Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections REQUIRES SUBMISSION:
- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1A-1 CoC Name and Number: MD-513 - Wicomico/Somerset/Worcester County CoC

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

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1B-1 How often does the CoC conduct meetings of the full CoC membership?	Monthly
1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation?	Monthly
IB-3 Does the CoC include membership of a homeless or formerly homeless person?	Yes
1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Select all that apply.	Outreach, Advisor, Volunteer, Community Advocate, Organizational employee

1B-5 Does the CoC's governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	No
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	No
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	No

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Governance Committee/Ranking and Monitoring	The Governance Commitee is comprised of 2 cochairs, chairs of each subcommittee, reps. from each county homeless board & a formerly homeless individual. It is responsible for setting agendas for CoC meetings, coordinating the work of each subcommittee to ensure that it meets the CoC goals and objectives of Opening Doors & final approval of CoC Application. This subcommittee also serves as the monitoring/ranking committee - solicits new projects yearly, performs ranking of projects and recommends selection to the CoC. Monitoring includes review of APRs & spreadsheets to ensure compliance with performance measures, compliance with HUD regulations and timely expenditures. Findings are presented to CoC	Monthly	Co Homeless Boards; Co. DSSs/Prevention Providers, ESG faith based Shelters,Co. ESG recipient, CoC & HMIS leads, PSH programs, Co.Health Depts/Substance abuse, Regional Corrections,Faith Based Shelter; formerly homeless individual

1C-1.2	Strategic Planning	Develops projects to improve housing access for emergency, transitional or permanent housing to meet needs of homeless individuals/families & address gaps. Plan annual retreat to address gaps in service and coordinates discharge planning with corrections, mental health facilities, hospitals and foster care agencies. Lead subcommittee in coordinating training needs of the CoC to include SOAR, VA benefits, transportation needs and other issues as needs are identified. As the 3 counties are in FEMA Disaster areas, coordinates disaster planning such as was recently experienced by Hurricane Sandy when all 3 counties were awarded FEMA disaster assistance, with individual FEMA assistance designated for Somerset County.	Quarterly	VA shelter, Salisbury CDBG Grantee, VA Employment,Hospital, Outreach worker,SOAR staff, SSVF agency,Comm. Foundation,Local Health Dept/MH Provider, ACA Advisory Member,ESG funded RRH/Prevention/Shelter/SSVF,Labor agency,VA outreach
1C-1.3	HMIS/PIT/HIC	This subcommittee is responsible for all aspects of HMIS implementation and usage; policies and procedures, prepares the yearly PIT, HIC & AHAR, Centralized assessment and connects homeless and at risk homeless population with mainstream benefits. Expands HMIS usage; compliance with HMIS policies and procedures and monthly data quality reports to monitor program performance. Plans and conducts the annual PIT count of homeless persons, coordinating locations of unsheltered population, train surveyors, development of survey tool, entry into HMIS to generate reports. Completes CoC application and provides for review at CoC meeting to obtain approval by CoC members prior to submission.	Quarterly	HMIS Administrator, Faith Based ESG funded Shelter, Local Government/DSS/Prevention provider, Shelter provider/ESG RRH & Prevention/SSVF agency, Domestic Violence Shelter/211 Agency, CoC Planning staff
1C-1.4	Homeless Prevention/Workforce Investment	Subcommittee's goal is to explore employment opportunities and obtain or maintain housing for the homeless and at risk homeless in the CoC. Coordinates with community stakeholders to improve the employment for homeless and at risk homeless individuals, increase job skills, improve education and assist in obtaining GEDs, prompt assistance with utility bills and rental assistance and provide life skills training, All agencies that provide rapid rehousing participate in this subcommmittee. Developed & maintains a resource guide of available services to addess the needs of the homeless population to assist agencies who serve the homeless population which is key to centralized assessment in our regional CoC.	Quarterly	PSH Provider/Sub. Abuse, Salvation Army, Community Prevention/Food Pantry, BOE,SSVF, VA shelter/formerly homeless ind., ESG Prevention/Faith Based Outreach, DV Shelter/MH Mobile Crisis, ESG Transitional Shelter,Telemon-HUD Counselor/Immigrants

1C-1.5	10 year plan/Homeless childfren	Primary responsibility for the 10 year plan, meeting HUD objectives, addressing veterans needs, reducing the number of households with children, needs of the chronically homeless, obtaining affordable housing, ensuring the education of homeless children, coordination of discharge planning, and use of HMIS data to measure CoC performance. Subcommittee conducts outreach of homeless households with children, establishment of the day resourse center, conducting an annual outreach day and continuing to improve on coodorination of educational needs of homeless children	Quarterly	Faith Based Shelter(2),University, Mental Health Provider, Homeless Board/Health Dept,, Faith Based Outreach & Medical provider,Landlord, Local Government DSS and Prevention Provider, BOE reps, Head Start Coordinator, Medicaid Health Agency

1C-2 Describe how the CoC 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 when establishing the CoC-wide committees, subcommitees, and workgroups.
(limit 750 characters)

The CA maintains an email group of members, website for the CoC and welcomes all interested parties to join. We seek input from the entire CoC which is open to all organizations/individuals with an interest in homelessness & ask them to seek participation from others with interest in homelessness. In the last 2 months, we have asked CoC members to select their subcommittee preference based upon their interests. Some chose to remain in subcommittees they had previously attended, others switched and new members joined a subcommittee. Regular attendance and committee participation gives each agency a vote on CoC issues. We establish ad-hoc workgroups to supplement the existing subcommittees when needed. Each county homeless board is now a voting member of the governance committee to ensure we address the varied needs in each county.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)

The CoC uses a ranking tool for both CoC and ESG funded projects with objective criteria. For CoC funded projects, we use a spreadsheet that captures APR results to measure progress in ending chronic homelessness, housing stability, increasing income and obtaining mainstream benefits for project participants. This tool was used by the monitoring and ranking committee to rank projects and the recommendation is then presented to the full CoC for a vote. The CoC ranking is made available to CoC members and will be posted on our website.

1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)

The HMIS system administrator runs quarterly APRs to conduct analysis of each projects effectiveness and on a semi analysis basis,enters the following data elements into the monitoring spreadsheet to determine participants' progress: Chronically homeless to determine priority and length of homelessness, Return to permanent housing: reason for leaving and destination to determine housing stability Income and Non-Cash benefits received by participants. The data is analyzed to determine barriers, particularly to income and benefits and training is then provided to project staff to help them better meet the needs of the participants.

1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.
(limit 750 characters)

At monthly CoC meetings, open solicitations, such as the HUD CoC Competition are discussed with the CoC Members, including new funding opportunities. Comments and questions are solicited at the meeting and members are advised that assistance will be offered by the CA if they want want to submit a proposal. An email goes out to the CoC members asking for letters of interest with a deadline so that assistance can be offered to complete project applications by the HUD deadline. Solicitations are posted on the CA's website - http://www.somersethd.org/HALS/HALhome.html to ensure we meet HUD deadlines.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application.	12/18/2013
1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?	01/23/2014
1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes?	Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number.
(limit 1000 characters)

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months?	No

**1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved.
(limit 750 characters)**

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1E-1 Did the CoC submit the 2013 HIC data in the HDX by April 30, 2013? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices.
(limit 1000 characters)

The CoC HMIS lead agency is responsible for ensuring compliance with the CoC interim rule, conformance with 2010 HMIS data stands and other related HUD notices. The HMIS administrator is a listserv member of HUD to keep current of all HUD requirements, is an active participant in MARHMIS workgroup, seeks guidance from the HUD HMIS TA provider, maintains close communication with the HMIS vendor to assure that the HMIS software is updated to meet HUD specifications and requests timely upgrades to HMIS software to address HUD changes. The HMIS administrator chairs the CoC HMIS subcommitee and seeks subcommittee members input, collaboration and advice. Subcommitttee recommendations are addressed to the full CoC for review and approval by voting.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? If yes, a copy must be attached.	Yes

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan.
(limit 1000 characters)

