Before Starting the CoC Application

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

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2019 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2019 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.
1A. Continuum of Care (CoC) Identification

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
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1A-1. CoC Name and Number: MD-503 - Annapolis/Anne Arundel County CoC

1A-2. Collaborative Applicant Name: Anne Arundel County, Maryland

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Anne Arundel County Department of Social Services
1B. Continuum of Care (CoC) Engagement

Instructions:

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Resources:
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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1B-1. CoC Meeting Participants.

For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:
1. participated in CoC meetings;
2. voted, including selecting CoC Board members; and
3. participated in the CoC’s coordinated entry system.

<table>
<thead>
<tr>
<th>Organization/Person</th>
<th>Participates in CoC Meetings</th>
<th>Votes, including selecting CoC Board Members</th>
<th>Participates in Coordinated Entry System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Government Staff/Officials</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CDBG/HOME/ESG Entitlement Jurisdiction</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Local Jail(s)</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Hospital(s)</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>EMS/Crisis Response Team(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Mental Health Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Substance Abuse Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Affordable Housing Developer(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Disability Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Disability Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Public Housing Authorities</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>CoC Funded Youth Homeless Organizations</td>
<td>Not Applicable</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Non-CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Applicant: Anne Arundel County, Maryland

Project: MD-503 CoC Registration FY2019

06-487-5974
COC_REG_2019_170902

FY2019 CoC Application Page 3 09/30/2019
### 1B-1a. CoC’s Strategy to Solicit/Consider Opinions on Preventing/Ending Homelessness.

Applicants must describe how the CoC:

1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2. communicates information during public meetings or other forums the CoC uses to solicit public information;
3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and
4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF. (limit 2,000 characters)

1) MD-503 invites all interested in ending homelessness and holds open monthly board/leadership meetings, which focus on topics related to homelessness, including affordable housing, education, mental health and substance use, and workforce development. The CoC holds quarterly Coalition meetings, which provide training on evidence-based practices such as trauma-informed care or Housing First, and other relevant topics such as harm reduction using Naloxone or policy advocacy. The CoC has various subcommittees that meet to discuss relevant topics including coordinated entry, shelter, and homelessness diversion. All meetings are advertised on the lead agency (ACDS) website and shared with the 100 plus person email list. The MD-503 leaders frequently give presentations to community organizations interested in preventing or ending homelessness. Additionally, elected officials frequently refer constituents to MD-503 Board leadership.
2) outreaching (via email) to 100 plus person membership list alerting them of

<table>
<thead>
<tr>
<th>Youth Advocates</th>
<th>Yes</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Administrators/Homeless Liaisons</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>CoC Funded Victim Service Providers</td>
<td>Not Applicable</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Non-CoC Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Domestic Violence Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Street Outreach Team(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>LGBT Service Organizations</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Agencies that serve survivors of human trafficking</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other homeless subpopulation advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Homeless or Formerly Homeless Persons</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Mental Illness Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Substance Abuse Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other:(limit 50 characters)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Faith Community (e.g. churches)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Emergency/Prevention Assistance Providers</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>United Way, funders</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
meetings, availability of funds, and notice of availability of draft plans, and
applications posted on lead agency website. CoC members request time on the
agenda of local meetings to gather feedback for subpopulations including the
local HIV/AIDS commission or veterans task force group.
3) The Board solicits input from community stakeholders during the
homelessness consolidated planning process by incorporating feedback from
the County's three annual housing and community development public
hearings; and hosting roundtable discussion providing opportunity or community
to identify needs, issues, share updates and resources.
4) The lead agency, ACDS, has contact information on their website for
individuals with disabilities to contact if they require accommodations to access
or attend public hearings. Additionally, documents are available in PDF format
with speak to text captions on any graphics posted on the ACDS website. The
ACDS website is ADA-compliant.

1B-2. Open Invitation for New Members.

Applicants must describe:
1. the invitation process;
2. how the CoC communicates the invitation process to solicit new
   members;
3. how the CoC ensures effective communication with individuals with
disabilities, including the availability of accessible electronic formats;
4. how often the CoC solicits new members; and
5. any special outreach the CoC conducted to ensure persons
   experiencing homelessness or formerly homeless persons are
   encouraged to join the CoC.
   (limit 2,000 characters)

1) The MD-503 CoC is open to any person or agency interested in preventing or
   ending homelessness. New members are invited to join the Coalition on an on-
   going basis by: a) Board Development Committee annually evaluates current
   membership and identifies/outreaches to persons involved in preventing or
   ending homelessness who are not currently represented; b) ACDS, the lead
   agency, publishes coalition meeting information on its website and has an open
   invitation for new members on its website. This year, five new members have
   joined the CoC in this way; c) CoC successes are highlighted on ACDS
   Facebook page; d) outreach presentations on the CoC to community and faith
   groups and health care agencies; and e) over 200 vendors and volunteers at
   the annual County Homeless Resource Day are educated about the work of the
   CoC.
2) The open invitation to join the Coalition is posted on the ACDS website, with
   staff contact information on how to get involved. Interested individuals are also
   encouraged to sign up for the CoC newsletter/email distribution list to stay
   informed. Current coalition members are encouraged to invite other interested
   parties and stakeholders at CoC meetings.
3) The lead agency, ACDS, has contact information on their website for
   individuals with disabilities to contact if they require accommodations.
   Additionally, documents are available in PDF format with speak to text captions
   on graphics posted on the ACDS website. The ACDS website is ADA-
   compliant.
4) The MD-503 CoC solicits new members at least once per year.
5) The MD-503 CoC works with its members to identify and invite homeless or
formally homeless members to join and participate in the Coalition. A formally homeless individual is an active Board member and serves on the Homeless Youth Committee. Additionally, the CoC is exploring ways to make meetings more accessible by allowing participation through various electronic means and exploring developing a homeless advisory committee.

1B-3. Public Notification for Proposals from Organizations Not Previously Funded.

Applicants must describe:
1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;
2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;
3. the date(s) the CoC publicly announced it was open to proposal;
4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and
5. if the CoC does not accept proposals from organizations that have not previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding.

(limit 2,000 characters)

1) On July 10, 2019, a notice of availability of funds was sent to approximately 100 members of the AA CoC via email announcing the competition, providing application updates and resources, and inviting all interested parties to attend a FY2019 CoC Application Planning Meeting on July 19, 2019; reminders about the FY2019 CoC Application Planning Meeting were sent via email. Notice that CoC was accepting project application proposals from the public, and that applications should be submitted to the ACDS office, was also posted on the ACDS, lead agency, website, and contact information for ACDS staff was provided.

Four groups not previously funded attended the FY2019 CoC Application Planning Meeting, but ultimately did not apply.

2) The process that CoC uses to determine inclusion of project application in the FY2019 CoC Program Competition is: all new and renewal project applications were submitted and entered into esnaps by August 20, 2019 and reviewed by the Ranking and Review Committee on August 23, 2019. The Ranking and Review Committee reviewed all submitted new and renewal project applications, and evaluated them using the criteria publicly posted on the lead agency, ACDS, website. CoC received no applications from organizations not previously funded.

3) CoC publicly announced it was open to proposal on July 10, 2019 by posting on the lead agency, ACDS, website and sending a public announcement to its 100+ person email list. This public posting included an invitation to apply for renewal, new, and bonus projects; local competition key dates; MD-503 HUD funding amounts; and additional resources.

4) The lead agency, ACDS, has contact information on their website for individuals with disabilities to request accommodations. Also, the ACDS website
is ADA-compliant.
5) N/A – CoC would accept a proposal from new organizations, but none applied.
1C. Continuum of Care (CoC) Coordination

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
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1C-1. CoCs Coordination, Planning, and Operation of Projects.

