but have not yet accepted assistance. CoC Funded PSH programs may use the HALS CoC single prioritized list as evidence.

(b) When non-dedicated and non-prioritized PSH is used to serve an eligible individual or family that meets a lower order of priority, the CoC Program-funded PSH project should document how the determination was made that there were no eligible individuals or families within HALS CoC that met a higher priority. CoC Funded PSH programs may use the HALS CoC single prioritized list as evidence.

FY2016 - Performance Measurement Module (Sys PM)

Summary Report for MD-513 - Wicomico/Somerset/Worcester County CoC

For each measure enter results in each table from the System Performance Measures report generated out of your CoCs HMIS System. There are seven performance measures. Each measure may have one or more "metrics" used to measure the system performance. Click through each tab above to enter FY2016 data for each measure and associated metrics.

RESUBMITTING FY2015 DATA: If you provided revised FY 2015 data, the original FY2015 submissions will be displayed for reference on each of the following screens, but will not be retained for analysis or review by HUD.
ERRORS AND WARNINGS: If data are uploaded that creates selected fatal errors, the HDX will prevent the CoC from submitting the System Performance Measures report. The CoC will need to review and correct the original HMIS data and generate a new HMIS report for submission.

Some validation checks will result in warnings that require explanation, but will not prevent submission. Users should enter a note of explanation for each validation warning received. To enter a note of explanation, move the cursor over the data entry field and click on the note box. Enter a note of explanation and "save" before closing.

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.

FY2016 - Performance Measurement Module (Sys PM)

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY2015	Revised FY2015	Current FY	Submitted FY2015	Revised FY2015	Current FY	Difference	Submitted FY2015	Revised FY2015	Current FY	Difference
1.1 Persons in ES and SH	843	865	899	72	70	78	8	37	36	74	38
1.2 Persons in ES, SH, and TH	882	903	945	92	90	97	7	42	39	76	37

b.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer 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.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	904	-	168		-	85	
1.2 Persons in ES, SH, and TH	-	952	-	195		-	90	

FY2016 - 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.

	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	
	Revised FY2015	# of Returns	Revised FY2015	# of Returns	% of Returns	Revised FY2015	# of Returns	% of Returns	Revised FY2015	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	0	0	0	0		0	0		0	0		0	
Exit was from ES	218	296	29	43	15%	17	35	12%	21	7	2%	85	29%
Exit was from TH	29	31	0	4	13%	5	3	10%	2	1	3%	8	26%
Exit was from SH	0	0	0	0		0	0		0	0		0	
Exit was from PH	89	185	6	10	5%	3	8	4%	0	6	3%	24	13%
TOTAL Returns to Homelessness	336	512	35	57	11%	25	46	9%	23	14	3%	117	23%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

FY2016 - 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).

	2015 PIT Count	Most Recent PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	326	262	-64
Emergency Shelter Total	232	189	-43
Safe Haven Total	0	0	0
Transitional Housing Total	46	36	-10
Total Sheltered Count	278	225	-53
Unsheltered Count	48	37	-11

Metric 3.2 – Change in Annual Counts

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

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons	899	938	955	17
Emergency Shelter Total	855	895	902	7
Safe Haven Total	0	0	0	0
Transitional Housing Total	78	77	82	5

FY2016 - 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 FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	103	113	114	1
Number of adults with increased earned income	11	11	5	-6
Percentage of adults who increased earned income	11%	10%	4%	-5%

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

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	103	113	114	1
Number of adults with increased non-employment cash income	65	65	24	-41
Percentage of adults who increased non-employment cash income	63%	58%	21%	-36%

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

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	103	113	114	1
Number of adults with increased total income	70	70	26	-44
Percentage of adults who increased total income	68%	62%	23%	-39%

FY2016 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	21	21	22	1
Number of adults who exited with increased earned income	1	1	3	2
Percentage of adults who increased earned income	5%	5%	14%	9%

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

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	21	21	22	1
Number of adults who exited with increased non-employment cash income	9	9	18	9
Percentage of adults who increased non-employment cash income	43%	43%	82%	39%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	21	21	22	1
Number of adults who exited with increased total income	8	8	18	10
Percentage of adults who increased total income	38%	38%	82%	44%

FY2016 - 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 2015	Revised FY2015	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	815	854	826	-28
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.	194	201	204	3
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)	621	653	622	-31

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

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1022	1070	1074	4
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.	233	250	249	-1
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.)	789	820	825	5

FY2016 - 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 the FY2016 Resubmission 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 2015	Revised FY2015	Current FY	Difference
Universe: Persons who exit Street Outreach	0	0	0	0
Of persons above, those who exited to temporary & some institutional destinations	0	0	0	0
Of the persons above, those who exited to permanent housing destinations	0	0	0	0
% Successful exits				

Metric 7b.1 – Change in exits to permanent housing destinations

FY2016 - Performance Measurement Module (Sys PM)

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited	860	907	942	35
Of the persons above, those who exited to permanent housing destinations	455	456	478	22
% Successful exits	53%	50%	51%	0%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH	212	261	306	45
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	207	256	303	47
% Successful exits/retention	98%	98%	99%	1%

FY2016 - SysPM Data Quality

MD-513 - Wicomico/Somerset/Worcester 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.

FY2016 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016
1. Number of non-DV Beds on HIC	215	140	190	167	42	49	50	46	183	196	216	253		2	27	17				
2. Number of HMIS Beds	193	140	190	167	42	49	50	46	166	179	186	186		2	27	17				
3. HMIS Participation Rate from HIC (%)	89.77	100.00	100.00	100.00	100.00	100.00	100.00	100.00	90.71	91.33	86.11	73.52		100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	1105	674	853	902	80	86	77	82	197	219	245	289	126	155	294	336	0	0	0	0
5. Total Leavers (HMIS)	967	595	715	726	47	50	42	33	22	24	30	40	95	97	222	286	0	0	0	0
6. Destination of Don't Know, Refused, or Missing (HMIS)	344	184	59	19	3	13	1	0	0	0	0	0	0	5	2	0	0	0	0	0
7. Destination Error Rate (%)	35.57	30.92	8.25	2.62	6.38	26.00	2.38	0.00	0.00	0.00	0.00	0.00	0.00	5.15	0.90	0.00				