We have an HMIS policy and procedure manual that is revised at least yearly, but, it needs a major revision to be more user friendly and less lengthy. However, the HMIS Lead and the HMIS Subcommittee has decided to wait for this major revision until HUD implements the proposed HMIS Standards which will require major changes to our policies and procedures. Our CoC has adopted into our HMIS Policy and Procedures the privacy plan (spring 2012) and data quality plan (fall 2012) through the combined efforts of Maryland HMIS Administrators for the Maryland Statewide Homeless Data Warehouse and security is covered in our Policies and Procedures starting on page 34. The original HMIS Policy and Procedures were adopted in August 2005 and are revised to address HUD HMIS Data Standards and changes adopted by the CoC.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? Applicant will enter the HMIS software name (e.g., ABC Software).	ServicePoint and the HMIS lead is the Somerset County Health Department
2A-5 What is the name of the HMIS vendor? Applicant will enter the name of the vendor (e.g., ESG Systems).	Bowman Systems
2A-6 Does the CoC plan to change the HMIS software within the next 18 months?	No

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

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

2B-2 Select the CoC(s) covered by the HMIS: (select all that apply) MD-513 - Wicomico/Somerset/Worcester County CoC

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$45,850
ESG	$0
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$45,850

2B-3.2 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	$8,500
Other Federal	$0
Other Federal - Total Amount	$8,500

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	$0
County	$0
State	$14,277
State and Local - Total Amount	$14,277

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	$5,800
Organization	$0
Private - Total Amount	$5,800

2B-3.5 Funding Type: Other

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

2B-3.6 Total Budget for Operating Year	$74,427

2B-4 How was the HMIS Lead selected by the CoC? Agency Applied

**2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)**

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

*** Emergency shelter**	86%+
*** Safe Haven (SH) beds**	Housing type does not exist in CoC
*** Transitional Housing (TH) beds**	Housing type does not exist in CoC
*** Rapid Re-Housing (RRH) beds**	86%+
*** Permanent Supportive Housing (PSH) beds**	86%+

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

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

N/A

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)

N/A

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	61
Transitional Housing	13
Safe Haven	0
Permanent Supportive Housing	39
Rapid Re-housing	2

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	3%
Date of birth	3%
Ethnicity	3%
Race	4%
Gender	3%
Veteran status	1%
Disabling condition	4%
Residence prior to program entry	3%
Zip Code of last permanent address	3%
Housing status	5%
Head of household	5%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

HMIS is used to generate APRs and ESG Caper reports. HMIS data has been used for over 10 years to generate HUD required APR reports. When HUD modifies the HMIS data elements or HUD required reports, the HMIS administrator timely requests vendor updates to address HUD changes to reports. The most recent update was conducted within the last six months to ensure that the ESG Caper Report could be accessed by ESG agencies and the HMIS administrator. HMIS data is also used for PIT, HIC, AHAR, SSVF, and numerous HMIS reports that assures HMIS data can be used to prevent and end homelessness in our CoC.

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

2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)

For ESG, CoC & SSVF funded projects, the HMIS administrator sends reports to agencies to document data quality. While the data quality standard is 90%, we routinely exceed this threshold. Should reports show data quality issues, the HMIS system administrator provides additional training to staff after analysis of data to determine what the HMIS user needs help with. Recent reports have shown that some HMIS users are having difficulty with entry of household data as shown by the increase in null data in 2D-2 which will be addressed in future trainings. The HMIS administrator goes over report results with program management staff and trains management and agency staff in how to ensure data quality. On a monthly basis, the HMIS administrator runs data quality report cards for review. These reports will be shared with the HMIS subcommittee before being distributed to the entire CoC.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Monthly

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

*** Measuring the performance of participating housing and service providers**	Quarterly
*** Using data for program management**	Quarterly
*** Integration of HMIS data with data from mainstream resources**	Never
*** Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)**	Never

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

Page 28 of the HMIS Policy and Procedures details the data quality plan with deadlines for entry and exit dates and includes the Data Quality Plan adopted by majority of Maryland HMIS System Administrators for the Maryland Statewide Homeless Data Warehouse (MSHDW) in August 2012.

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/30/2012

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? No

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/30/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	100%	0%	100%
Transitional Housing	0%	100%	0%	100%
Safe Havens	0%	0%	0%	0%

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

We saw an overall increase of 98 people comparing 2012 to the 2013 Sheltered PIT count. The majority was people left homeless by Superstorm Sandy that could not be accommodated in shelters were housed in motels paid for by government funds or faith based organizations. Another significant impact was the completion of the remodeling of our largest emergency shelter. For emergency shelter stays, we saw an increase of 109 people, as we counted 283 in 2013 and 174 in 2012. We saw a decrease of 11 people in transitional shelters as a result of the closure of a 6 bed shelter due to damage and also the decrease in the number of people served in our largest transitional shelter. That shelter had significant staff changes and did not have sufficient staff to fill all available beds.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

Survey providers:	X
HMIS:	X
Extrapolation:	
Other:	

2H-2 If other, provide a detailed description.
(limit 750 characters)

2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)

HMIS was used to generate PIT reports provided by the HMIS vendor. Other HMIS reports were also reviewed to ensure that the HMIS PIT report was correct. HMIS generated bed lists and Entry/Exit reports were run and analyzed to detect any discrepancies with the HMIS generated PIT report. Discrepancies were researched and corrected and then these reports were compared to manual data maintained by shelter providers to ensure accuracy. Upon entry into HUD HDX, data for the HIC and PIT also detected discrepancies which were the analyzed and corrected to ensure accuracy of submission.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	X
Interviews:	
Non-HMIS client level information:	
Other:	

2I-2 If other, provide a detailed description. (limit 750 characters)

2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

The HMIS administrator ran numerous HMIS generated data quality reports to ensure the 2013 PIT data that is entered into HUD HDX is accurate. These reports are reviewed by shelter provider staff to ensure accuracy. Any discrepancies or data quality issues are reviewed by provider staff to solicit their expertise in the information contained within the reports. Provider staff are asked to reconcile HMIS data and discrepancies are reconciled with manual shelter data. After the reconciliation, needed changes to HMIS data are made to ensure accuracy of HMIS reports that are used to generate the 2013 PIT.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

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

2J-2 If other, provide a detailed description. (limit 750 characters)

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

Shelter staff were trained in data quality entered into HMIS. The HMIS administrator runs monthly data quality reports to determine errors or missing data that require correction. Shelter staff are trained in interpretation of report data and assisted in how to properly correct data to ensure accurate data. HMIS administrator uses this report to determine those users who need extra training which is done one on one with the agency staff.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/30/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/30/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change.
(limit 750 characters)

We had an increase of 5 people in the # of unsheltered homeless in 2013 compared to the 2011. While this doesn't seem substantial, the majority of the unsheltered were the number of people made homeless as a result of Superstorm Sandy in Somerset County.This county typically only sees very small number of unsheltered homeless.This year, Worcester County, was much more successful in outreaching to unsheltered individuals. However, Wicomico County which has the largest # of unsheltered individuals saw their numbers greatly reduced when a new outreach worker replaced the 10 year outreach worker who had completed the survey. Obviously, we need to rebuild trust with the new outreach worker with people living in encampments. Another factor was removal of encampments in the weeks prior to the PIT by police.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	X
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	
HMIS:	X
Other:	

2L-2 If other, provide a detailed description. (limit 750 characters)

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

Staff participating in the unsheltered count were trained in meeting of the PIT subcommittee held on January 23, 2013. The PIT survey instrument was reviewed and people went over their assigned unsheltered locations. Safety of surveyors was stressed. Questions were solicited about the survey and how to handle those people who did not want to give their name or social security number, but rather use the unique identifier.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	X
"Blitz" count:	
Unique identifier:	X
Survey question:	X
Enumerator observation:	
Other:	

2N-2 If other, provide a detailed description. (limit 750 characters)

2N-3 For each method selected, including other, describe how the method was used to reduce the occurance of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to recieve credit for any selection, it must be described here. (limit 750 characters)

A PIT survey was prepared by the PIT subcommittee to be used in public places and encampments on the night of the PIT. The form requested names and SS numbers to ensure de-duplication. If people did not want to give names, a unique identifier was used to ensure de-duplication. The data collected in each survey was entered into HMIS which further ensured de-duplication as it compared people who identified themselves as unsheltered to those housed in shelters during the PIT. Duplicates were reviewed and placed in the appropriate population. PIT reports were reconciled to manual surveys to ensure accuracy.

