

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.

- Using the CoC Application Detailed Instructions while completing the application in e-snaps.

- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.

- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.

- Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: MD-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 form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings.

Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board.

Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	No
Local Jail(s)	Yes	Yes	No
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	Yes	Yes	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	No	No
Public Housing Authorities	Yes	Yes	No
CoC Funded Youth Homeless Organizations	Not Applicable	No	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Not Applicable	No	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Vveterans Agencies - VA staff, SSVF agencies & Youth Agencies - Local Management Boards, Head Start	Yes	Yes	Yes
One Stop Job, 211, Library staff, Telemon for limited english engagement, Community Members	Yes	Yes	No
Staff of U.S. Senators Milkulski & Cardin, Landlords, Employment agencies, Re-entry Coordinator	Yes	Yes	No

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

A newly assigned staff person to City of Salisbury Con Plan immediately sought collaboration with the CoC members on addressing the increase of homeless individuals on the streets. Although new to the CoC, he was diligent and sought advice from long term CoC members, becoming a CoC Board member. A workgroup was established that met with the Salisbury Mayor & City Council, City Administrative staff, Police Chief & CoC members. As a result of his actions, Salisbury raised fees on rental licenses to fund 10 units of permanent housing for chronically homeless & case management is being provided by CoC members. Also instrumental in giving his expertise to establishing this new program was a formerly chronically homeless veteran CoC Board member who has worked for a Veteran's shelter and now does outreach for SSVF agency. His input into how to outreach to chronically homeless individuals and his insight into what they need has been instrumental to this new locally funded PSH project.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Sandcastles Program, Worcester Co. Health dept.	No	Yes	Yes
Diakonia - shelter, ESG & SSVF prevention & RRH	No	Yes	Yes
3 Local Management Boards - Somerset, Wicomico & Worcester	No	Yes	Yes
3 Department of Social Services- Somerset, Wicomico & Worcester	No	Yes	Yes
CoC Shelters & Outreach Agencies, 3 SSVF agencies	No	Yes	Yes
Life Crisis Center, DV Shelter & 211 agency	No	Yes	No
3 Local Board of Education Homeless Liaisons - Somerset, Wicomico & Worcester	No	Yes	No
Telemon, Inc. - Youth Education and Housing Program	No	Yes	No
Faith Based Agencies serving Youth	No	Yes	Yes

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Life Crisis Domestic Violence Shelter	Yes	No
Wicomico County Department of Social Services	Yes	Yes
Somerset County Department of Social Services	Yes	Yes
Worcester County Department of Social Services	Yes	No
Shelters that serve victims of domestic violence after release from DV shelter	Yes	Yes
CoC Funded PSH Programs take DV referrals for housing	Yes	Yes
SSVF & HUD VASH provide housing to veterans who were victims of DV	Yes	Yes
ESG Funded RRH & Prevention Programs house DV survivors	Yes	Yes
Faith Based Agencies Serving DV survivors	Yes	Yes

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

For the last 4 HUD NOFA's, the CoC has solicited proposals from entities that have not previously received CoC funds. At a CoC meeting, the CA presents the availability of funds with a detailed one page document that explains the funding opportunity and offering assistance by the CoC & HMIS lead for any new entity that wants to apply. The solicitation is then sent to the 108 CoC members asking them to share with others and the full notice is placed on the CoC website. 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). Last year, a new project was rejected by the full CoC and this year a new project was approved and placed higher in the Project Priority than one renewal project.

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

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

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

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

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	2
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	2
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

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

The CoC participates in two Con Plan jurisdictions. City of Salisbury receives CDBG funds, is a CoC board member as well as voting member, attends monthly CoC & Governance meetings & maintains monthly contact of 8-10 hours a month in phone calls & emails. Annually, the CoC devotes approximately 40-60 hours in yearly updates to the Con Plan and running HMIS reports for PIT and ESG Caper. The CoC is also in the State of MD Con Plan, which provides ESG funding. While not a CoC member, there are monthly meetings & emails lasting 2 hours to discuss ESG matters. The CoC meets with the State Con Plan in 2 all day workshops per year, reviews the Con Plan annually and provides written comments when the plan is being updated, devoting 30-40 hours. Additional time is necessary when the 5 year plans are due. During the NOFA competition, emails, phone calls and documents are exchanged with each Con Plan to obtain the Certification of Consistency with the Consolidated Plan taking 3-5 hours.

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

The CoC works with ESG recipients on funding allocations and develops & revises performance standards. In developing CoC ESG standards and policies, input is sought from ESG funded programs to ensure they were aware of the performance standards they would have to meet. Performance is reviewed quarterly. The CoC rating committee reviews all ESG funding applications and provides CoC certification to the State Con Plan Agency for those ESG applications that meet performance standards. In a previous funding cycle, an ESG recipient was having difficulty with meeting performance standards. The CoC advised the ESG recipient verbally and in writing actions needed to meet standards. When the standards were still not met in reviewing the application in the next funding round, the agency was de-funded. The CoC provides ESG recipients Con Plan jurisdiction-level PIT data for 2 Con Plan jurisdictions, HMIS reports for ESG specific data and interacts with them monthly by phone & at CoC meetings.