Applicants must select the appropriate response for each federal, state, local, private, other organizations, or program source the CoC included in the planning and operation of projects that serve individuals experiencing homelessness, families experiencing homelessness, unaccompanied youth experiencing homelessness, persons who are fleeing domestic violence, or persons at risk of homelessness.

<table>
<thead>
<tr>
<th>Entities or Organizations the CoC coordinates planning and operation of projects</th>
<th>Coordinates with Planning and Operation of Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Opportunities for Persons with AIDS (HOPWA)</td>
<td>Yes</td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td>Yes</td>
</tr>
<tr>
<td>Runaway and Homeless Youth (RHY)</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Head Start Program</td>
<td>No</td>
</tr>
<tr>
<td>Funding Collaboratives</td>
<td>Yes</td>
</tr>
<tr>
<td>Private Foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and service programs funded through other Federal resources</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through State Government</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and services programs funded through Local Government</td>
<td>Yes</td>
</tr>
<tr>
<td>Housing and service programs funded through private entities, including foundations</td>
<td>Yes</td>
</tr>
<tr>
<td>Other:(limit 50 characters)</td>
<td></td>
</tr>
</tbody>
</table>

Applicant: Anne Arundel County, Maryland
Project: MD-503 CoC Registration FY2019

06-487-5974
COC_REG_2019_170902
1C-2. CoC Consultation with ESG Program Recipients.

Applicants must describe how the CoC:
1. consulted with ESG Program recipients in planning and allocating ESG funds;
2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and
3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.

(limit 2,000 characters)

1) ACDS, the MD-503 CoC’s Collaborative Applicant, is under contract with Anne Arundel County to administer the ESG and CoC programs and to provide staff support to the County’s Homeless Coalition. As a result, ACDS consults with the CoC to establish the strategy for the use of ESG funds. Annually, CoC members are invited to participate in a minimum of two annual budget hearings discussing the allocation of ESG funds and to provide input into their use. ACDS staff is responsible for leading the County’s Consolidated Plan and as such involves MD-503 CoC members in the process. The Annapolis Community Development Administrator administers CDBG for the City and is also CoC Board member.

2) The CoC has an ongoing committee to evaluate the performance of ESG Program subrecipients including the review of HMIS data, total homeless counts and ESG funded shelter performance data (e.g. length of stay, occupancy, income, housing placement and performance measures), HIC, and PIT data. Performance data from ESG funded programs is used to make recommendations for other funding sources including the State funded Homelessness Solutions Program and FEMA. ACDS is designated as the MD-503 lead agency and is responsible for monitoring all ESG programs. Results of these monitoring visits are also utilized when making funding decisions.

3) ACDS, as the lead agency for Anne Arundel County’s Consolidated Planning Process and MD-503 CoC’s Collaborative Applicant, utilizes local homelessness data and the expertise of CoC members to develop the Consolidated Plan including its priorities and strategies.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Yes to both

Applicants must indicate whether the CoC provided Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area.

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Yes

Applicants must indicate whether the CoC
ensured local homelessness information is communicated to Consolidated Plan Jurisdictions within its geographic area so it can be addressed in Consolidated Plan updates.

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.

Applicants must describe:
1. the CoC’s protocols, including protocols for coordinated entry and the CoC’s emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and
2. how the CoC, through its coordinated entry, maximizes client choice for housing and services while ensuring safety and confidentiality. (limit 2,000 characters)

1) CoC protocols to ensure the safety needs of survivors begin with the initial assessment as part of the CoC Coordinated Entry (CE). The CoC developed an assessment tool for its CE, and one of the initial questions is “are you in danger?” and if the answer is “yes” then staff make a referral to the YWCA 24-hour hotline where survivors are assessed for the County safe house based on a lethality assessment. The CoC coordinates with the County Crisis Response System and County Police Department to ensure appropriate referrals for the safety needs of all survivors. The YWCA is the primary provider of services for those experiencing domestic violence, dating violence, sexual assault and stalking, and ensures 24-hour access to case managers and intake staff to ensure prompt response to individuals in crisis. The staff of the YWCA Hotline determine appropriate services and ensure safety and confidentiality of survivors. The YWCA operates the County’s only domestic violence safe house shelter and offers licensed therapy, legal representation/advocacy, support groups, hospital accompaniment for SAFE exams, and community education and outreach.

2) Individuals and families can choose to go Sarah’s House emergency family shelter located on the Ft. Meade Army base. DV survivors are housed in a safe environment located at Ft. Meade with support from both County and Ft. Meade law enforcement. The shelter has 24 hour staff ensuring all emergencies are handled efficiently. All entryways are locked to ensure resident safety. The CE coordinator is responsible for ensuring shelter placement is made. The YWCA and Sarah’s House services both emphasize “trauma informed care” and respond to those who have experienced violence by offering counseling by qualified staff and licensed therapists and work to ensure those who have experience violence are sensitively linked to necessary resources and services. Training on Trauma Informed Care has been offered to all CoC members.

1C-3a. Training–Best Practices in Serving DV Survivors.

Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:
1. CoC area project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and
2. Coordinated Entry staff that addresses safety and best practices (e.g., Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence. (limit 2,000 characters)

1) The YWCA is the expert for issues related to domestic violence, sexual assault, teen dating violence, stalking, and trafficking in Anne Arundel County and is active on a MD-503 CoC Board of Directors. The CoC annually hosts training on best practices, such as trauma-informed care, safety and planning protocols for servicing survivors, for service providers and community members. The CoC has also established a team, BRICKIT, which is an interagency team that functions as a collaboration of partners dedicated to providing families with the resources necessary to re-route their lives towards success. This team brings together agencies to best assist families in a caring and supportive manner and ensure they are linked to services. The YWCA offers training to CoC members and shelter staff on serving domestic violence, sexual assault, trafficking on an annual basis. The YWCA and Sarah’s House services both offer “trauma informed care” and respond to those who have experienced violence by offering counseling by qualified staff and licensed therapists.

2) Staff from the YWCA, are CoC Board members, participated in the development for the County Coordinated Entry (CE) process, including educating CoC members on the lethality assessment used by the YWCA. One of the initial questions in the CE intake process asks “are you in danger?” and the CE makes the appropriate referrals based on the answer (e.g. if in danger, referred to YWCA Safe House. CE Coordinator work closely with the staff of the YWCA, police, and crisis response coordinating services, making referrals, and collaborating to ensure families are served with safety and sensitivity. Training on Trauma Informed Care has been offered to all CoC members, including the CE staff.

1C-3b. Domestic Violence–Community Need Data.

Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

The MD-503 CoC utilizes various data sources to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking. The YWCA, as the local expert for the field, maintains a separate data base of services provided. During the fiscal year, the YWCA responded to approximately 2,200 calls through the Domestic Violence/Sexual Abuse hotlines and an additional 4,000 calls came through the legal hotline. The YWCA’s Safe House Shelter served 275 persons during the last fiscal year. This data is maintained and de-identified in a separate database. Given the limited number of beds for survivors of domestic violence at the Safe House shelter, many survivors also enter the County’s family shelter, Sarah’s House, or receive services from other agencies and are entered into the County’s HMIS system. Between October 1, 2017 through September 03, 2018, 225 persons were served in non-DV shelters or programs but indicated they had a history of domestic violence. Due to the limited space in the YWCA Safe House, 51 individuals identified themselves as actively fleeing but were served in non-DV programs. This is approximately 30 percent of those served in County’s emergency shelters. Given the de-identified data is not shared between the two
data systems, it is difficult to obtain a completely accurate assessment of the need. However, the CoC estimates the need based on the gap between those served by the Safe House and those fleeing violence yet served in shelter.