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		136	130	125
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	19	23	32	35
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		28	25	25
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		20%	30%	33%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		0	0	0

3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(limit 1000 characters)

APRs for FY 13 reveal that 33% of the participants served in our PSH programs were chronically homeless. Somerset County Health Dept. has been prioritizing the placement of chronically homeless persons into vacant PSH beds to end chronic homelessness. In the past, the PSH waiting list was used to fill vacant slots based on how long the homeless person had been on the waiting list. While this is still the case, priority is given to those persons or households who are chronically homeless. HMIS is used to verify chronic homelessness as our HMIS was opened in 2011 and all episodes since then are visible to verify chronic homelessness. While we seek to end chronic homelessness by 2015, we do not believe that this is doable given the consistent increase we see in the # of chronically homeless. With that said, the CoC does everything in its power to increase the # of PSH available to end chronic homelessness, filling 9 additional housing units with chronically homeless individuals in the last year.

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.
(limit 1000 characters)

Shannon Frey, Somerset County Health Department, Lisa Renegar, Wicomico/Somerset Core Service Agency, Jessica Sexauer, Worcester Core Service Agency all work together to prioritize chronically homeless individuals in filling vacant PSH beds they manage. Progress will be monitored through HMIS reports (APRs) run by Greta Rolland, HMIS Administrator and forwarded to Monitoring/Ranking Committee. The Somerset County Health Dept. is using the additional rental assistance funds obtained last year to increase housing for chronically homeless and the Core Service Agencies are reviewing their process in filling PSH beds to prioritize vacant beds for chronically homeless persons. The PSH programs will coordinate filling vacancies to increase the number of PSH beds to increase the number of chronically homeless beds.

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

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? Yes

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	188	192	195
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	181	184	187
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	96%	96%	96%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

In the 2012 NOFA, 93% of participants achieved housing stability and we projected reaching 94% in 2013. Upon review of the APRs submitted during the period 10/1/12 - 9/30/13 we have exceeded our anticipated achievement as 96% of the participants achieved housing stability. The CoC will continue the intensive case management, particularly with new participants to assure that we continue to sustain this high % of housing stability. Case managers will assist the participants in any issue that may affect their housing stability. PSH providers and CoC members reviewed our current achievement and did not believe we could improve beyond the current 96%. Rather, our goal is to maintain this high percentage.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects.
(limit 1000 characters)

Shannon Frey,Somerset County Health Department, Lisa Renegar, Wicomico/Somerset Core Service Agency and Jessica Sexauer, Worcester Core Service Agency all work together to increase the rate of housing stability through the management of the CoC funded projects for which they are responsible. Greta Rolland, HMIS Administrator provides the training for HMIS users entering the data for these projects and prepares the semi-annual spreadsheet from quarterly APRs. She provides these spreadsheets to the Monitoring and Ranking Subcommittee for review & findings are presented to the full HALS CoC. The CoC provides training to PSH case managers and HMIS users to increase and/or maintain housing stability.

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

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	137

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	12%	12%	12%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	66%	75%	80%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income	16	11.68	**%**
Unemployment Insurance	3	2.19	**%**
SSI	45	32.85	**%**

SSDI	31	22.63	**%**
Veteran's disability	1	0.73	**%**
Private disability insurance	0		**%**
Worker's compensation	0		**%**
TANF or equivalent	27	19.71	**%**
General Assistance	1	0.73	**%**
Retirement (Social Security)	0		**%**
Veteran's pension	0		**%**
Pension from former job	1	0.73	**%**
Child support	5	3.65	**%**
Alimony (Spousal support)	1	0.73	**%**
Other Source	1	0.73	**%**
No sources	19	13.87	**%**

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above.
(limit 1000 characters)

Review of the new APR and entry of this data into our spreadsheet to determine outcomes has revealed that agency staff need to ensure they are capturing yearly increases in benefits such as SSI, SSDI and other incomes sources that normally get a yearly increase. Most participant's data is being updated in HMIS on a six month basis, but agency still will receive training to stress the importance of capturing this data in HMIS. In preparing this spreadsheet, we became aware that some PSH programs were not documenting income for participants when they received the limited $185.00 per month from State Disability Assistance while they wait for their SSI/SSDI applications to be reviewed. These clients will now have that income noted in HMIS. We are also reviewing those clients with limited general assistance while they wait for a decision in their application for Social Security disability benefits. The SOAR case manager will review the status of these participant's disability claims to determine whether they are appropriate for the SOAR program. This will not only will not only increase their very limited income, but also result in a yearly increase in their income.

3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)

Only 12% of the project participants in CoC funded projects have employment income as the majority of the participants receive SSI or SSDI as a result of their disabilities. In last year's NOFA, this objective was calculated differently, requesting measurement of only clients that exited. In the past, we had reached the HUD objective, but as we continue to fill PSH beds with chronically homeless individuals, they do not have employment, often only limited state disability income of $185.00 per month as they pursue SSI/SSDI benefits. The PSH projects have filled several vacant PSH slots and none of the clients have income as they are disabled and receive disability income benefits. Therefore, we do not believe it is realistic or attainable to increase the percentage over 12% currently obtained.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

Shannon Frey,Somerset County Health Department, Lisa Renegar, Wicomico/Somerset Core Service Agency and Jessica Sexauer, Worcester Core Service Agency all work together to increase the income for project participants through the management of the CoC funded projects for which they are responsible. Greta Rolland, HMIS Administrator provides the training for HMIS users entering the data for these projects and prepares the semi-annual spreadsheet from quarterly APRs. She provides these spreadsheets to the Monitoring and Ranking Committee for review who then documents their findings to the full HALS CoC. The CoC HMIS Administrator provides training to PSH case managers and HMIS users to stress the importance of increasing income for project participants from entry date to program exit and will prepare a form for staff to use to capture changes in incomes when they are visiting their participants.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.	137

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	90%	92%	93%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	98	71.53 %
MEDICAID health insurance	104	75.91 %
MEDICARE health insurance	19	13.87 %
State children's health insurance	27	19.71 %
WIC	5	3.65 %

VA medical services	2	1.46	%
TANF child care services	0		%
TANF transportation services	0		%
Other TANF-funded services	0		%
Temporary rental assistance	0		%
Section 8, public housing, rental assistance	0		%
Other Source	0		%
No sources	13	9.49	%

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)

Review of the new APR and entry of this data into our spreadsheet to determine outcomes has revealed that agency staff need to ensure they are capturing mainstream benefits such as Medicaid, SNAPS, Medicare, SCHIP, etc. The majority of the participants have mainstream benefits documented in HMIS which is then reflected in the APR. However, we question the 13 participants that are showing no sources of mainstream benefits. Training will be held with case management and HMIS user staff of the CoC funded projects to emphasize the importance of the capture of all mainstream benefits. If some participants do not have important benefits such as food stamps, Medicaid, etc., case managers will be instructed to assist them in obtaining these benefits. Quarterly review of the APR data will be entered into a spreadsheet by the HMIS administrator who will then submit it to the Monitoring and Ranking Committee.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit.
(limit 1000 characters)

Shannon Frey,Somerset County Health Department, Lisa Renegar, Wicomico/Somerset Core Service Agency and Jessica Sexauer, Worcester Core Service Agency all work together to increase the rate of participant's to access non-cash mainstream benefits through the management of the CoC funded projects for which they are responsible. Greta Rolland, HMIS Administrator provides the training for HMIS users entering the data for these projects and prepares the semi-annual spreadsheet from quarterly APRs. She provides these spreadsheets to the Monitoring and Ranking Committee for review who then documents their findings to the full HALS CoC. The CoC provides training to PSH case managers and HMIS users to stress the importance of increasing non-cash mainstream benefits for project participants from entry date to program exit.