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

Life Crisis, a victim service provider, is an active CoC voting member, participating in multiple CoC workgroups. Life Crisis gives monthly updates to the CoC on the availability of housing and services to meet the needs of domestic violence survivors. Through the CoC coordinated assessment system, agencies refer victims fleeing domestic violence first to Life Crisis to ensure their safety and security. In addition, clients in shelters who eventually reveal their DV history to shelter staff are referred to Life Crisis for their protection and for programs that address their needs. Life Crisis also refers DV survivors to emergency & transitional shelters as well as rapid rehousing & prevention programs, some of which are ESG funded and to CoC funded PSH for housing. Each county local department of social services also receive state funds for victims of domestic violence, providing funds for services and housing. Victim Information is only shared with CoC agencies with a signed consent.

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of Crisfield	50.00%	Yes-Both
Maryland Department of Housing and Community Development	10.00%	Yes-Both
Wicomico County Housing Authority	0.00%	No

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

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

The CoC is collaborating with the PHAs to provide a homeless preference. We have 3 SSVF agencies that provide housing to homeless veterans as well, often obtaining HUD VASH vouchers. Our CoC has 42 HUD VASH vouchers with the recent approval of an additional 11 vouchers to provide housing to homeless veterans. HOPWA provides housing to homeless individuals with HIV/AIDS. The Mayor of Salisbury started a housing program on July 1, 2016 to provide 10 vouchers to house the severely mentally ill, chronically homeless individuals with plans to add more next fiscal year by raising the rental license fee paid by

landlords. Case management is provided by the local health department through Medicaid funding. There are numerous low income based housing complexes in our CoC which house formerly homeless individuals and families. Additional short term rental assistance is provided by the Community Action Agency, three local department of social services and faith based organizations.

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

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

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

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

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

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

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

As a 3 county CoC, the coordinated assessment is a no wrong door model so that it is accessible to all, especially in rural areas. A standardized assessment and one HMIS intake coordinated entry forms assesses their housing and service needs to assure they are quickly housed. Our process makes it easy for persons experiencing homelessness or a housing crisis to access appropriate housing and service intervention. This form determines their level of vulnerability to ensure that people in the most need of assistance, either those with long histories of homelessness or the most severe service needs receive assistance timely. We recently implemented the policies of CPD-16-012 for referrals to PSH projects and are seeking referrals for placement, assessing their vulnerability using a HMIS assessment tool. In the last year we have supplemented with case conferencing for veterans and will implement for chronically homeless individuals, taking referrals from agencies outside of the CoC.

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

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

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
211 hotline, DV shelter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privately funded Shelters & agencies service homeless	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA funded programs - 3 SSVF agencies, VA Outreach & HUD VASH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Instructions

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

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

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	8
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	8
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

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

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
Need for specialized population services:	

Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

The CoC requires that all CoC funded programs be housing first and low barrier. All CoC funded projects allow low or no income, allow current or past substances abuse, take participants with past criminal records, prioritize placement of chronic homeless individuals and families, serve victims of domestic violence, house LGBTQ participants and their families, provide case management for participants with significant health & behavioral health disabilities and vulnerable to illness or death, placing individuals and families coming from unsheltered locations and may have been the victim of physical assaults, human or sex trafficking. The ranking of projects takes into consideration vulnerable populations served. To further assess severity of needs and vulnerabilities, the CoC voted to adopt CPD-14-012 and uses a HMIS assessment tool which scores applicants to determine those with the most needs.

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

The CoC sent emails to CoC members to first give them the selection criteria being used to rank projects. After the competition ranking, emails were sent to the CoC with the results of the competition review and ranking. Included in these emails were the scoring sheets for each renewal and bonus project reviewed, a summary of the process used by the Ranking Subcommittee, the CoC ranking tool completed by the Ranking Subcommittee and the draft Project Priority Listing. At the HALS CoC meeting on 9/8/16, the documents sent to the CoC members were discussed to determine if there was any concerns before the vote. The CoC voted unanimously to accept the ranking as submitted. Documents were posted to the website - <http://somersehealth.org/HAL>

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

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) No

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

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

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

Instructions

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

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

The CoC monitors the performance of CoC Program recipients by using a monitoring & evaluation tool that assesses: 1.project serves people who are literally homeless & agency has capacity to manage; 2.provides match; 3.contributes to ending chronic homelessness; 4.uses housing first model; 5.timely entry of HMIS data; 6.rate of bed utilization; 7.complete budget and minimize recapture of funds by HUD; 8.increases housing stability; 9.participants obtain and increase income; 10.quarterly draws from eLOCCS and 11. connects participants to mainstream benefits. To monitor the performance of CoC recipients, the CoC reviews project applications, APRs, HIC, eLOCCS and other documents. The CoC implemented CPD-16-012 on July 1, 2016, so monitoring of CoC Program recipients will be modified to incorporate the requirements this policy (see attached).

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

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

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

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

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

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

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

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

Instructions

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

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

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

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$45,870
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$45,870

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$10,500
Other Federal	\$0
Other Federal - Total Amount	\$10,500

2B-2.3 Funding Type: State and Local

Funding Source	Funding
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City	\$0
County	\$0
State	\$0
State and Local - Total Amount	\$0

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$6,000
Organization	\$0
Private - Total Amount	\$6,000

2B-2.5 Funding Type: Other

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

2B-2.6 Total Budget for Operating Year	\$62,370
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

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

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

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

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	117	11	106	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	30	0	30	100.00%
Rapid Re-Housing (RRH) beds	17	0	17	100.00%
Permanent Supportive Housing (PSH) beds	264	0	203	76.89%
Other Permanent Housing (OPH) beds	0	0	0	

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

We have been unable to get the VA administration to give us information so that we can enter HUD VASH vouchers into HMIS when the HIC was submitted. However, since that time, we have collaborated with VA staff to allow the entry of HUD VASH data into our HMIS. Through these efforts, we have been able to enter an additional 35 HUD VASH vouchers beds to bring our total coverage of PSH beds from 76.89% to 90%. We anticipate increasing this % to 100% with the assistance of VA staff as soon as they can obtain signed releases from the remaining HUD VASH participants for whom we do not have releases to enter their data.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be

attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	<input type="checkbox"/>
VASH:	<input checked="" type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

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

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

Instructions:

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

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

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

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

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>
Custom reports, Data Quality, SSVF export, PIT, HIC, System Performance, Program Demographics	<input checked="" type="checkbox"/>

None	<input type="checkbox"/>
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2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?