*1C-4. PHAs within CoC. Attachments Required.

Applicants must submit information for the two largest PHAs or the two PHAs with which the CoC has a working relationship within the CoC’s geographic area.

<table>
<thead>
<tr>
<th>Public Housing Agency Name</th>
<th>% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing homelessness at entry</th>
<th>PHA has General or Limited Homeless Preference</th>
<th>PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Commission of Anne Arundel County</td>
<td>15.00%</td>
<td>Yes-HCV</td>
<td>No</td>
</tr>
<tr>
<td>Housing Authority of the City of Annapolis</td>
<td>45.00%</td>
<td>Yes-Both</td>
<td>No</td>
</tr>
</tbody>
</table>

1C-4a. PHAs’ Written Policies on Homeless Admission Preferences.

Applicants must:
1. provide the steps the CoC has taken, with the two largest PHAs within the CoC’s geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference—if the CoC only has one PHA within its geographic area, applicants may respond for one; or
2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)

1) The City of Annapolis Housing Authority has a homeless preference as part of their written policies. The Housing Commission of Anne Arundel County (HCAAC) recently opened up their housing voucher wait list after a number of years, and as such, has adjusted their homeless preference policies. The HCAAC has a limited preference, or set-aside as defined as a number of project-based vouchers specifically designated to serve homeless individuals. The CoC worked with the HCAAC to set aside project-based vouchers to provide housing for homeless families and individuals. HCAAC has 25 project-based vouchers available for homeless families exiting shelter and 8 project-based vouchers for homeless individuals. The CoC is also in conversation with HCAAC regarding an MOU for a move-on strategy for clients in permanent supportive housing who still require a housing subsidy, but no longer require the supportive services component, to free up CoC-funded PSH units for more vulnerable and chronically homeless individuals.

2) N/A

1C-4b. Moving On Strategy with Affordable Housing Providers.

Applicants must indicate whether the CoC has a Moving On Strategy with affordable housing providers in its jurisdiction.

Yes
If “Yes” is selected above, describe the type of provider, for example, multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs. 
(limit 1,000 characters)

While not officially called a Moving On Strategy, the HCAAC has a longstanding policy to transfer households from their CoC funded PSH units to their Housing Choice Voucher (HCV) Program. This is done in consultation with the case management provider for stable households who require limited support to remain housed. About 5 to 10 households move-on annually, freeing up CoC units to serve more vulnerable and chronically homeless. The HCAAC works with the CoC and provides approximately 30 project-based housing vouchers annually for homeless households. HCAAC then transfers these clients to mainstream HCV after a year of project-based housing assistance. CoC is formalizing an MOU with HCAAC. CoC works with LIHTC developers to ensure homeless households gain access to new affordable housing projects. For example, 15 homeless households leased units at a 100-unit multi-family project managed by the HCAAC, which is equal to 15 percent of the project.

1C-5. Protecting Against Discrimination.

Applicants must describe the actions the CoC has taken to address all forms of discrimination, such as discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing. 
(limit 2,000 characters)

No provider receiving federal, State, or County funds within the MD-503 CoC is allowed to discriminate against or deny services to individuals and families experiencing homelessness who are members of the protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2). All protected classes have equal access to HUD funded housing programs. The CoC and its member organizations affirmatively market their housing programs and services to eligible individuals regardless of their actual or perceived race, color, national origin, religion, gender, age, marital status, or disability. The MD-503 CoC coordinated entry for both shelter and its permanent supportive housing programs each have one community wide waitlist and referral process. Therefore, the CoC can track denials and the reasons for these denials. In the past 12 months, there have been no instances of discrimination against protected class individuals or families experiencing homelessness. For example, the MD-503 ensures that LGBT families who present together, remain together and are given the same services any other family would receive. No family is asked to split up due to family composition and a shelter is required to offer the same accommodations to a family identifying as LGBT as they would any other. The MD-503 CoC ensures implementation of equal access to housing and antidiscrimination policies by offering training at case manager, housing, and coalition meetings; incorporating policies in subrecipient agreements, CoC Policy manual, and in program policies; and through one-on-one monitoring and training of subrecipients. An appeals process is outlined in the CoC Manual and provides both the County’s Homeless Coordinator and Collaborative Applicant
contact information. The MD-503 CoC takes this potential issue seriously when establishing partners within the community. Any concern about potential discrimination would be investigated and addressed by the lead agency and Coalition Board.

*1C-5a. Anti-Discrimination Policy and Training.

Applicants must indicate whether the CoC implemented an anti-discrimination policy and conduct training:

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source? Yes

2. Did the CoC conduct annual CoC-wide training with providers on how to effectively address discrimination based on any protected class under the Fair Housing Act? Yes

3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing? Yes

*1C-6. Criminalization of Homelessness.

Applicants must select all that apply that describe the strategies the CoC implemented to prevent the criminalization of homelessness in the CoC’s geographic area.

1. Engaged/educated local policymakers: X

2. Engaged/educated law enforcement: X

3. Engaged/educated local business leaders: 

4. Implemented communitywide plans: 

5. No strategies have been implemented: 

6. Other:(limit 50 characters) 

1C-7. Centralized or Coordinated Assessment System. Attachment Required.

Applicants must:

1. demonstrate the coordinated entry system covers the entire CoC geographic area;
2. demonstrate the coordinated entry system reaches people who are least likely to apply for homelessness assistance in the absence of special outreach; and

3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner.

(limit 2,000 characters)

1) MD-503 CoC has Coordinated Entry (CE) for both its shelter system and permanent supportive housing programs. The CE system covers the entire County. Anyone can be assessed for shelter using a universal assessment tool at (i) the County Department of Social Services (DSS) in Glen Burnie or Annapolis; (ii) Light House in Annapolis; and (iii) Arundel House of Hope in Glen Burnie. DSS staff offers after-hour phone assessments. Agencies place clients on a single list for the three County shelters, which is managed by a CE Gatekeeper. If clients are at-risk for homelessness, they are referred to homelessness prevention services.

2) MD-503 has a Homeless Outreach Team and Crisis Response Team, which reach clients least likely to apply for assistance (chronically street homeless; mentally ill). Both teams assist with CE assessment. CE is affirmatively marketed on ACDS and County websites, listing contact information for each CE location and homelessness prevention program. Crisis Response Team provides 24-hour/7 days a week referrals for accessing CE and homelessness assistance resources. Therefore, the CE system is well-advertised and easily accessed. Outreach and services are conducted with a person-first approach, focused on client choice, sensitivity to client lived experiences, and clear CE policies so clients understand the process.

3) CE uses a comprehensive assessment tool that prioritizes homeless individuals and families based on the following ratings: (1) Housing Rating - CoC gives first priority to those on street (2) Income Rating - priority is given to those with no income; (3) Safety Rating - priority is given to those fleeing domestic violence when the County’s Safe House is at capacity; (4) Health Rating priority is given to those with chronic health problems. Shelter priority is given to most at-risk based on the assessment vulnerability score. Assessments are entered into HMIS in real time to ensure timely services.
1D. Continuum of Care (CoC) Discharge Planning

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1D-1. Discharge Planning Coordination.

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

<table>
<thead>
<tr>
<th>Foster Care:</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care:</td>
<td>X</td>
</tr>
<tr>
<td>Mental Health Care:</td>
<td>X</td>
</tr>
<tr>
<td>Correctional Facilities:</td>
<td>X</td>
</tr>
<tr>
<td>None:</td>
<td></td>
</tr>
</tbody>
</table>
1E. Local CoC Competition

Instructions
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
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*1E-1. Local CoC Competition—Announcement, Established Deadline, Applicant Notifications. Attachments Required.