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

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	0
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	40	50	55
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	15	17	20

**3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g.., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)**

Our 2 year plan is forming a workgroup to establish steps to increase the number of # of households with children we serve through rapid rehousing (RRH). Projections are conservative due to the limited time we have received RRH funds. Step 1 is use our allocation of additional ESG funds to be provided by the State this year as a result of legislation passed to add $1 million to ESG funds. Step 2 is proper documentation in HMIS of other State funds used for RRH as this year they had to be counted by hand. Step 3 is to add the recently received SSVF RRH funds to increase # of families served. HMIS reports revealed that families are given priority in ESG RRH funds and the workgroup needs to address this priority in other RRH funding. In Somerset, the only county in our CoC with no shelter, only ESG prevention funds assisted 49 households as they were doubled up, moving from family and friends as there was no shelter space and living on the streets with children is not an option. Wicomico and Worcester counties served 40 households with prevention funds. Our CoC requests that HUD allow prevention to be counted given the unique problems of rural homelessness.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

The Workgroup formed in 3A5.2 will report to the 10 year plan/Homeless Children Subcommittee and will be responsible for increasing the number of households with children that are receiving asssitance through rapid rehousing. The three county governments who request ESG rapid rehousing programs (Somerset, Wicomico & Worcester), the two organizations that receive ESG rapid rehousing funds for our 3 counties - Diakonia and Catholic Charities, SSVF agencies and Department of Social Services staff (who provide other RRH funds to households with children) will comprise the workgroup. The HMIS Administrator will run HMIS reports and prepare spreadsheets for review by the Workgroup members and Monitoring and Ranking Committee to be used to measure the progress of this increase. The process developed by the workgroup will be presented to the full CoC for approval by vote.

**3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable.
(limit 1000 characters)**

While the CoC does not currently have written policies and procedures for determining and prioritizing eligible households and the amount of rent they receive, we have sought input from the ESG recipients. In the coming year, a workgroup will be established to develop these policies and procedures. Unfortunately, the CoC has received very limited funds to provide rapid rehousing, so the percentage of rent that the RRH provider can provide is left up to that organization so that the limited amount of funds received can be used to help as many households as possible. This will also be addressed by the workgroup who will be tasked with arriving at an amount or % of rent that each program participant will pay.

3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs? (limit 1000 characters)

RRH providers provide case management to households residing in ESG projects through staff employed by the two organizations - Diakonia and Catholic Charities. The funding provided to these two organizations is insufficient to fully fund case management staff for these individuals, so they must rely on other operating funds to provide the case management. Case management is provided during the period of time that households are requesting and/orreceiving assistance and follow up is completed by case managers either at the 3 month recertification to continue services or when it is determined that the client should be exited from the program. Upon exit, the case managers contact the households to determine housing stability and any income or mainstream benefit changes.

3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends? (limit 1000 characters)

In our small rural CoC, personal relationships are maintained with assisted households through a variety of services provided by agencies. Both Diakonia and Catholic Charities maintain food pantries, thrift stores, counseling, immigration assistance, clothing and household goods to families. Through these contacts, the organizations maintain consistent contact with previously assisted households to ensure they do not experience additional returns to homelessness within the first 12 months after assistance ends. HMIS reports show that only a very small percentage return to homelessness in 12 months and CoC agencies cite the determination of sustainability when households seeks services to ensure they can maintain their housing. The CoC is exploring the development of Aftercare Programs using HMIS to track progress. In our open HMIS system, families served through RRH will be visible to the shelter and can be referred back to the RRH provider for assistance. We will use HMIS reports which identify households who return to homelessness, providing them to RRH agencies so they can follow-up with the household.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-1.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

**3B-1.1a If other, please explain.
(limit 750 characters)**

**3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

The CoC Strategic Planning Subcommittee addresses the efforts taken by CoC member agencies to ensure that persons coming out of foster care are not discharged into homelessness. The Department of Human Resources has established Enhanced Aftercare Services to allow youth to reenter the system between the ages of 18-21 with funding provided for an approved living arrangement. The Transitional Youth Exit Policy also assigns a caseworker responsible for scheduling a family involvement meeting when a youth is considering leaving care prior to age 21 and requires a transitional plan which includes specifics on housing, health insurance, education, work force and employment services and mentors & support. Participants in the program are placed in apartments and receive services from a case manager to assist with the transition plan to obtain further reduction, job training and employment. The case manager also serves as a mentor and support to assist these youth in the fundamentals of living independently.If at 21 they are not ready to live independently, they are referred to DSS Adult Services for assistance.

**3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

The Maryland Department of Human Resources (DHR) establishes state policies to ensure that persons discharges from foster care are not discharged into homelessness. These policies are enforced locally by each county Department of Social Services. In our CoC, the 3 counties have a representative from each county Department of Social Services (DSS). We believe we are successful as AHAR has not identified any individual coming out of foster care into homelessness since we started submitting data in 2010. In addition, the Strategic Planning subcommittee assesses discharge planning and seeks solutions to local issues. The subcommittee has members that include state & local agencies, health care, mental health & nonprofit agencies, shelter & corrections staff.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-2.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-2.1a If other, please explain.
(limit 750 characters)

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

Area shelters complained two years ago about the largest hospital discharging homeless individuals into their shelters. A meeting was scheduled with the discharge planning staff and shelter staff. As a result, Peninsula Regional Medical Center tasked one of the social workers to serve as a member on the CoC. Since that time, we have had a representative from the hospital on our CoC who has assisted us in ensuring that people are not discharged to the shelters. She works diligently to find available housing with agencies or with relatives. However, some of the chronically homeless from the encampments choose to return to their "home". The most recent hospital representative joined our CoC six months ago and has been very active in our CoC, even holding a drive at the hospital to collect blankets, coats, heaters, socks, hats, etc. for the chronically homeless who will not come to shelters, even in the coldest of weather. Rather they prefer to live in their tents and our outreach worker checks in with them to see to their needs. In the next year, we will reach out to the other two small community hospitals to get their hospitals represented on the CoC.

3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

Peninsula Regional Medical Center (PRMC) is the largest hospital in our CoC and serves those patients whose needs go unmet by the two smaller community hospitals - Atlantic General Hospital and McCready Hospital. It is centrally located in the only urban city in our CoC where the majority of the chronically homeless are located. PRMC collaborates with area providers and CoC agencies to identify alternative plans upon discharge so that they are not discharged into homelessness. In addition,the Strategic Planning subcommittee assesses discharge planning and seeks solutions to local issues. The subcommittee has members that include state & local agencies, health care, mental health & nonprofit agencies, shelter & corrections staff.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-3.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-3.1a If other, please explain. (limit 750 characters)

3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The State Mental Hygiene Administration (MHA) has a discharge policy for psychiatric facilities that prohibits discharges to homelessness. MHA funds local Core Service Agencies who were the founding members of our CoC and serve on our Strategic Planning, Monitoring and Governance Committee. These CoC members & Subcommittees ensure that each facility must prepare a written aftercare plan that addresses needs such as mental health, housing, substance abuse, medical care, psychiatric care, case management and other supportive services before the release from the hospital. A Crisis Response Team addresses mental health discharges with a 24 hour hotline, mobile crisis and assertive community treatment teams, and urgent care clinics to address the needs of residents with mental health conditions. Persons discharged from mental health are placed in programs based upon eligibility be discharged into Residential Rehab (RRP), Crisis, Respite and Project Home Beds, family and friends. In some instances, persons being discharged refuse these resources and may find their way to shelters when they can't find housing on their own.