12

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

Monthly

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

Both Project and CoC

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

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
Supportive Services for Veterans and their Families (SSVF)	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

Our CoC has never had a VA GPD provider, but did have a VA contract housing contractor until September 2015 when VA did not renew the contract. That provider did use HMIS. VA recently released a solicitation for housing voucher

beds with a due date of September 9, 2016. One agency has responded to the solicitation and is already using HMIS for ESG & SSVF funded programs. Any selected provider will be required to use HMIS and will start entry immediately upon the first entry of a Veteran. The anticipated start date is October 1, 2016. We do not have a RHY program in our CoC. We had a RHY program called Sandcastles which was awarded to the Worcester County Health Department, but the program was defunded over 3 years ago.

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

Instructions:

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

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

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

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

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

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

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

Instructions:

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

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

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
Post Night count/Service Based Count	<input checked="" type="checkbox"/>

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

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Provider Level Surveys	<input checked="" type="checkbox"/>

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

We use our HMIS data to run sheltered PIT count reports. All of the shelters enter HMIS data on clients in their shelters and we capture sheltered persons staying in motels/hotels paid for by others - and thereby - sheltered through the

completion of PIT survey forms which are then entered into HMIS. Volunteers interview people who identify themselves as sheltered homeless, often in cold weather shelters who go to other agencies during the day. Therefore, we do a complete census count which is further supplemented by a post night service based count to ensure that all people sheltered on the night the PIT are captured. The HMIS system administrator goes through all PIT survey forms and removes duplicates manually and further ensures de-duplication in running HMIS reports. The HMIS PIT reports are compared with provider level surveys by the HMIS System Administrator to ensure that the number of people served match HMIS and provider survey data.

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

Not Applicable.

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

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

In 2016, our CoC reduced the number of emergency shelter beds from a total of 215 to 184, a reduction of 31 beds. This reduction was primarily the result of the closure of the VA funded contract bed shelter contract in September 2015. We also saw a reduction in the number of cold weather shelter beds. Several of the emergency shelters made minor bed changes, some of which increased the # of beds, but some reduced the number of beds. We also decreased the number of transitional shelter beds by 4 when one of the shelters with both emergency and transitional beds, increased the number of emergency beds and decreased the number of TH beds.

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

Instructions:

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

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

Training:	<input checked="" type="checkbox"/>
Follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

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

The only significant change in conducting our sheltered PIT was the change of staff who had been the 3 county PIT leads for many years. This resulted in more extensive training by the established CoC staff to these new staff who have worked on the PIT for many years. In one county, this change reduced the number of service based counts for the post night count as the staff person who conducted these service counts retired and the agency had insufficient staff to fill this vacancy.

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

Instructions:

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

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

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

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

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

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

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

Instructions:

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

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

Night of the count - complete census:	<input type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

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

We used the night of the count,known locations, supplemented by a service based count as the new PIT county leads did not feel they could conduct a complete census for the first year they assumed the responsibility. We were able to ensure that we captured all unsheltered individuals with the service based count as some of the encampments had recently moved deeper into woods and were difficult to find. By again conducting the service based counts, we captured a few unsheltered individuals we missed in the nightly canvass when they came for services at an agency. The HMIS system administrator was able to see in HMIS that some of the people in shelters went to PIT survey locations where incentives were offered for participation. When discovered, the HMIS system administrator did not enter the unsheltered survey to ensure that the person was appropriately captured as sheltered. In addition, we modified our unsheltered survey to address unaccompanied youth.

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

We did not do a complete census this year as we got a late start on preparing for the PIT and had to identify new county leads to coordinate the PIT in each county. These new leads did not feel confident that they could complete a complete census, but were able to conduct the unsheltered count in known locations left by their predecessors. We also made changes to our PIT survey based on our comprehensive unaccompanied homeless youth count we conducted the last month of September through a grant provided by the State. We modified some of the questions to try to capture additional unaccompanied youth in the PIT.

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

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

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

Instructions:

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

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

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey questions:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

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

We enlisted the assistance of all agencies that had collaborated in the Youth REACH MD count of unaccompanied youth conducted in late September/early October 2015. We asked them to review the PIT Survey used for unsheltered individuals to make revisions to help us identify homeless youth. We modified our training of volunteers to be sensitive to the more unique needs of unaccompanied youth. The only other changes was the training of new PIT county leads to take over for prior leads who had taken other jobs or retired. In conducting our unsheltered PIT count, we used the blitz count on the same day

as the sheltered count by going into encampments when we knew that they would be occupied. If unsheltered individuals identified in the blitz count were also found at known locations, HMIS entry ensured de-duplication.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	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
Total Unsheltered Count	48	37	-11

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	944
Emergency Shelter Total	873
Safe Haven Total	0
Transitional Housing Total	71

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

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

(limit 1000 characters)

The leading causes of homelessness has been lack of income & affordable housing. A new cause is the opioid epidemic. To ncrease income, the CoC works with supportive employment programs, One Stop Job, etc. to get job training and referrals. A SOAR case manager assists disabled, homeless people obtain SSI and SSDI. We are working with 3 PHAs & 2 affordable housing developers to increase affordable housing units. The CoC works with county jails to obtain documentation of SMI & referrals for PSH. People at risk of becoming homeless are referred to services through coordinated entry to prevention services from ESG, SSVF, Community Action Agency, etc. to help pay their rent or utilities. DV victims receive legal assistance to help them stay in the home and get the abuser to leave. Outreach increased & assistance is sought from health departments to receive training, assistance & services for newly homeless with opioid addiction. Progress is monitored by HMIS system performance reports.