Applicants must indicate whether the CoC:

<table>
<thead>
<tr>
<th>1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition;</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline;</td>
<td>Yes</td>
</tr>
<tr>
<td>3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and</td>
<td>Did not reject or reduce any project</td>
</tr>
<tr>
<td>4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline.</td>
<td>Yes</td>
</tr>
</tbody>
</table>


Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition:

<table>
<thead>
<tr>
<th>1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served);</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Applicants must describe:
1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and
2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.

(limit 2,000 characters)

The MD-503 CoC gave preference as evidenced by awarding higher ranking and rating points thereby prioritizing projects that serve the following four vulnerable populations with the most severe needs: 1) chronically and vulnerable homeless, 2) severely and persistently mentally ill; 3) survivors of domestic violence; and 4) homeless youth. The CoC also considered the needs and vulnerabilities of clients served in the program, with additional points awarded to projects that serve clients with one or more vulnerability. The MD-503 CoC remains committed to ending chronic homelessness in the County and has established a targeted by-name waitlist, ACCESS HOUSING, which prioritizes the County’s most vulnerable chronically homeless. A total of 71 chronically homeless persons were identified in the County’s PIT count. Prioritizing PSH projects serving the chronically homeless so units continue to be available has made a difference in the reduction of this number. The Homeless Outreach Team helped 38 homeless persons from the streets move into CoC-funded PSH housing in FY2018. Therefore, given the County success, targeting the chronically homeless remains a priority in the ranking/rating criteria. Additionally, new projects serving survivors of domestic violence are also given higher priority. As described in prior sections of the application, housing for DV survivors is a need and therefore programs serving this population received additional ranking points. As the CoC has established a plan for ending youth homelessness, projects for unaccompanied homeless youth were given additional points in the ranking process. Unfortunately, the MD-503 CoC did not receive a youth homelessness project application, although the CoC recently received State funding for a new rapid re-housing program for unaccompanied homeless youth.


Applicants must:
1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or
2. check 6 if the CoC did not make public the review and ranking process; and
3. indicate how the CoC made public the CoC Consolidated Application—including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected—which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or
4. check 6 if the CoC did not make public the CoC Consolidated Application.
1E-5. Reallocation between FY 2015 and FY 2018.

Applicants must report the percentage of the CoC’s ARD that was reallocated between the FY 2015 and FY 2018 CoC Program Competitions.

Reallocation: 6%


Applicants must:
1. describe the CoC written process for reallocation;
2. indicate whether the CoC approved the reallocation process;
3. describe how the CoC communicated to all applicants the reallocation process;
4. describe how the CoC identified projects that were low performing or for which there is less need; and
5. describe how the CoC determined whether projects that were deemed low performing would be reallocated.

(limit 2,000 characters)

1. The MD-503 CoC annually evaluates renewal projects to determine if they are meeting performance benchmarks, regulatory requirements, and effectively managing the program. These monitoring results are incorporated as a part of the objective review criteria during the application process. Monitored programs are given the opportunity to correct any concern or action identified and this too is included in the discussion by review committee. The MD-503 CoC may reallocate projects that no longer meet a HUD defined Policy priority and has a reduced likelihood of being funded (e.g. supportive service only, transitional housing programs etc.); b) the CoC may re-allocate the funding of a low performing project that fails to meet established performance measures or maintain regulatory compliance. If a project scores below 150 points on the
Rating Tool for renewal projects, the project is considered low-performing and at-risk of having the project funds reallocated for a new project that better meets the needs of the CoC; 2. The MD-CoC Board approved the policy outlined above July 2018. 3. The policy is posted on the website and reviewed as part of an informational meeting held annually to discuss the CoC Application, timeline, new priorities, changes, and review criteria. 4. In the review process, the CoC uses a point scale of 175 pts. A project scoring less than 150 out of 175 is determined to be low performing and at risk of being re-allocated. Alternatively, programs, such as SSO, have been reallocated due to changes in HUD’S funding priorities. Reallocation for this type of project is discussed and approved by the CoC’s Board prior to competition. 5. With regards to need, the CoC has PSH programs prioritizing the chronically homeless and one Rapid Re-Housing program. Given the tremendous housing needs of the County, all of the programs are needed and continue to serve their purpose.
DV Bonus

Instructions
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
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https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources
The FY 2019 CoC Program Competition Notice of Funding Availability at:

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1F-1 DV Bonus Projects.

Applicants must indicate whether the CoC is requesting DV Bonus projects which are included on the CoC Priority Listing:

Yes

1F-1a. Applicants must indicate the type(s) of project(s) included in the CoC Priority Listing.

| 1. PH-RRH | X |
| 2. Joint TH/RRH |   |
| 3. SSO Coordinated Entry |   |

Applicants must click “Save” after checking SSO Coordinated Entry to view questions 1F-3 and 1F-3a.

*1F-2. Number of Domestic Violence Survivors in CoC’s Geographic Area.

Applicants must report the number of DV survivors in the CoC’s geographic area that:

Need Housing or Services 

| 200.00 |

FY2019 CoC Application Page 21 09/30/2019
1F-2a. Local Need for DV Projects.

Applicants must describe:
1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).
(limit 500 characters)

1. During FFY2018, the YWCA’s Safe House reports it served 149 women and children. The CoC HMIS system documented 51 persons reporting they were actively fleeing from DV when entering non-DV shelter. It is assumed these families were unable to obtain a bed at the YWCA’s Safe House due to capacity. The estimated need for housing and services for DV survivors at the MD-503’s CoC Safe House is 200 (150 served plus 50 fleeing). 2. Estimates are based on YWCA comparable database and MD-503 HMIS.

1F-4. PH-RRH and Joint TH and PH-RRH Project Applicant Capacity.

Applicants must provide information for each unique project applicant applying for PH-RRH and Joint TH and PH-RRH DV Bonus projects which the CoC is including in its CoC Priority Listing—using the list feature below.

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>DUNS Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associated Cathol...</td>
<td>080559461</td>
</tr>
</tbody>
</table>
1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

<table>
<thead>
<tr>
<th>DUNS Number:</th>
<th>080559461</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name:</td>
<td>Associated Catholic Charities</td>
</tr>
<tr>
<td>Rate of Housing Placement of DV Survivors–Percentage:</td>
<td>72.00%</td>
</tr>
<tr>
<td>Rate of Housing Retention of DV Survivors–Percentage:</td>
<td>60.00%</td>
</tr>
</tbody>
</table>

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:
1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and
2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)

Please note: these housing rates are reflective of Sarah's House Emergency Shelter clients who are DV survivors.
1) Rate of housing placement calculated by the percent of DV survivor shelter clients who exit to permanent housing. Rate of housing retention was calculated by the percent of DV survivor clients who remained housed 6 months after exit.
2) Provider database was used for rate of placement and housing retention.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing.
(limit 2,000 characters)