3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

The Mental Hygiene Administration, an agency of the Department of Health and Mental Hygiene is the agency responsible for ensuring that persons are not discharged into homelessness. The Mental Hygiene Administration funds and supervises local Core Service Agencies throughout the state which acts as the mental health authority for their county or multiple county jurisdiction. Ongoing training is offered by the two Core Service Agencies to ensure we meet mental health needs and is discussed at CoC meetings. Often issues that are raised at CoC meetings are addressed in trainings offered to the full CoC through invitations are sent to all CoC members in our email group. Each local Core Service Agency collaborates with the hospital discharge coordinators to optimize opportunities for after plan services that each patient has agreed to. In addition, the Strategic Planning subcommittee assesses discharge planning and seeks solutions to local issues. The subcommittee has members that include state & local agencies, health care, mental health & nonprofit agencies, shelter & corrections staff.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-4.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-4.1a If other, please explain.
(limit 750 characters)

3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

The CoC Strategic Planning & Governance Committees collaborates with correction agencies to ensure persons are not routinely discharged into homelessness; however, we know that our efforts are not always successful. The State Corrections Dept. refers all inmates with medical or mental health needs to the Social Work Dept. to be linked to services and housing by a case manager prior to release. For the general population, a Transitional Coordinator assists the inmate to identify appropriate resources. Goodwill Industries has a program supporting ex-offenders upon release, assisting them in regaining employment, housing placement, reconnecting to families, accessing to health care, debt management and life skills. CRInside, a recovery program, connects with inmates before release and refers them to Witness International for housing. Each detention center has a mental health jail program that includes aftercare planning to prevent homelessness upon release which ensures consistent discharge policies. Persons in the Eastern Shore Correctional Facility come from all areas of the state, so they typically return to their prior county of residence.

3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

The Department of Public Safety and Correction Services, Social Work Department works with inmates prior to discharge to locate suitable housing. Goodwill Industries provides assistance to enrolled clients in their program locate housing. CRI Inside, along with HALO and Joseph House assist released inmates locate service and housing. Each County Jail Mental Health Services assist their eligible clients locate suitable housing, referring to S+C and SHP program is appropriate. The CoC Strategic Planning Committee keeps contact with the collaborating agencies to determine any change in procedures, new programs or difficulties in their discharge policies.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

The CoC has initiated the following steps to address Consolidated Plan & CoC goals: (1) Continue SOAR; (2) initiated a case management intern program to assist shelters move guests into permanent housing;(3)remodeling shelter beds to address gaps in services and ensure family unity;(4)seeking additional HUD VASH vouchers;(5)3 SSVF grants were awarded to provide assistance to Veterans and their families;(6) CoC increased chronically homeless beds;(7)transitioning to rental assistance from leasing enabled us to house more participants;(8)established centralized assessment & will explore new vulnerability assistance now available in HMIS;(9)Somerset County is demolishing the shelter damaged by Sandy and securing funds to replace it with an emergency shelter; (10) capital project moving forward by a large emergency/transitional shelter, RRH and SSVF provider to provide 16 units of permanent housing;(11)securing IDs for homeless individuals; (12)continued improvement of the day facility services and more outreach in our rural county; (13)Implement aftercare programs to reduce recidivism;(14)Veterans Committee formed to address ending veteran homelessness.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

The CoC consults with the State agency that awards ESG funds for the balance of state to the 3 local jurisdictions to fund sub-recipients for ESG services. The majority of the ESG program recipients and sub-recipients are active participants of the CoC. Each local government's request for funding to the State for ESG services is reviewed by the CoC monitoring and ranking committee for evaluation before they are submitted for funding. Projects that are accepted are provided CoC certification sign off by the chair of the monitoring and ranking committee which then is forwarded, as required, along with the project application to the state agency. The CoC uses HMIS reports to monitor programs goals in reaching the goals of Opening doors – assessing data quality, bed utilization, length of stay, returns to homelessness, outcome successes and failures and evaluation of program expenditures in Rapid Rehousing and Prevention. The CoC plans to form a workgroup of ESG recipients and sub-recipients (Diakonia and Catholic Charities)this year to add this process to the Governance Charter.

**3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities.
(limit 1000 characters)**

In 2012 and 2013, the State ESG Program has awarded funding to our CoC that included funds for rapid rehousing and homeless prevention in addition to shelter operation funds. Prior ESG awards were only for shelter activities. In the two ESG awards, ESG funds in the amount of $410,351 was awarded for shelter, rapid rehousing and homeless prevention to our 3 local governments in our regional CoC. Of this amount, $240,673 (59%) was for shelter activities, $109,151 (27%) for rapid rehousing and $58,993 (14%) were for prevention services. In these two funding cycles, the CoC ensured that the existing shelters did not lose funding and sought guidance from the State ESG recipient on funding allocations for rapid rehousing and prevention. The CoC Monitoring and Ranking Committee evaluated proposals to ensure they met gaps & needs, participated in HMIS, submitted a complete application/budget and had the capacity to manage the program. Future ESG funding requests approved by the CoC will be based on not only these criteria but will look at ESG program evaluations and outcomes.

**3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area.
(limit 1000 characters)**

This year, the State of Maryland is providing an additional $1 million for ESG programs to assist CoCs reduce the number of individuals and families who become homeless. This will supplement current ESG funding that provides homeless prevention funds to all 3 jurisdictions and other State funded programs that provide homeless prevention funds to counties and local department of Social Services. Homeless prevention programs are essential to all 3 counties, but crucial to Somerset county who has no shelter and assists people through homeless prevention rather than rapid rehousing. In October, our CoC received 3 SSVF grants from VA to provide prevention and rapid rehousing to homeless veterans and their families. The CoC seeks status updates from ESG and SSVF recipients on their programs and reviews HMIS reports documenting performance and outcomes. Recent HMIS reports document a very high success rate for the ESG and state funded programs, with very few returns to homelessness. HMIS outcome reports on prevention programs will be run on a quarterly basis, shared with all prevention agencies and CoC Subcommittees to coordinate and improve our homelessness prevention efforts.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

The CoC ensures that the entities below are active members of the CoC and subcommittees. TANF provides temporary cash assistance, often the only source of income of individuals and families being served by CoC agencies, along with Medicaid and food stamps, critical to reducing homelessness. HOPWA funds are provided to provide housing and services to persons with AIDS. Although we lost the RHY funding 2 years ago, the agency still provides assistance to unaccompanied youth. Head Start gives priority to homeless families with children offering all the same McKinney Vento services as BOEs and assist parents in permanent housing placement. United Way, Community Foundation and other private funds provide much needed financial support to homeless agencies. We partner with VA to provide SSVF and HUD VASH; Medicaid for case management funds, universities to provide social work interns; local funds to provide case management to PSH not funded by HUD, as well as private agencies (Salvation Army, Maryland Food Bank, faith based organizations, etc.) to provide funding for food panties, rental assistance, utility expenses, etc. to those homeless or at risk of homelessness.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

In our CoC, we have 2 local PHAs – Wicomico and Somerset; however, efforts to engage them in efforts to prevent and end homelessness have not been successful. They inform us that their funding for staff time does not allow for active participation. However, we still maintain contact through monthly emails and seek their guidance and assistance in obtaining subsidized housing in our efforts to end homelessness. We reach out to PHA management staff in periodic phone calls to ask them to participate more fully and seek presentations in CoC meetings on the status of waiting lists and projects they are working on. In Somerset, Superstorm Sandy damaged the PHA's housing as the development is located on the open bay which has consumed their attention during the last year. We have had success with our regional PHA who provides management of the 15 HUD VASH vouchers our CoC was awarded last year. Without their assistance, we would not have been able to secure these HUD VASH vouchers which were quickly filled. We are hopeful that VA will fund additional HUD VASH vouchers which will be managed by this regional PHA as the most recent AHAR documented 151 homeless veterans in the CoC.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

Most CoC PSH funded programs require participants to get a lease and utilities in their names. While some of the PSH programs operate a housing first approach and do not require income, others require limited temporary disability assistance of $185.00 per month to cover minimal costs to ensure they are not evicted due to utility shutoff. All CoC case managers work with potential participants to address past due rents and utility payments that affect their credit and can present a barrier to entry. PSH management staff has established relationships with a large group of landlords and the utility companies in our CoC to address these barriers. There is no time period to remain clean and should clients relapse, they are not discharged; rather they are given more intensive case management to try to engage them into treatment. ESG/SSVF and other agencies within the CoC often assist with past due utility bills and rental arrearage to facilitate timely placement into their new home. Some ESG recipients do require background checks and require sobriety, but as the participants live in close quarters in one building, this is to protect the households they serve with children.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