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

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

(limit 1000 characters)

The CoC uses HMIS system performance reports to measure the time persons remain homeless and developed methods to reduce the length of time homeless. We use case conferencing for veterans to quickly identify housing resources for our by name list with the housing goal of 60 days or less, often in HUD VASH. We will use this successful planning effort to house chronically homeless individuals. In Salisbury, increased revenue from rental licenses provides a pilot program of 10 vouchers for people living on the streets, with plans to increase that in the future. We have partnered with our largest PHA provider in Salisbury to house homeless individuals in newly renovated units previously unavailable. Our CoC also implemented CPD-16-11 this year and encouraging new referrals for permanent housing, with an HMIS tool to evaluate their length of homelessness and vulnerability, using one waiting list for CoC funded programs. Services are being explored for new homeless with opioid addiction.

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

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

3A-4a. Exits to Permanent Housing Destinations:

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Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	0
Of the persons in the Universe above, how many of those exited to permanent destinations?	0
% Successful Exits	0.00%

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

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	216
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	209
% Successful Retentions/Exits	96.76%

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

The highest rates for returns to homelessness was for emergency shelters and 2nd was transitional shelters in the system performance measure reports. A new factor in returns to homelessness is the opioid epidemic. The short stay limit in our larger emergency shelters doesn't give sufficient time to connect them with income and services to exit homelessness. Our largest crisis emergency shelter has expanded the number of beds for extended placement into a program to provide more extensive case management to reduce returns of homeless. Our lowest rates of return to homelessness are in PSH, with improvement sought with increased case management services to participants. CoC agencies are collaborating with health departments and addiction service providers to obtain services for opioid addicts so this doesn't continue the cycle of homelessness. HMIS will be used to monitor outcomes and develop strategies for improvement and wherever possible, eviction back into homelessness is avoided.

3A-6. Performance Measure: Job and Income Growth.

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**Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources.
(limit 1000 characters)**

As all CoC funded projects use a housing first model, participants are not required to have income upon entry. After placement in permanent housing, case management staff encourage those able to work to find employment, referring clients to supportive employment programs. Often their disabilities make this impossible and they are then referred for State disability assistance for some basic income, and then referred to SOAR case management for assistance in obtaining SSI or SSDI. They are also assisted in obtaining food stamps, WIC, VA disability, Medicaid, Medicare and State funded insurance programs. 100% of participants in CoC funded programs receive some type of non-cash income sources. We will measure our progress in increasing income through running HMIS system performance reports.

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

All 8 CoC funded programs have relationships with State Vocational Services, One Stop Job & supportive employment programs to increase employment income for adults, however, our CoC has some of the worst rates of unemployment in the nation. Employment is often seasonal during the summer vacation season in our tourist driven area. For the adults who can work, finding and maintaining employment is often difficult, given their mental health & addiction issues when they can't pass a drug test. Of 133 adults in our CoC funded projects, 24 or 18% held jobs in the last year. As all CoC funded projects currently require a severe mental health disability, only 18% can work as the rest receive State disability, SSI, SSDI or VA disability payments and some adult family members have no income. By review of APRs, we find that the CoC funded programs that only house chronically homeless individuals only have disability income because they are unable to work. We will use HMIS to monitor progress.

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

The CoC has an active PIT subcommittee led by the HMIS system administrator with 3 county leads. The county leads keep historical maps of all known locations of unsheltered individuals & seek new locations from other CoC organizations each year with help from local law enforcement & government staff, including outreach agencies. In the last year, we increased outreach efforts with one agency receiving ESG funding. One county homeless board with a low unsheltered count is making a map of newly identified encampments for next year's PIT with assistance from law enforcement & outreach agencies. The only time that geographic areas were excluded are if the canvassers felt unsafe as we do not want to put them at risk in entering a person's home (tent)

without permission, especially at night. If awarded a PIT grant from the State this year, the CoC voted to use the grant funds to provide immediate housing to unsheltered individuals rather than the incentive items to encourage participation.

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

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

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. 08/12/2016
(mm/dd/yyyy)

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

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

Objective 1: Ending Chronic Homelessness

Instructions:

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

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

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

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

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	51	33	-18
Sheltered Count of chronically homeless persons	27	17	-10
Unsheltered Count of chronically homeless persons	24	16	-8

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

The CoC has reduced the number of chronically homeless persons in the 2016 PIT by employing numerous initiatives to reduce the # of chronically homeless persons. The Veterans workgroup's goal is ending veteran homelessness by the end of 2016, giving chronically homeless veterans priority for HUD VASH vouchers, thus reducing the # of chronically homeless sheltered and unsheltered persons in the PIT. For the last several years, CoC funded PSH projects gave chronically homeless persons priority when filling vacant PSH beds which further reduced the # of chronics. To further this effort, effective July 1, 2016, our CoC adopted CPD-14-012 to prioritize persons experiencing chronic homelessness for all PSH projects, using newly released CPD-16-11 in writing the CoC policy. In the PIT, we did not do a complete census count this year, rather we used the known locations in our methodology due to safety concerns; however, outreach has increased this year to conduct a complete census in 2017.