Sarah's House (SH) is applying for funding for a new Rapid Re-Housing (RRH) Program for survivors of domestic violence. SH currently operates a successful RRH Program with a goal of re-housing all families, including DV survivors experiencing homelessness, within 30 days. The program is rooted in Housing First principles and includes the following strategies: (a) recruiting landlords and building strong landlord relationships so they accept families who do not meet income qualifications, have criminal histories, or past evictions. This includes the development of a CoC Landlord Mitigation Fund, which will work to ameliorate any additional cost incurred by the landlord for accepting a family with multiple housing barriers; (b) comprehensive assessment to target housing intervention by need (e.g. quick return to market rate housing, reunification with family, rapid re-housing, or PSH if a family has been chronically homeless). Staff work with clients to identify and address housing barriers so clients can set goals to work to maintain housing stability; (c) use of a family by-name waitlist and case conferences to coordinate services as a CoC and identify best housing option. The MD-503 CoC strategy to ensure families successfully maintain housing once assistance ends involves linking each family to services and resources within the community of their choice to help increase income, and provide a warm-handoff to community-based services so clients have
resources if they require further assistance. While in the program, case managers work with clients using the best practice of Motivational Interviewing and provide support with creating a savings account, financial management, and budgeting. Staff also taper off services as clients increase their self-sufficiency, so that clients have time to adjust to their independence while in housing, thereby increasing the probability of success once assistance is terminated.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:
1. ensured the safety of DV survivors experiencing homelessness by:
   (a) training staff on safety planning;
   (b) adjusting intake space to better ensure a private conversation;
   (c) conducting separate interviews/intake with each member of a couple;
   (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
   (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;
   (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and
2. measured its ability to ensure the safety of DV survivors the project served.
   (limit 2,000 characters)

1) Sarah’s House (SH) takes the safety of DV survivors seriously, and has several policies in place to ensure safety. Catholic Charities, the umbrella organization of SH, offers multiple in-house trainings including safety planning, which all staff will be current on by the start of the program. Staff will also seek outside trainings focused on working with DV survivors, such as National Center on Domestic and Sexual Violence trainings. The intake space at SH is in a private office, allowing for private conversations. If a couple were to present, staff would speak to each member separately to ensure safety of each person. As part of the housing search process, staff will utilize the individualized safety plan to work with clients to identify rental locations that are safe for them. Staff will also consult an order of protection, if it is in place. SH RRH program will not operate congregate living spaces. There will not be dedicated units, however, SH will not enter identifying client information into HMIS; instead, they will use a separate electronic system called Box, which is a secure program. Addresses and case notes for DV RRH clients will be locked so only the case manager, program manager, and director can view them, further ensuring the safety of DV survivors.

2) SH DV RRH will measure their ability to ensure client safety by:
   a) completing an individualized comprehensive safety plan for each family that covers safety during an incident, safety in their residence, and safety on the job
   b) protecting the privacy of each client through use of the locked electronic records system
   3) referring clients to legal services to obtain an order of protection, if necessary.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:
1. project applicant’s experience in utilizing trauma-informed, victim-
centered approaches to meet needs of DV survivors; and
2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:
   (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
   (b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
   (c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;
   (d) placing emphasis on the participant’s strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
   (e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
   (f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
   (g) offering support for parenting, e.g., parenting classes, childcare.

1) Sarah's House (SH) RRH staff are all trained on Trauma-Informed Care (TIC), and the program manager has five years of experience with TIC, with over 18 years of experience providing person-centered services. SH staff focus on the needs and concerns of the survivor first and foremost to ensure delivery of services in a nonjudgmental manner that is sensitive to the lived experience of the survivor. Staff prioritize the safety, privacy and well-being of the survivor and using TIC, understand how trauma may impact the survivor’s behaviors.
2. (a)(b) SH RRH services are client-driven, and focus on empowering the client to use their agency and self-determination to drive the housing and employment search process as well as service plan goals. This approach gives clients the power and staff work collaboratively with clients to accomplish their goals and creates a culture of mutual respect. SH staff meet clients where they are and use Motivational Interviewing and a Housing First approach. (c) clients would be referred to the YWCA Domestic Violence program for resources and support, and staff would use materials from the National Center on Domestic and Sexual Violence (d) SH uses a strengths-based approach focusing on how clients can leverage their strengths to improve self-sufficiency and maintain their housing with client-driven individual progress goals (e) Staff have attended cultural competency training by the National Alliance to End Homelessness and have participated in training on and follow the policy of the MD-503 CoC on equal access and nondiscrimination; (f) SH refers clients to support groups in the community as needed, including supports at the YWCA. Supports are also provided for the children such as referrals to the Boys and Girls Club (g) Once housing is identified, childcare in the community is one of the first topics addressed to ensure the parent can maintain employment and would refer to parenting classes as needed.
and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

In addition to the current Rapid Re-Housing (RRH) Program, Sarah’s House (SH) has provided emergency shelter for families experiencing homelessness since 1987. SH offers case management, employment services, transportation, and a Licensed Childcare Center. In FY19, SH served 471 clients (including 254 children in 185 families) with emergency shelter, supportive housing, case management, comprehensive children’s services, and opportunities for employment and education. SH also served 24,256 meals to the residents, and placed 157 clients into better-paying jobs. Because SH serves many female head of household families in its Emergency Shelter, staff has a wealth of experience in working with survivors of domestic violence and in FY2019, served 58 survivors.

SH offers critical services that help clients gain employment, increase their earning capacity, find stable housing, and achieve long-term stability. All direct service staff have been trained in the best practices of Trauma-Informed Care and Motivational Interviewing. With supportive services in place, the goal is for the family to regain their safety, become self-sufficient and remain stably housed. SH currently has established relationships with property management companies, landlords, realtors, and apartment complexes that will aid in the rehousing of survivors of domestic violence utilizing the housing first model. The case manager will conduct home visits, meet with landlords, advocate for assistance, and provide wrap around services that will promote the family’s safety and success. Services at SH will be available to all families participating in this program including: housing counseling, housing search assistance, rental assistance, employment support, landlord/tenant affairs, legal resources, benefit support, counseling services, budgeting assistance, and child care resources. Sarah's House will partner with the YWCA to ensure counseling or legal services are provided to families.
2A. Homeless Management Information System (HMIS) Implementation

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

2A-1. HMIS Vendor Identification.   Wellsky - Community Services (Service Point)

Applicants must review the HMIS software vendor name brought forward from FY 2018 CoC Application and update the information if there was a change.

2A-2. Bed Coverage Rate Using HIC and HMIS Data.

Using 2019 HIC and HMIS data, applicants must report by project type:

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Number of Beds in 2019 HIC</th>
<th>Total Beds Dedicated for DV in 2019 HIC</th>
<th>Total Number of 2019 HIC Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ES) beds</td>
<td>138</td>
<td>9</td>
<td>129</td>
<td>100.00%</td>
</tr>
<tr>
<td>Safe Haven (SH) beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing (TH) beds</td>
<td>15</td>
<td>0</td>
<td>15</td>
<td>100.00%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) beds</td>
<td>105</td>
<td>0</td>
<td>105</td>
<td>100.00%</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) beds</td>
<td>227</td>
<td>0</td>
<td>227</td>
<td>100.00%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) beds</td>
<td>70</td>
<td>0</td>
<td>70</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

2A-2a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-2.

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-2., applicants must describe:
1. steps the CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and 2. how the CoC will implement the steps described to increase bed coverage to at least 85 percent.  
(limit 2,000 characters)

The MD-503 CoC has a HMIS bed coverage rate of 100% for all of the program types. It is the CoC’s policy to require HMIS participation and to add new programs/beds to the HMIS when new programs are implemented.


Applicants must indicate whether the CoC submitted its LSA data to HUD in HDX 2.0.  Yes

*2A-4. HIC HDX Submission Date.

Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).  04/29/2019
2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

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The FY 2019 CoC Program Competition Notice of Funding Availability at:

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

2B-1. PIT Count Date. 01/30/2019
Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).

2B-2. PIT Count Data–HDX Submission Date. 04/29/2019
Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).