Currently 25% of the PSH recipients operate a housing first approach, noting this in their project applications. Of the 75% who do not meet housing first criteria, the only barrier to being designated as housing first is the need for a very limited amount of income for placement (at least $100 per month) into PSH. They are not required to meet service participation goals or must be sober when placed. Initially, these PSH projects tried a housing first approach, however, participants without income could not maintain their housing as they lacked the resources to fund expenses that could not be funded by the CoC project. Although they were connected to private resources to provide funds for utilities, these funds were not provided in an ongoing basis and the clients were evicted by their landlords. The PSH recipients establish individualized service plans which are used to assist participants achieve greater self sufficiency, not punitively to exit them from the program. These service plans are used to determine when participants need additional supportive services to address their needs, not to exit them from the program.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

The CoC uses no wrong door approach to the coordinated assessment in the 3 county regional CoC referring out homeless individuals and families to other CoC agencies when they cannot meet their needs. We also partner with the local 211 to provide a central number that is advertised should individuals find themselves homeless or at risk of homelessness and do not know where to turn. The 211 provider is a long term member of the CoC and maintains a data base in the hotline to refer the homeless to appropriate housing or appropriate services based upon level of need. The CoC prints resource cards for distribution to homeless individuals on available housing, services, use of 211 and maintains a comprehensive resource guide of services available on the HALS CoC website. The HMIS vendor upgraded the latest HMIS version in mid January so that a vulnerability assessment is available for use. The Coordinated Assessment workgroup has been waiting for this upgrade so can determine the best use of this assessment to ensure the homeless are placed in appropriate housing with needed services and will be meeting in the next several months to finalize the process.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

One of our CoC member agencies, Telemon Corporation is a HUD certified Fair Housing Counseling Agency that assists persons regardless of race, color, national origin, religion, sex, age, familial status or disability and the agencies that serve them in their efforts to find housing and services. Telemon assists the migrant population and offers translation as well as translated documents to ensure we can outreach to persons with limited English proficiency. On a yearly basis, CoC agencies providing housing must certify that they comply with fair housing practices to the Department of Agriculture and Rural Development through a Civil Rights Compliance Review, identifying any complaints in the past 3 years. Case managers in shelters and CoC funded projects assist eligible persons find suitable housing, giving extra assistance to clients who require special accommodations. The CoC maintains a list of landlords and properties that comply with fair housing and will not seek future rentals from any landlord/property not complying with fair market practices.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

As the CoC is regional, each county Board of Education (BOE) has a homeless liaison who is responsible for ensuring all homeless children are enrolled in school and connected to appropriate services within the community. Head Start Centers are managed regionally under one liaison to ensure all children can enroll in early childhood education programs and provides written material to parents to inform them of their rights. Each liaison have policies and procedures to assist shelters ensure that children are enrolled in school and connected to appropriate services within the community. Each local BOE has policies that covers guidelines for identification of homeless children/youth, registration/enrollment procedures, determination of best interests, withdrawal procedures, the role of the homeless liaison and procedures for resolving enrollment disputes. The BOE and Head Start liaison are collaborating with the CoC to establish policies that documents the services and activities made available to homeless families to ensure their children's educational needs are met and will address how the CoC ensures that all homeless services providers comply with the requirements.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

Each BOE has a homeless liaison to collaborate with emergency & transitional shelters and dept. of social services to identify homeless children/youth to ensure families are informed of their eligibility for McKinney-Vento services as well as having access to the full array of academic and social program. They participate in the CoC and its subcommittees and serve on their county homeless boards. The number of homeless children served by the CoC BOEs in the last full fiscal year are 1,484 (up from 1,119) of which 1237 are in Wicomico, 158 in Somerset and 89 in Worcester Counties. Parents are informed of their right to keep the student in their school of origin or for the student to attend the school where they are temporarily living. If the parent chooses to keep the student in the school of origin, transportation is provided as needed or the parent may be reimbursed for mileage. Once the parent has decided on the school, homeless liaisons work diligently and closely with each other and also with Delaware and Virginia to minimize further disruptions in the student/family situation. The goal is to break the cycle of poverty by preparing students for college and/or a career.

**3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing.
(limit 1000 characters)**

As maintaining family unity is very important to CoC members, emergency and transitional shelters have created new family units and remodeled existing shelter space to accommodate larger families with children under age 18 to ensure they are not separated upon entering the shelters. Currently, each shelter provider has its own policies that prohibit family separation. In the coming year, the CoC will use the coordinated assessment process to assist in maintaining family unity and develop a written policy to ensure that providers are complying with this requirement and are not denying admission to families with children under the age of 18. PSH providers obtain sufficient bedrooms in housing to keep families together; however, occasionally, parents enter PSH programs without their children. As a result of obtaining permanent housing, parents are often reunited with their children who were either with other family members or in foster care. Upon reunification, PSH providers seek new housing with the appropriate number of bedrooms to house the children of the participants. It is always their intention to reestablish and unify the family in suitable permanent housing.

**3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness.
(limit 1000 characters)**

The HMIS Administrator has used HMIS reports for two 1 year periods – FY year 2013 (July 2012 – July 2013) and FFY 2013 (October 2012 – October 2013) to monitor returns to homelessness by persons who exited both rapid rehousing and prevention programs. These reports documented that 89% of the participants did not return to homelessness. These reports will be run on a quarterly basis by the HMIS Administrator and reviewed by the HMIS subcommittee before being released to the full CoC. These reports supplement CoC member agency referral processes as the open HMIS system allows agencies to see prior episodes of homelessness when client are seeking services. As we now have almost 3 years of history in the open HMIS which is shown on the summary page that first appears when initially accessing HMIS, agencies are being instructed to use this page to monitor returns to homelessness by persons who exited rapid- rehousing. The CoC will develop a written procedure instructing agencies to contact the agency who provided the rapid rehousing so that RRH staff can access their needs.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

**3C-15.1 If yes, 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 1000 characters)**

The CoC was established when HUD was prioritizing the funding of PSH projects and does not have any CoC funded SSO or TH projects.

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition? Yes

**3C-16.1 If 'Yes', 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)**

On November 20,2013 President Obama announced that FEMA would make available disaster aid to the State of Maryland to supplement state and local recovery for certain counties in Maryland affected by Superstorm Sandy during the period of October 26 to November 4, 2012. On December 15, FEMA officials announced that individual assistance had been authorized for Somerset County under President Obama’s disaster declaration for Hurricane Sandy. As a result of storm damage, Somerset County's only shelter was closed and it has since been determined that it cannot be renovated and must be replaced. We saw a major increase in homeless individuals and families in the 2013 PIT count. As the shelter closed, reports to HUD showed no sheltered homeless in Somerset. Somerset County is currently working with the State to access disaster funding to replace the shelter. In addition, the largest HUD founded PHA housing in Somerset is located directly on the Chesapeake Bay. Massive damage was sustained in this older housing complles which will be repaired through federal disaster funds. As a result of Sandy, we continue to see a huge increase in the number of homeless individuals and families in Somerset. Many Somerset residents continue to live in homes that are no longer habitable, but they either will not leave their home or have no other alternative.