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

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	35	59	24

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

The VA Administration gave us additional HUD VASH voucher beds for a total of 67 beds in the 2016 HIC, of which 13 were dedicated to chronically homeless veterans. In the 2015 HIC, we only had 30 beds for HUD VASH of which none were dedicated to serve chronically homeless veterans. In addition, the Somerset County Health Department, the agency with the largest # of CoC funded PSH beds, has been prioritizing placement of vacant PSH beds to chronically homeless individuals and families for the last several years. Last year, that agency only increased dedicated PSH beds by 1. This year, that agency increased the # of beds for chronically homeless by 11.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status?

Yes

3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found. See pages 2-3

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

This question will not be scored.

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

The strategies used by the CoC is implementation of Notice CPD-14-012 (now CPD-16-11) to further the placement of chronically homeless into CoC funded PSH housing. Additional HUD VASH vouchers were dedicated to chronically homeless veterans and VA has informed us we will receive an additional 11 HUD VASH vouchers. An additional 11 PSH beds were dedicated to serve chronically homeless individuals by current PSH programs. In addition, the City of Salisbury is funding a pilot program to house 10 chronically homeless individuals starting July 1, 2016. There is a plan to increase this number each year and is engaging landlords to participate. The CoC is working with the local public housing authorities to prioritize homeless individuals and families when the waiting list is opened. The Wicomico County Housing Authority is currently renovating units which will become available January 2017. Many of the current PSH participants are on the waiting list for many years, so as they are accepted into PHA units, PSH units will be freed up to house chronically homeless individuals and families. A new bonus project is being submitted to house 6 disabled chronically homeless individuals, 2 of which are youth.

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

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

Instructions:

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

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

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

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
Health Needs & Care, Safety, Substance Abuse	<input checked="" type="checkbox"/>
Life Skills, Community & Family Relations	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

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

The CoC has a policy to rapidly rehouse families that become homeless using the coordinated assessment to quickly identify families at risk of becoming homeless, assess their needs & quickly rehouse them within our 30 day goal. ESG funded & non ESG funded programs for prevention and rapid rehousing prioritize the placement of families, doubling the services to families with children in FFY 15 from FFY 14. 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 facility housing and work with landlords to take renters with past criminal history. The CoC assures that ESG & CoC funded agencies that accept families with children 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 by agencies to assure housing stability.

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

	2015	2016	Difference
RRH units available to serve families in the HIC:	4	4	0

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

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
PSH providers ensure family members are not separated, modifying bed size to accommodate family members rejoining the household	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

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

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count,		
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	most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	23	19	-4
Sheltered Count of homeless households with children:	23	18	-5
Unsheltered Count of homeless households with children:	0	1	1

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

For the first time, an unsheltered household with a child was identified in the 2016 PIT. In past PIT counts, only adult unsheltered households have been counted. We worked to immediately refer this family to a shelter bed. We attribute this to our service based count where the unsheltered household with a child came for services. We attribute the decrease in the number of homeless households with children in the sheltered count to the CoCs efforts to rapidly rehouse homeless households with children within 30 days. Although we didn't increase the number of RRH units in the HIC, this figure is not an accurate representation of our RRH units dedicated to families. Rather, on the date of the HIC, only 4 RRH units were being used that day. Throughout the year, households with children are prioritized for RRH funds. Between 2014 and 2015, we doubled the number of families in RRH units.

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

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

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

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>

Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input checked="" type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

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

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
Conducted 2 week comprehensive survey of unaccompanied youth as a pilot program of 6 out of 16 Maryland CoCs.	<input checked="" type="checkbox"/>
Planning a 2nd survey of unaccompanied youth, modifying from lessons learned from 1st survey.	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

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

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	2	7	5

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing

**program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why.
(limit 1000 characters)**

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

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$13,500.00	\$33,200.00	\$19,700.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$19,500.00	\$19,500.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$13,500.00	\$13,700.00	\$200.00

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

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	18
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	18
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	18

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

Our CoC 3 county local education homeless liaisons are active participants in the monthly CoC meetings, attending 80% of the monthly CoC meetings. In addition, all 3 participated in the 5 planning meetings for Youth REACH MD to conduct a count of unaccompanied youth in 6 Maryland CoCs during 9/28-10/9/15, providing guidance and will continue to attend planning meetings for the Spring 2017 youth count. The 3 local education liaisons attend the regularly scheduled SEA meetings, held monthly by the State Board of Education. If one of them cannot attend, they either send a county representative or obtain the information from the meeting from one of the other county BOE homeless liaisons. In addition, the 3 county local education liaisons have regional meetings with neighboring counties, as well as educational liaisons for the two States that border our State – Virginia and Delaware – as children often cross not only county lines, but state lines when they experience homelessness.