Applicants must describe:
1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC’s sheltered PIT count results; or
3. state “Not Applicable” if there were no changes.
   (limit 2,000 characters)
Not applicable

*2B-4. Sheltered PIT Count–Changes Due to Presidentially-declared Disaster.

Applicants must select whether the CoC added or removed emergency shelter, No
transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC’s 2019 sheltered PIT count.

2B-5. Unsheltered PIT Count–Changes in Implementation.

Applicants must describe:
1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and
2. how the changes affected the CoC’s unsheltered PIT count results; or
3. state “Not Applicable” if there were no changes.
(limit 2,000 characters)

Not applicable

*2B-6. PIT Count–Identifying Youth Experiencing Homelessness.

Applicants must:

Indicate whether the CoC implemented specific measures to identify youth experiencing homelessness in their 2019 PIT count.

Yes

2B-6a. PIT Count–Involving Youth in Implementation.

Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:
1. plan the 2019 PIT count;
2. select locations where youth experiencing homelessness are most likely to be identified; and
3. involve youth in counting during the 2019 PIT count.
(limit 2,000 characters)

The MD-503 CoC utilizes the expertise of its homeless youth sub-committee (Youth Reach), which is composed of youth service providers, the school system, and homeless service providers. This Committee does strategic planning and engages both the homeless youth street outreach team and youth experiencing homelessness. The Committee participated in a comprehensive State-funded homeless youth count from 2016-2018 and facilitated their own count in 2019, called Youth Count. Participation by the homeless youth street outreach team and an homeless youth provider allowed the CoC PIT planning committee to identify and select locations where the largest number of unaccompanied youth would most likely to be on the night of the PIT count. While the PIT planning committee did not have a youth experiencing homelessness on the committee, the Homeless Youth Outreach Team works closely with youth experiencing homelessness to identify locations where youth are residing on the street. The lead for the PIT Count is an active member of the youth committee and was able to incorporate their expertise into the PIT count.
design. While the CoC documented large number of unaccompanied homeless youth meeting the public school system definition of homelessness (i.e. staying in temporary doubled up situations) on the night of the PIT Count, few homeless youth were identified on the street or in shelter and met HUD’s definition. A total of 5 unaccompanied youth were identified on the street and 10 unaccompanied youth were identified in shelter. Additionally, 4 parenting youth households aged were identified. All unaccompanied youth identified during PIT were aged 18-24.

2B-7. PIT Count–Improvements to Implementation.

Applicants must describe the CoC’s actions implemented in its 2019 PIT count to better count:
1. individuals and families experiencing chronic homelessness; 
2. families with children experiencing homelessness; and
3. Veterans experiencing homelessness.
(limit 2,000 characters)

1) MD-503 CoC continues to identify those experiencing chronic homelessness (CH) living on the streets or other places not meant for human habitation and maintains a by-name list of CH individuals. The Homeless Outreach Team continues to seek out and identify new CH individuals and families and receive referrals from the Crisis Response Team, police, and concerned community members. The Outreach Team has a new partnership with the County Fire Department to utilize mapping software to track known homeless encampments, including number of participants. In this way, the CoC has developed a better map of known locations of where the CH homeless stay. Additionally, improved assessment of shelter guests better identify individuals and families meeting the CH definitions and improve the PIT count. On the day of PIT count, volunteers went to these “known locations” and conducted the count. Individuals were cross-referenced with current by-name list to identify them as CH. The Homeless Outreach Team utilized a person-first approach when working with individuals to develop a rapport so that clients are more willing to disclose their homeless status.

2) The CoC counts families with children residing in the County’s shelters and contacts any agency who provide funds for families to stay in motels on the night of the PIT Count. Rarely, are families identified as staying on the street. However, the Homeless Outreach Team and PIT Count volunteers check “known locations” such as the parking lot of the local Walmart to identify any family who might be staying in a car.

3) The PIT survey instrument asks about veteran status. The CoC also has a veteran by-name list, which it maintains in partnership with the Veterans Administration (VA) that is cross-referenced as part of the CoC’s efforts to count homeless veterans.
3A. Continuum of Care (CoC) System Performance

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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*3A-1. First Time Homeless as Reported in HDX.

Applicants must:

Report the Number of First Time Homeless as Reported in HDX. 633


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

1) In FY2018, a total of 633 persons entered emergency or transitional housing programs for the first time. The risk factors that MD-503 CoC uses to identify persons becoming homeless for the first time include: pending eviction; being extremely rent burdened, or paying more than 50 percent of income for housing; health crisis including addiction or a mental health diagnosis; unstable employment or low wages. Opioid addiction continues to contribute to an increase of new homeless persons residing on the streets as well as in shelter.
2) The CoC utilizes homelessness prevention funds to address those at risk of becoming homeless by:
a. using State, CDBG, and faith community funds to provide emergency rental
assistance, eviction prevention, supportive services, landlord mediation, turnoff prevention, financial management services, and employment referrals;
b. partnering with local agencies such as Community Action Agency, the Light House, and United Way to utilize these funds;
c. affirmatively marketing services to at-risk population out in community, providing services throughout the County, and posting homelessness prevention referrals on ACDS website;
d. working with local Department of Social Services and Systems of Care, who identify at-risk individuals and refer to homelessness prevention providers, therefore coordinating prevention services within the CoC;
e. assessing those seeking shelter to determine if the person can receive prevention assistance to remain housed instead of entering homelessness; and
f. working with the State Health Department to train CoC providers on opioid overdose prevention and referring clients to opioid treatment.
3) Homeless Coordinator at Department of Social Services (DSS) is responsible for this strategy.

*3A-2. Length of Time Homeless as Reported in HDX.

Applicants must:

Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.

| 96 |


Applicants must:
1. describe the CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;
2. describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the length of time individuals and families remain homeless.

(limit 2,000 characters)

1) In FY18, the average length of time someone remained homeless decreased by over 10% from 109 to 96 days. The MD-503 CoC focuses on Housing First and rapid re-housing strategy to get people quickly housed. Strategies to reduce the length of time someone remains homeless include: a) comprehensive assessment identifying housing barriers and options; b) increasing the number of rapid re-housing programs; c) prioritizing those in shelter or on the street for both rapid re-housing programs and PSH programs; and d) identifying and taking advantage of new housing opportunities, such as getting homeless clients on waitlists of new LIHTC projects by helping clients apply the day a waitlist is opened. Staff utilize evidence-based practices such as motivational interviewing to provide clear expectations using a person-centered approach to increase client motivation to exit shelter and stabilize. Comprehensive wrap-around services, including partnerships and referrals to employment/workforce development to help increase income to afford housing, are offered by Sarah’s House shelter and CoC local providers.
2) The Homeless Street Outreach Team works on the ground with chronically
street homeless persons, who often have the longest length of time experiencing homeless in the County. Outreach staff meet clients where they are to develop rapport. In FY18, 38 persons were placed in PSH. The Outreach team uses HMIS data and VI-SPDAT scores to identify individuals and assess their vulnerability. Clients are then placed on the coordinated entry list for PSH, the ACCESS Housing list, and outreach staff work with clients to obtain necessary documentation for the housing process. Chronically homeless persons with the highest vulnerability are prioritized for PSH. CoC holds monthly case conferences focused on getting clients housed as quickly as possible.
3) Planning Staff at ACDS, the lead agency, oversee CoC strategy to reduce the length of time persons are homeless.

*3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX.

Applicants must:

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.</td>
</tr>
<tr>
<td>2. Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.</td>
</tr>
</tbody>
</table>

3A-3a. Exits to Permanent Housing Destinations/Retention of Permanent Housing.