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)

The CoC has established subcommittees to meet the goals of Opening Doors. 1.Chronic homelessness–the CoC has requested all available bonus projects to obtain additional housing for this population & prioritized filling vacancies with the chronically homeless in the last 3 years. By increasing rental assistance funds obtained in last year's CoC award we are housing more chronically homeless and have exceeded our target goal from last year. 2.Veterans–We obtained 15 HUD VASH vouchers in 2012 and devoted one CoC project to house 2 additional veterans. Our CoC obtained 3 SSVF grants to provide rapid rehousing to veterans this last October. We are using HMIS data to requestr additional HUD VASH Vouchers. While reaching our established goals, but do not believe we can end Veteran homelessness by 2015. 3.End homelessness for families–the ESG RRH and Prevention recipients target families in their programs, providing a total of 85% of the funding to families. We feel we are on target in reaching our goal by 2020. 4. Ending all homelessness–the CoC works collaborative with county homeless boards to address the particular needs of each county in our goal of ending homelessness.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)

Our CoC did not identify unsheltered households with children in our recent PIT counts, however, we will document our outreach methods into a plan this year to end homelessness in households with children. We conduct outreach to households with children through shelters, day facilities, food pantries, faith based organizations, local department of social services, SSVF programs and ESG funded rapid rehousing and prevention programs. In RRH, prevention and PSH programs, we prioritize housing to households with dependent children in our efforts to end homeless families by 2020. In the last year, a new PSH project was implemented to house 2 chronically homeless families with children. We will continue these outreach efforts and continue to seek additional funds such as ESG and SSVF to address the needs of homeless households with children.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population.
(limit 1000 characters)

In the HMIS Subcommittee 2013 gaps analysis, we documented an increase in the number of victims of domestic violence in homeless individuals and families being served in the shelters. We used the previous year's shelter data to determine this increase. However, this data did not include the 173 people (92 women & 82 children) served in the our domestic violence shelter - Life Crisis in 2013. We will continue to collect this data and use it in our efforts to address the needs of DV victims. Residents of all three counties have access to domestic violence services including access to safe house, legal services and counseling for victims and their children. The Life Crisis Center, our safe house,as a partner in the CoC provides all of those services free of charge to victims of domestic violence. Life Crisis receives funding through state and local funds, United Way, foundations, private donations and fundraising.It is also the agency that operates our 211. In addition, a new non-profit has been formed to address the needs of domestic violence victims,joined our CoC and is exploring opening another shelter that would target women subjected to abuse.

3D-4 Describe the CoC’s current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24.
(limit 1000 characters)

The 10 year Plan/Homeless Children Subcommittee is made up of shelters, BOEs and homeless agencies to address homelessness in unaccompanied youth. Unaccompanied youth have not been identified in any HMIS reports for our CoC in the last year which includes PIT, AHAR and APRs. For 13 years, Sandcastles operated by a CoC member received a Runaway and Homeless Youth (RHY) which provided services to homeless youth would often runaway to the Ocean resort of Ocean City, Maryland. They operated out of a building just off of the Ocean City boardwalk to conduct outreach and engagement with youth. Although RRH funding to Sandcastle stopped two years ago, CoC agencies continue to refer homeless and runaway youth to the Worcester County Health Dept. for services. Although no longer funded, the Health Department continues to provide assistance to homeless and runaway youth. In FY 13, shelters served 133 persons between the ages of 18-24, 10% of which have children. In the coming year, the 10 year Plan/Homeless Children Subcommittee will research this population to determine how to prevent homeless in this population.

3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.
(limit 750 characters)

VA has an outreach worker who engages persons living on the streets, making referals to other agencies when he identifies a non-veteran and HOPE has an outreach worker who engages men living on the streets and regularly visits encampments. HALO and Joseph House operate day facilities. Churches, faith based organizations, soup kitchens and food pantries are instrumental in outreaching to this hard to reach population. The biggest barrier to assist them is gaining their trust. Other methods of engagement are 3 dedicated PATH staff, monthly homeless resource days during the winter months and operation of the rotating church cold weather shelters for men. These methods have greatly assisted us in the CoC outreach plan and has proven successful in obtained benefits, income and providing PSH housing with case management for this population.

3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans.
(limit 1000 characters)

Through the efforts of the CA, our CoC was awarded 15 HUD VASH vouchers. The CoC is seeking additional HUD VASH vouchers as these vouchers were quickly filled. The CoC funds a PSH project for 2 chronically homeless veterans received 2 years ago. Homeless veterans are given priority in filling PSH vacancies and VA funded veteran's shelter has doubled the bed space from 10 to 20 beds. The CoC participates in the annual 3 day Standdown each October to engage homeless male and female veterans. In October, our CoC was awarded three separate SSVF grants to provide SSVF funding for 350 households on the eastern shore of Maryland. Numerous VA representatives participate in our CoC monthly meetings and provide assistance to shelter staff to refer veterans to VA case management staff to access treatment. For those veterans who are currently ineligible for VA homeless assistance, they are served through CoC Programs and ESG funding. Also an agency provides legal assistance to change the discharge category, if appropriate, which can assist them in becoming eligible for VA services. A new Veterans subcommittee has been formed to address Veteran homelessness and the CoC is participating.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons?	No
3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families?	No

3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified?	Not Applicable

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

In the past, only review of the APRs were used to monitor CoC funded recipients' performance goals by the CoC. However, after the most recent update to the APR, the Governance Committee met to determine a more comprehensive method to monitor performance. The Committee reviewed the NOFA Objectives spreadsheet made available by our HMIS vendor and determined that the use of this tool would greatly increase our ability to monitor performance. The HMIS administrator will give training to CoC Committee members on how to interpret the data. The Governance/Monitoring & Ranking Committee will review this spreadsheet semi-annually after the HMIS Administrator enters data from quarterly APRs for CoC funded PSH recipients and has developed another spreadsheet for rapid rehousing projects. Should the review by the CoC determine that projects are not meeting performance goals, a decision will be made if it warrants an onsite review and/or additional technical assistance provided through the use of CoC planning funds. Should we find that we need to conduct onsite reviews, we will explore training for the Monitoring Committee.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

The CA will use CoC Planning & HMIS funds to assist project recipients to reach HUD established goals. CoC will use quarterly APRs for CoC funded PSH projects to prepare a detailed spreadsheet that measures each project’s performance in ending chronic homelessness, increasing housing stability, increasing project participants' income, and participants success in obtaining mainstream benefits. The CoC will run HMIS reports for rapid rehousing programs to prepare a spreadsheet that captures number of clients served, broken down into families and individuals to determine the average size of families and the % of clients that are homeless households with children. These spreadsheets will also be forwarded to the Monitoring and Ranking Committee for review on a quarterly basis and the Monitoring Committee will share these spreadsheets with the entire CoC along with any recommendations for improvement. This results will be documented in the CoC meeting minutes.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

The CA will use CoC Planning & HMIS funds to assist project recipients to meet or increase capacity. CoC funded projects will be required to document timely submission of required HUD reports (APRs) and timely draws for funds. The CoC will also use the spreadsheets documenting PSH and RRH performance described in 4A-2 to determine underperforming project recipients. Technical assistance by the HMIS administrator will be provided to project recipients to improve performance goals such as ensuring the capture of all income and mainstream benefits, prompt filling of PSH vacancies and the importance of timely draws of funds. The CoC has notified PSH funded projects that technical assistance will be provided in a meeting planned within the next two months to train project PSH staff in proper documentation in HMIS and the use of APRs to determine capacity. The CoC will use the quarterly reports to determine capacity and determine if any project should be reallocated to address capacity issues. Ongoing and additional technical assistance will be provided by the CoC based on the recommendations of the Governance and Monitoring/Ranking Committee.

**4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)**

In 2D-1, we used HMIS reports to determine the length of time individuals and families remain homeless and will use this as the starting point to determine progress in reducing length of time homeless. HMIS reports document that for FY 13 individuals and families remained homeless 61 days in emergency shelters, 13 months in transitional shelters, 2 months in rapid rehousing and 39 months in Permanent supportive housing. We will continue to run HMIS reports on a quarterly basis to document length of time individuals and families remain homeless. We will run these reports separately for ESG and CoC funded programs from those that go unfunded by HUD. These reports will be shared with agencies, reviewed by the HMIS subcommitee and shared with the full CoC. HMIS data and reports will be used to set goals for each agency type to reduce the amount of time people remain homeless after review by the CoC. To assist in this effort, PSH projects will be encouraged to provide additional housing slots in any available rental assistance funds.