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

The Board of Education (BOE) homeless liaisons for our 3 county CoC have been active CoC members for many years, sharing their policies and procedures in ensuring homeless participants are informed of their eligibility and receive access to educational services. The CoC developed a policy to ensure that the educational needs of homeless children are met requiring the BOE and Head Start liaisons to collaborate with the CoC & provide annual reports of the # of homeless children being assisted. They must (1) provide written material to parents informing them of their rights, (2) ensure that children are enrolled in school immediately and connected to services, providing needed supplies and materials, (3) identify homeless children/youth, determine best interests, monitor registration/enrollment, and resolve enrollment disputes, (4) collaborate with shelters, and other agencies to identify homeless youth, informing families of eligibility for Mc-Kinney-Vento 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. CoC and ESG funded projects ensure that all children are enrolled in early childhood programs or in school and connected to appropriate education related services in the community. The CoC supplemented this policy by establishing the Youth REACH MD workgroup in early 2015 composed of all youth providers with the primary focus of conducting outreach to youth to identify the reasons they become homeless. Monthly meetings are held to prepare for the Youth REACH count which furthered the education of CoC members about the special needs of this population to determine methods to reduce the number of homeless youth and the increased number of homeless youth being served in our shelters. The CoC conducted a 2 week sheltered and unsheltered count of homeless youth in fall 2015, analyzed the results and is now preparing for a second count in the Spring 2017.

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

No, but HALS CoC member agencies do have written agreements with programs that provide services to infants, toddlers and youth children through WIC and Healthy Start through county health departments, Head Start and Local Management Boards that provide services to children. The CoC is exploring these written agreements to develop written agreements from the CoC with these agencies.

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

Objective 3: Ending Veterans Homelessness

Instructions:

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

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

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

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	27	21	-6
Sheltered count of homeless veterans:	24	19	-5
Unsheltered count of homeless veterans:	3	2	-1

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

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

Through our coordinated assessment process, veterans are identified in HMIS using assessment tools 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 & day facilities to rapidly engage veterans as well as encampments. Shelter is made available to any unsheltered veteran. 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. Our Veterans Workgroup (SSVF, VA, National Guard,CoC & State VA staff) meets monthly to conduct case conferencing of all veterans who are homeless on our by-name list, even those that do not qualify for VA services. Close contact is maintained within this group during the month to identify housing for homeless veterans within our 60 day goal.

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

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	8	19	137.50%
Unsheltered Count of homeless veterans:	0	2	0.00%

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

This question will not be scored.

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

We believe that we can end veteran homeless by the end of 2016 given our current level of services, however, an emerging trend affecting this is the migration of veterans coming into our CoC from other areas & the increase of opioid addiction. The CoC established the Veterans workgroup last year, meeting monthly with the goal of ending veteran homelessness:(1)Developed a release to allow for case conferencing discussion of homeless veterans;(2)Developed by name list template, requiring several modifications to finalize and created a google docs group to protect client confidentiality;(3)meet monthly to discuss the status of housing for veterans on by-name list and update with new homeless veterans identified;(4)Strategies' for placement in PSH - housing first, prioritizing chronically homeless and removal of barriers;(5)Use of master list to analyze recidivism and (6) Gain participation of City of Salisbury in participating in the Mayor Challenge, dedicating one unit for

veterans.

4A. Accessing Mainstream Benefits

Instructions:

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

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

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

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	9
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	9
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

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

All CoC funded programs collaborate with agencies in the region to facilitate health insurance enrollment - Medicaid, Medicare and Affordable Care Act options. For Medicaid, we collaborate with each Department of Social Services. For Medicare, we coordinate with the Social Security Administration. For Affordable Care Act options, we partner with the Worcester County Health Department who manages the Affordable Care Act Program for our region. In reviewing the APRs for the last year for our CoC funded PSH Programs, of 213 participants, only 5 did not have health insurance. So, 98% of PSH participants

have health insurance.

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

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Presentations to CoC members by Affordable Care Act Program	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

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

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

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	9
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	9
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

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

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	9
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	9
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	100%

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

Direct outreach and marketing:	<input type="checkbox"/>
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Use of phone or internet-based services like 211:	<input checked="checked" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="checked" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="checked" type="checkbox"/>
Copy of PSH application used by all PSH programs, both CoC funded & non-CoC funded provided on CoC website	<input checked="checked" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	26	17	-9

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

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

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

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must

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

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

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

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

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

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>

Retooling transitional housing:	<input type="text"/>
Rapid re-housing:	<input type="text"/>
Under-performing program recipient, subrecipient or project:	<input type="text"/>
	<input type="text"/>
Not applicable:	<input type="text"/>

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

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

4C. 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	Notice to HALS Co...	09/10/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	9-9-16 Posting of...	09/11/2016
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	HALS CoC Ranking ...	09/12/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Public Notice of ...	09/12/2016
05. CoCs Process for Reallocating	Yes	HALS CoC Policy o...	09/10/2016
06. CoC's Governance Charter	Yes	HALS CoC Governan...	08/24/2016
07. HMIS Policy and Procedures Manual	Yes	HALS HMIS Policie...	08/28/2016
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	3 PHA Letters re:...	09/11/2016
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No	CoC Written Stand...	09/12/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	System Performanc...	08/15/2016
14. Other	No	Policy on Ending ...	09/12/2016
15. Other	No	Continuation of 0...	09/13/2016

Attachment Details

Document Description: Notice to HALS CoC that no projects were rejected

Attachment Details

Document Description: 9-9-16 Posting of Final Draft of 2016 CoC Consolidated Application

Attachment Details

Document Description: HALS CoC Ranking and Review Procedure Documents

Attachment Details

Document Description: Public Notice of CoC Rating and Review

Attachment Details

Document Description: HALS CoC Policy on Monitoring & Reallocation

Attachment Details

Document Description: HALS CoC Governance Charter

Attachment Details

Document Description: HALS HMIS Policies and Procedures

Attachment Details

Document Description:

Attachment Details

Document Description: 3 PHA Letters re: homeless preference & CoC Participation

Attachment Details

Document Description:

Attachment Details

Document Description: CoC Written Standards for Order of Priority w/application documents

Attachment Details

Document Description:

Attachment Details

Document Description: System Performance Review Reports

Attachment Details

Document Description: Policy on Ending Veteran Homelessness

Attachment Details

Document Description: Continuation of 04 - with copy of email to CoC

Submission Summary

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

Page		Last Updated
1A. Identification		08/15/2016
1B. CoC Engagement		09/13/2016
1C. Coordination		09/12/2016
FY2016 CoC Application		Page 63
		09/13/2016

1D. CoC Discharge Planning	08/15/2016
1E. Coordinated Assessment	09/12/2016
1F. Project Review	09/12/2016
1G. Addressing Project Capacity	09/04/2016
2A. HMIS Implementation	08/15/2016
2B. HMIS Funding Sources	08/15/2016
2C. HMIS Beds	09/05/2016
2D. HMIS Data Quality	09/04/2016
2E. Sheltered PIT	09/05/2016
2F. Sheltered Data - Methods	09/05/2016
2G. Sheltered Data - Quality	09/05/2016
2H. Unsheltered PIT	09/05/2016
2I. Unsheltered Data - Methods	09/05/2016
2J. Unsheltered Data - Quality	09/05/2016
3A. System Performance	09/12/2016
3B. Objective 1	09/12/2016
3B. Objective 2	09/12/2016
3B. Objective 3	09/10/2016
4A. Benefits	09/05/2016
4B. Additional Policies	09/12/2016
4C. Attachments	09/13/2016
Submission Summary	No Input Required

Connect Maryland Secur... x Fwd: Website document... x somersethealth.org/HAL... x

somersethealth.org/HALS/HMIS.html

Apps ★ Bookmarks Google Lenovo Recommend... Other bookmarks

HOMELESS ALLIANCE FOR THE LOWER SHORE MARYLAND

Home Shelters Data Forms & Resources Funding

Funding Opportunities

HUD NOFA 2016
[Final HUD NOFA CoC Application 2016 - 9/9/16](#)
[Final Project Priority Listing for CoC NOFA 2016](#)


[NOFA for CoC Competition](#)
[NOFA for CoC Program Information](#)
[NOTICE OF FUNDING](#)
[Tool for Identifying Projects - Prioritize Chronically Homeless \(Excel\)](#)
[CoC Ranking Tool \(Excel\)](#)
[FY2014 CoC Competition ProRata Need Amounts](#)

COC's may reallocate funds from existing projects to create new PSH projects that create new rapid re-housing projects for homeless households with children who enter directly from the streets or emergency shelters. There is also a bonus project available to provide permanent supportive housing dedicated to the chronically homeless. Please refer to the NOFA links above for further details.

The HALS CoC requests that if anyone is interested in proposing a reallocation of money for a new project or submitting a bonus project to please submit a letter of interest to email Lisa.Renegar@maryland.gov no later than 4:00 pm on Friday, October 3, 2014. You are encouraged to read the entire NOFA if you are submitting a letter of interest. If there are any questions concerning the NOFA, please address them to Greta Rolland at gretarolland@aol.com

2016 Final Projectpdf ^ Final CoC Applicati...pdf ^ Show all X

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 minutes will be electronically provided to both voting and affiliate 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.

- 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. 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 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; and (5) setting meeting agendas.

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) subcommittee chairs, as defined below in Article XII, (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) chairs of the Homeless Committees (or their designees) from each county, and (6) staff support, as defined below in Article XIII, or a designated representative for one or more of the above.

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.

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)



Craig Stofko
Health Officer
Somerset County Health Department

Performance Measurement Module (Sys PM)

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH		843		72			37	
1.2 Persons in ES, SH, and TH		882		92			42	

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

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.

	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	-	-	-	-	-	-	-	-
1.2 Persons in ES, SH, and TH	-	-	-	-	-	-	-	-

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 (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	218	29	13%	17	8%	21	10%	67	31%
Exit was from TH	29	0	0%	5	17%	2	7%	7	24%
Exit was from SH	0	0		0		0		0	
Exit was from PH	89	4	4%	4	4%	0	0%	8	9%
TOTAL Returns to Homelessness	336	33	10%	26	8%	23	7%	82	24%

Performance Measurement Module (Sys PM)

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	Previous FY PIT Count	2015 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	336	326	-10
Emergency Shelter Total	247	232	-15
Safe Haven Total	0	0	0
Transitional Housing Total	48	46	-2
Total Sheltered Count	295	278	-17
Unsheltered Count	41	48	7

Metric 3.2 – Change in Annual Counts

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

	Previous FY	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons		899	
Emergency Shelter Total		855	
Safe Haven Total		0	
Transitional Housing Total		78	

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		103	
Number of adults with increased earned income		11	
Percentage of adults who increased earned income		11%	

Performance Measurement Module (Sys PM)

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		103	
Number of adults with increased non-employment cash income		65	
Percentage of adults who increased non-employment cash income		63%	

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		103	
Number of adults with increased total income		70	
Percentage of adults who increased total income		68%	

Metric 4.4 – Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		21	
Number of adults who exited with increased earned income		1	
Percentage of adults who increased earned income		5%	

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

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		21	
Number of adults who exited with increased non-employment cash income		9	
Percentage of adults who increased non-employment cash income		43%	

Metric 4.6 – Change in total income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		21	
Number of adults who exited with increased total income		8	
Percentage of adults who increased total income		38%	

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

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.		815	
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	
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	

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

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.		1022	
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	
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	

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 2016.