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)**

In our regional CoC, individuals and families often seek shelter from at least two shelters and move from county to county. First, they are sheltered in our largest crisis shelter which limits the amount of time they can spend. While they are in the crisis shelter, individuals or families that need more assistance are referred to other shelters that provide case management to assist them with income and non cash benefits that will assist their transition to permanent housing. While they are in the shelter, case management staff refer to rapid rehousing programs to secure rental assistance and continuing case management to ensure they do not return to homelessness. We use our open HMIS system to be able to determine prior episodes of homelessness and shelters are encouraged to contact the previous agency to determine if they should be refered back for further assistance, particularly those who exited RRH, transitional or PSH. The CoC plans on using HMIS reports to monitor return episodes to homelessness. However, a regional CoC with more than one county in their HMIS is at a disadvantage as our HMIS reports do capture movement from county to county.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)**

The CoC has relied on CoC members to conduct the outreach, but will develop a plan that outlines our combined efforts. Each county has dedicated PATH staff to conduct outreach, assisting persons with disabilities and limited English proficiency and are assisted by Life Crisis - our DV shelter and 211 agency and Telemon. In the largest county an outreach worker frequently visits encampments to offer assistance and inform them of available services. Two day facilities offer meals, services, bathroom and shower facilities to homeless individuals and families, providing case management to assist them in finding housing, income and non-cash benefits. The only rural county conducts community resource days to outreach to the homeless, providing information and referral for housing and services from shelter and rapid rehousing agencies. These outreach efforts are coordinated with the faith based community which provides ongoing meals, clothing and other necessities to the homeless. The other county outreaches to homeless individuals and families through a faith based organization that provides rapid rehousing and prevention programs as this county is currently without a shelter.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting $200,000 or more in funding?	No

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (limit 1000 characters)

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions?	No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

*** Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.**	100%
*** Homeless assistance providers use a single application form for four or more mainstream programs.**	100%
*** Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.**	100%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date: 09/23/2013

**4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options.
(limit 1000 characters)**

The CA notified all CoC members that our State will be expanding Medicaid coverage and that individuals with PAC (a state funded limited insurance program) will see their benefits converted to Medicaid in 2014. Agencies serving the homeless were encouraged to have homeless individuals and families apply for PAC so that they will receive Medicaid coverage upon implementation of the ACA. The outreach was successful as our local department of social services has seen a significant increase in applicants for PAC and Medicaid. In addition, one of our CoC members serves on the advisory committee for the Maryland ACA program and keeps our CoC informed. We have had a presentation from our local ACA program that serves all three counties in our CoC and provided written documentation to all CoC agencies to ensure that are fully aware of this new program that will greatly benefit eligible households obtain new or expanded healthcare. This will greatly assist in obtaining health care to address their health care needs.

4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)

The largest PSH provider with 3 programs must provide additional local funding for case management that goes unfunded from the HUD grant. The CoC partnered this year with a local university to obtain two social work interns to provide case management services to participants served by these PSH programs. 2 PSH funded projects provide case management services through the targeted case management program funded by the Medicaid Program. The remainder of supportive services are funded by CoC agencies - education services, employment assistance, food, legal services, life skills training, mental health, outpatient services, outreach services, substance abuse treatment and transportation.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	01/29/2014
CoC Governance Agreement	No	CoC Governance Ag...	01/11/2014
CoC-HMIS Governance Agreement	No	HALS CoC HMIS Pol...	01/31/2014
CoC Rating and Review Document	No		
CoCs Process for Making Cuts	No		
FY2013 Chronic Homeless Project Prioritization List	No		
FY2013 HUD-approved Grant Inventory Worksheet	Yes	Grant Inventory W...	01/29/2014
FY2013 Rank (from Project Listing)	No		
Other	No		
Other	No		
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No	HALS CoC Public S...	01/31/2014

Attachment Details

Document Description: Certification of Consistency with the Consolidated Plan

Attachment Details

Document Description: CoC Governance Agreement - signed in November 2013

Attachment Details

Document Description: HALS CoC HMIS Policy and Procedures

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Grant Inventory Worksheet

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: HALS CoC Public Solicitation

Submission Summary

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1A. Identification	No Input Required
1B. CoC Operations	01/22/2014
1C. Committees	02/02/2014
1D. Project Review	02/02/2014
1E. Housing Inventory	01/22/2014
2A. HMIS Implementation	01/31/2014
2B. HMIS Funding Sources	01/22/2014
2C. HMIS Beds	01/22/2014
2D. HMIS Data Quality	01/28/2014
2E. HMIS Data Usage	01/22/2014
2F. HMIS Policies and Procedures	01/31/2014
2G. Sheltered PIT	01/22/2014
2H. Sheltered Data - Methods	02/02/2014
2I. Sheltered Data - Collection	02/02/2014
2J. Sheltered Data - Quality	01/22/2014
2K. Unsheltered PIT	02/02/2014
2L. Unsheltered Data - Methods	02/02/2014
2M. Unsheltered Data - Coverage	01/22/2014
2N. Unsheltered Data - Quality	02/02/2014
Objective 1	02/02/2014
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3B. CoC Discharge Planning: Foster Care	01/31/2014
3B. CoC Discharge Planning: Health Care	01/31/2014

3B. CoC Discharge Planning: Mental Health	01/31/2014
3B. CoC Discharge Planning: Corrections	01/31/2014
3C. CoC Coordination	02/02/2014
3D. Strategic Plan Goals	02/02/2014
3E. Reallocation	01/22/2014
4A. Project Performance	02/02/2014
4B. Employment Policy	01/22/2014
4C. Resources	01/27/2014
Attachments	01/31/2014
Submission Summary	No Input Required

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.

The HALS CoC is comprised of two categories of membership: Voting Members and Affiliate Members. A voting member must serve on a sub-committee and attend a majority of the meetings. An affiliate member is encouraged to attend and participate in the CoC, however, does not have voting rights unless they have been given a proxy by a voting member. Utilization of these two categories of membership will provide the widest possible range of advocacy and collaboration, while recognizing

scheduling conflicts may prevent some individuals who bring great insight and corporate history to the table cannot regularly attend the monthly meetings.

Voting Member Responsibilities:

- Each voting member shall serve on at least one sub-committee.
- Each voting member shall attend at least 7 out of 12 of the monthly HALS CoC meetings within a fiscal year. Attendance at regular meetings will be maintained by means of the sign-in sheet. 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.

Affiliate Member Responsibilities:

- Each affiliate member may serve on sub-committees.
- Each affiliate member may attend meetings as individual schedules allow.
- Each affiliate member shall stay current on and may provide feedback to HALS CoC discussions and issues.

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 on a rotating basis in each of the member counties. If the hosting county is unable to provide a suitable meeting site, an alternate site will be identified. 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 membership: Voting membership will be provided to an Individual, Public Agency, or Private Organization which fulfills the responsibilities delineated in Article IV above and as follows:

(a) Any entity, be it Agency, Organization, or unaffiliated Individual, is given only one vote.

(b) Agency/Organization Voting Membership: If an agency or organization seeks a voting membership on the HALS COC, the agency or organization must identify its designated voting representative to the committee co-chairs at the start of each meeting. A voting agent can only represent one agency during any given meeting.

(c) Individual Voting Membership: An individual interested in seeking a voting membership from HALS COC must request membership in writing. Individual applicants cannot be affiliated with any member organization or agency. Affiliation is defined as employed in any capacity by any member organization or agency or on any member organization or agency's Board.

(d) Requests for new voting membership will be reviewed by members of the Governance Committee (see Section XI). The Governance Committee will review the requests for membership and make recommendations to the HALS CoC at the next scheduled HALS COC meeting for vote among the voting membership. The individual or the agent requesting voting membership must be present at the HALS COC meeting for the vote to take place.

Voting shall be conducted verbally unless an emergency situation arises in which an alternative voting method may be utilized 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

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.

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

dispute, and will provide their written decision back to the individual(s) 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 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; 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) chairs of the Homelessness Committees (or their designees) from each county, and (5) 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 XII SUBCOMMITTEES/WORK GROUPS

HALS CoC Committee meetings shall be supplemented by subcommittee meetings. Identified Subcommittees include (1) The Strategic Planning & Workforce Investment; (2) Ending Chronic Homelessness; (3) Homeless Management Information System, Point in Time & Mainstream Resources; (4) Monitoring & Ranking and Grant Opportunities (5) Homeless Prevention & Housing Alternatives. 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, (2) voting members of the HALS CoC assigned to that subcommittee, and (3) affiliate members of the HALS CoC who have 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 XIII 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)
HALS CoC Committee voted to accept as final 10-12-13

Craig Stofko
Health Officer
Somerset County Health Department