Performance Measurement Module (Sys PM)

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

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


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

	Previous FY	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited		860	
Of the persons above, those who exited to permanent housing destinations		455	
% Successful exits		53%	

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

	Previous FY	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH		212	
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations		207	
% Successful exits/retention		98%	

Homeless Alliance for the Lower Shore Continuum of Care (COC) Policy

Policy on HALS Community Plan on Ending Veteran Homelessness		Effective: September 1, 2016	Revised:
Approved by:	Name 	Date: September 8, 2016	

I. Purpose:

Develop procedures for community plan to end Veteran homelessness by the end of December 2016, that will encompass the mid and lower shore counties.

II. Policy:

Every accessible homeless Veteran, both sheltered and unsheltered, will be identified, rapidly engaged, sheltered and/or housed, if desired, within 60 days. Our system, which includes local VA, COC partners, and community service providers, will also be prepared to effectively serve any Veteran who was initially unidentified, becomes at risk for homelessness, or experiences a future episode of homelessness.

III. Procedure for Community Plan Implementation

The COC will develop a master list by:

- Obtaining ROI
 - Use Release of Information created by the Veterans Community Plan Workgroup (VCPW) for all identified homeless veterans to be entered on the Master By-Name List.
- Master List Uploaded to Google Docs
- Both VA/SSVF eligible and non-eligible Veteran
 - All veterans that have at least one day of net active service and are not dishonorably discharged will be entered on the Master List.
- Identifying information to be entered
 - First and last name and HMIS number.
- Provider information and updates
 - Identify which agency(ies) will provide housing services to the Veteran along with expected housing date and notes regarding placement.
- Exit Destination and Plan
 - Outline where veteran is exited to and summarize plan for remaining stably housed.
- Return to Homelessness
 - Each occurrence of Veteran's homelessness will have a new entry onto Master List in order to track and analyze

Maintenance of List

- Access to Master List
 - All workgroup members will have access to review master list.
- Update of Master List
 - Only SSVF providers will update the list according to new enrollments and changes in status.
 - Changes/updates to occur daily as needed or upon changes.
- Identifying new homeless Veterans
 - Continuous identification of veterans entering homelessness through SSVF, VA and street outreach efforts, HMIS, emergency shelters, day shelters and PIT counts.
- Exit from Master List
 - Once Veteran is permanently housed, information will be documented on master list and entry shaded to indicate Veteran has been “exited”.

Case Review

- Workgroup meetings
 - Case conferencing to be held, in person, monthly.
 - Strategic planning meetings will involve VA personnel and be held quarterly.
- Strategies for Placement in Permanent Housing
 - Housing first model
 - Prioritizing those Veterans that are chronically homeless (most cost to the community)
 - Prioritization of existing housing resources (VASH, PSH, SSVF, etc.)
 - Interventions and removal of barriers
 - Enlist Mayors to participate (Mayor’s Challenge)

Evaluation and Tracking

- Using Master List to analyze recidivism
 - Repetitions of homeless incidents will be easily identified by separate entries to Master List
- Return to homelessness
 - Use Master List as a tool to monitor how often and reasons why rehoused Veterans are unable to sustain permanent housing.

-----Original Message-----

From: Greta Rolland <gretarolland@aol.com>

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Cc: patti.smith <patti.smith@maryland.gov>

Sent: Fri, Jul 15, 2016 9:56 am

Subject: 2016 HUD NOFA documents CoC Program Application and solicitation for new/bonus projects

Good Morning,

Attached please find the 2016 NOFA for the Continuum of Care Program which is due to HUD on 9/14/16. Within the NOFA is detailed information about the availability of new and bonus projects which is condensed into a one page document also attached to this email. If an agency wants to submit a new or bonus program, please send an email or letter of interest to me by close of business next Friday, July 22, 2016. Each project application is due to be entered into eSNAPS (HUD website for CoC funded projects) by August 10, 2016 in order to meet the HUD deadline of 30 days prior to the NOFA 9/14/16 deadline. If you are an agency new to the process, help is offered by Shannon Frey, CoC Lead and Greta Rolland, HMIS System Administrator. If you need help, please email one or both of us at shannon.frey@maryland.gov or gretarolland@aol.com.

To ensure that we meet the conditions of the NOFA, these two documents will be placed on the HALS CoC website:

<http://somersethealth.org/HALS/HALhome.html>.

Thanks so much and enjoy the weekend. Greta

Greta Rolland

Homeless Alliance for the Lower Shore CoC

MD-513 CoC

HMIS System Administrator and Homeless Program Consultant

[443-880-0794](tel:443-880-0794)

GrubHub - Attachment ... ADL Mail (1474) Creating a Zip File and Cap... hals.coc - Yahoo Search ... http://somersa...ALS/forms.html

somersethealth.org Homeless Alliance for the Lower Shore Maryland

Home Shelters Data Forms & Resources Funding

Homeless Alliance for the Lower Shore (H.A.L.S.)
Forms & Resources

[FY17 Homeless Identification & Birth Certificate Project - Instructions to make a referral](#)

FY2016 HUD NOFA CoC Application Documents

[NOFA for CoC Competition](#)
[NOFA for CoC Program Information](#)

Other Resources
[ESG Poster Event Slides](#)
[Resource Guide](#)

Documents
[At Risk of Homelessness - Criteria for defining](#)
[ESG Homeless Definition & Income FAQ](#)
[Homeless Definition - Disability by Component](#)

[Homeless Definition - Criteria for Defining Homeless](#)

5:48 AM 9/11/2016