Applicants must:
1. describe the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
2. provide the organization name or position title responsible for overseeing the CoC’s strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
3. describe the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations; and
4. provide the organization name or position title responsible for overseeing the CoC’s strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1) The CoC main strategy to increase the rate at which those in emergency shelter, transitional housing, and rapid re-housing exit to permanent housing destinations includes: (a) comprehensive assessment to quickly identifying housing barriers and options in order to develop a housing plan; (b) develop and build strong landlord relations and operate a landlord mitigation fund, which
will encourage landlords to accept clients with multiple barriers; (c) continuously identifying new housing opportunities including obtaining increased funding from the County which set aside nearly $400,000 in new funding for rental assistance programs; (d) formalizing the "Move On" strategy with PHAs to free up additional PSH space. The CoC will continue the strategy of using the byname lists for all PSH programs and holding monthly case conferencing meetings with the focus of getting participants housed as quickly as possible. Not evident by this percentage, is the CoC's success in assisting 38 homeless individuals living on the street obtain CoC funded PSH housing based on the CoC's order of priority vulnerability list.

2) ACDS planning staff is responsible for overseeing strategy to increase the rate at which persons exit to permanent housing.

3) The CoC's strategy to increase the rate at which those in PSH remain permanently housed include: (a) incorporating the Housing First model into program design and to minimize discharge from programs; (b) providing comprehensive supportive evidence-based services while in program including financial management, budgeting, apartment maintenance and providing ongoing services with individualized service plan goals to build on independence and self-sufficiency, even once clients have stabilized; and (c) strengthening landlord relations and developing partnerships.

4) ACDS planning staff is responsible for overseeing strategy to increase the rate at which persons exit to permanent housing.

*3A-4. Returns to Homelessness as Reported in HDX.

Applicants must:

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.</td>
</tr>
<tr>
<td>2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.</td>
</tr>
</tbody>
</table>

3A-4a. Returns to Homelessness–CoC Strategy to Reduce Rate.

Applicants must:

1. describe the strategy the CoC has implemented to identify individuals and persons in families who return to homelessness;
2. describe the CoC’s strategy to reduce the rate of additional returns to homelessness; and
3. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the rate of individuals and persons in families return to homelessness. (limit 2,000 characters)

1) The CoC identifies returns to homelessness by reviewing HMIS data, consulting with providers, through Coordinated Entry assessment, and working with clients. Commonalities are found in this group, which include (a) an untreated addiction or mental health diagnosis, (b) families or individuals who rely on a shelter as a safety net, and (c) unstable employment and high housing cost. Whenever possible, CoC works with clients to ameliorate these issues.
prior to exit to permanent housing, or if in permanent housing, prior to eviction to keep them stably housed.

2) The CoC’s strategy to reduce returns is to (a) develop an array of housing resources including PSH, rapid re-housing, and other PH resources and to target the housing intervention through case conferencing meetings and utilizing the by-name lists; (b) offer follow-up services such as Sarah’s House Service Linked Housing Program and case management; and (c) minimize discharge from PSH programs by again offering case management and landlord mediation. The CoC has prioritized housing extremely vulnerable, chronically homeless, as well as increasing the number of rapid re-housing programs in the County. Additionally, Catholic Charities offers 20 units of permanent housing at Ft. Meade for families. These families are given priority to receive a mainstream Housing Choice Voucher after a year in the program.

3) ACDS, the lead agency, oversees CoC strategy to reduce the rate of returns to homelessness.

*3A-5. Cash Income Changes as Reported in HDX.

Applicants must:

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.</td>
</tr>
<tr>
<td>2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.</td>
</tr>
</tbody>
</table>


Applicants must:

1. describe the CoC’s strategy to increase employment income;
2. describe the CoC’s strategy to increase access to employment;
3. describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
4. provide the organization name or position title that is responsible for overseeing the CoC’s strategy to increase jobs and income from employment. (limit 2,000 characters)

1) In FY18, 15% of adult leavers increased their employment income from program entry to program exit, an 88% increase from FY17. CoC members have relationships with many employers who hire clients after completion of training programs in the construction or food service industry including Light House (LH) Building Employment Success Training, which prepares students for employment with skills training, education, and credentialing. CoC members LH and SCAR Foundation prioritize access to training programs for the homeless and accept referrals from the CoC. SCAR is federally bonded through the Department of Labor, providing employers with additional insurance. Given the target population for CoC PSH is disabled chronically homeless persons, CoC is looking to partner with the County’s supported employment programs to
help increase cash income. The Mental Health Agency, a subrecipient, offers supported employment for CoC tenants.

2) The local Workforce Development Corporation (WDC) is on the CoC Board to educate CoC on WDC programs. Many providers offer employment and training programs - LH has a social enterprise, the Bistro, which trains and employs homeless persons for careers in the food service industry. LH has a new program through Maryland Department of Labor Opioid Workforce Innovation Fund providing employment opportunities to persons with history of opioid use, which accepts referrals from CoC. Many providers provide client transportation assistance to place of employment.

3) WDC outreaches and affirmatively markets programs to local shelters and has an MOU with the MD-503 CoC. WDC has MOUs with several homeless assistance providers, including the Light House (LH) and Community Action Agency. Sarah’s House has an employment specialist who works with clients while they are in shelter to increase income. Shelter and rapid re-housing providers refer clients to WDC programs.

4) ACDS planning staff and Light House oversee these strategies.


Applicants must:
1. describe the CoC's strategy to increase non-employment cash income;
2. describe the CoC's strategy to increase access to non-employment cash sources;
3. provide the organization name or position title that is responsible for overseeing the CoC’s strategy to increase non-employment cash income.

1) In FY18, 21% of adult leavers increased their non-employment income from program entry to program exit. CoC providers offer benefit assistance to clients on-site and by providing referrals to Anne Arundel County Department of Social Services (DSS) to determine eligibility for benefits such as SNAP, SSI/SSDI, Medicaid, WIC or TANF. Mental Health Agency staff are trained to provide S.O.A.R. assistance.

2) DSS provides on-site services at emergency shelters to enroll participants in mainstream programs and utilize the County’s S.O.A.R program to assist participants in applying for SSI/SSDI. The Homeless Outreach Team is able to enroll clients in benefits out in the community, thereby increasing access to non-employment cash sources and reaching the hardest to serve clients. Workforce Development Corporation (WDC), the local workforce development board, outreaches and affirmatively markets workforce development and educational programs to local shelters and has funded a program at the Light House Shelter.

3) ACDS, the lead agency, is responsible for overseeing this strategy.


Applicants must describe how the CoC:
1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2. is working with public and private organizations to provide meaningful,
education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being. (limit 2,000 characters)

1) CoC members have relationships with several employers who will hire clients after they complete training programs in the construction or food service industry including Light House (LH) Building Employment Success Training (B.E.S.T.), which prepares students for meaningful employment by providing skills training, education, and credentialing. CoC members LH and SCAR Foundation prioritize access to these training programs for individuals who are homeless and accept referrals from the CoC. SCAR is federally bonded through the Department of Labor, which provides employers with additional insurance. The Workforce Development Corporation (WDC) has partnerships with many local employers, which creates employment opportunities for homeless persons. For example, WDC has a partnership with BWI Airport to hire WDC clients. This year, identified the homeless population as a key target population for services. WDC accepts referrals from CoC providers, and has long standing agreements with many providers, including the LH. There is an MOU between WDC and the CoC.

2) A WDC staff member is on the Board of the Homeless Coalition to ensure that providers of homeless services are aware of the WDC programs. Many employment opportunities and training programs are offered on the provider level. LH has a social enterprise, The Bistro, which trains and employs homeless individuals to prepare them for careers in the food service and management industry. LH recently acquired Maryland Department of Labor funding through the Opioid Workforce Innovation Fund for a program geared at providing employment opportunities to individuals with history of opioid use, which will accept referrals from the CoC.


Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC’s geographic area:

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.
5. The CoC works with organizations to create volunteer opportunities for program participants.
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).
7. Provider organizations within the CoC have incentives for employment.
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.

3A-6. System Performance Measures 05/30/2019
Data–HDX Submission Date

Applicants must enter the date the CoCs submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)
3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

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3B-1. Prioritizing Households with Children.

Applicants must check each factor the CoC currently uses to prioritize households with children for assistance during FY 2019.

<table>
<thead>
<tr>
<th>Factor</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td></td>
</tr>
<tr>
<td>2. Number of previous homeless episodes</td>
<td>X</td>
</tr>
<tr>
<td>3. Unsheltered homelessness</td>
<td>X</td>
</tr>
<tr>
<td>4. Criminal History</td>
<td></td>
</tr>
<tr>
<td>5. Bad credit or rental history</td>
<td></td>
</tr>
<tr>
<td>6. Head of Household with Mental/Physical Disability</td>
<td>X</td>
</tr>
</tbody>
</table>

3B-1a. Rapid Rehousing of Families with Children.

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

1) MD-503 CoC strategy to rapidly re-house every family with children within 30 days is rooted in Housing First principles and includes the following strategies: (a) ensuring referrals for RRH target families in emergency shelter or on the street; (b) recruiting landlords and building strong landlord relationships so they accept families who do not meet income qualifications, have criminal histories, or past evictions. This includes the development of a Landlord Mitigation Fund, which will work to ameliorate any additional cost incurred by the landlord for accepting a family with multiple housing barriers; (c) comprehensive assessment to target housing intervention by need (e.g. quick return to market rate housing, reunification with family, rapid re-housing, or PSH if a family has been chronically homeless). Staff work with clients to identify and address housing barriers so clients can set goals to work to maintain housing stability; (d) use of a family by-name waitlist and case conferences to coordinate services as a CoC and identify best housing option; and (e) increase supply of RRH or other housing programs funded by CoC, United Way, private funds or HOME-funded TBRA. The MD-503 CoC strategy to ensure families successfully maintain housing once assistance ends involves linking each family to services and resources within the community of their choice to help increase income, and provide a warm-handoff to community-based services so clients have resources if they require further assistance. While in the program, case managers work with clients to create a savings account and provide financial management and budgeting support. Staff also taper off services as clients increase their self-sufficiency, so that clients have time to adjust to their independence while in housing, thereby increasing the probability of success once assistance is terminated.

2) The agencies responsible for overseeing this strategy are DSS and ACDS.

3B-1b. Antidiscrimination Policies.

Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent housing (PSH and RRH)) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.

1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics. X

2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics.

3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients. X

FY2019 CoC Application Page 41 09/30/2019
4. CoC has worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within the CoC geographic area that might be out of compliance and has taken steps to work directly with those facilities to come into compliance.

3B-1c. Unaccompanied Youth Experiencing Homelessness–Addressing Needs.

Applicants must indicate whether the CoC’s strategy to address the unique needs of unaccompanied youth experiencing homelessness who are 24 years of age and younger includes the following:

| 1. Unsheltered homelessness | Yes |
| 2. Human trafficking and other forms of exploitation | Yes |
| 3. LGBT youth homelessness | Yes |
| 4. Exits from foster care into homelessness | Yes |
| 5. Family reunification and community engagement | Yes |
| 6. Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs | Yes |

3B-1c.1. Unaccompanied Youth Experiencing Homelessness–Prioritization Based on Needs.

Applicants must check all that apply that describes the CoC’s current strategy to prioritize unaccompanied youth based on their needs.

| 1. History of, or Vulnerability to, Victimization (e.g., domestic violence, sexual assault, childhood abuse) | X |
| 2. Number of Previous Homeless Episodes | X |
| 3. Unsheltered Homelessness | X |
| 4. Criminal History | |
| 5. Bad Credit or Rental History | |

3B-1d. Youth Experiencing Homelessness–Housing and Services Strategies.

Applicants must describe how the CoC increased availability of housing and services for:
1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and
2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.
(limit 3,000 characters)
1) The MD-503 CoC, through its Homeless Youth Committee (HYC) works to expand services and housing to homeless youth. The HYC conducted a targeted homeless youth count in 2018 and based on the insights gained, developed a strategic plan to end youth homelessness. In 2017, the HYC obtained funds from the State Office of Children, Youth, and Families to develop and begin the operation of a Homeless Youth Outreach Team for unaccompanied homeless youth. Also, the HYC is planning to open an Outreach Center in the northern part of the County to provide a safe place for unaccompanied youth to seek resources and services.

The HYC is developing a youth-specific coordinated entry system. This system will collaborate with the County’s System of Care strategy - a partnership between all child-serving agencies designed to comprehensively meet the needs of youth in a cross-system approach. The goal is to provide a single point of entry to link homeless youth to services and community-based supports.

2) The County Partnership for Children, Youth, and Families, a CoC Board member, recently obtained State funding for a new rapid re-housing program for unaccompanied homeless youth aged 18-24 that will target services to unsheltered homeless. The Housing In Place, Home Our Priority (HIPHOP) program will serve 8-10 unaccompanied homeless youth aged 18-24 using Housing First model. HIPHOP will include: outreach to identify youth; evidence-based assessment and rental assistance; and intensive case management (ICM). Rental assistance will be on a sliding scale over six months based on immediate housing need and ICM will be for 6 to 9 months. HIPHOP will work with the CoC HYC and Homeless Youth Outreach Team to identify unsheltered homeless youth and work together to coordinate services. Youth in immediate danger will be referred to law enforcement and the Department of Social Services.

3B-1d.1. Youth Experiencing Homelessness—Measuring Effectiveness of Housing and Services Strategies.

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

1) As of March 2019, 1,264 homeless youth were identified by Anne Arundel County Public Schools (AACPS). Schools in the northern part of the County accounted for 450 of the homeless youth, which has tripled since 2016. According AACPS, there are 200 unaccompanied homeless youth - many of whom reside in the Brooklyn Park area. During the January 2019 PIT Count, there were 22 unaccompanied homeless youth identified, or approximately 7% of all homeless individuals identified in the County. However, many unaccompanied homeless youth did not reside on the street, but instead, are doubled-up or couch surfing which is difficult to capture in data.

2) Once identified for the new rapid re-housing program, HIPHOP, youth will be
assessed using the evidence-based Arizona Self-Sufficiency Matrix and will be housed using private landlords already known to the County Partnership for Children, Youth, and Families. HIPHOP will specifically target the zip code of 21225 in North County, which has a 27% poverty rate. According to the Anne Arundel County Public School System (AACPS), there are 200 unaccompanied homeless youth - many of whom reside in the Brooklyn Park area. Per the 2017 Youth Reach survey, unaccompanied homeless youth increased from 47 in 2016, to 151 in 2017, a 300% increase.

3) Targeting services to the highest need areas per available data, coupled with the qualitative data shared by the Homeless Youth Outreach team, will help to identify homeless youth who will benefit from services. Using a standardized assessment for entry into the new HIPHIOP program will ensure that youth who are in the most need are being served, and will ensure that all housing barriers are addressed to ensure success in housing once assistance ends.

3B-1e. Collaboration–Education Services.

Applicants must describe:

1. the formal partnerships with:
   a. youth education providers;
   b. McKinney-Vento LEA or SEA; and
   c. school districts; and

2. how the CoC collaborates with:
   a. youth education providers;
   b. McKinney-Vento Local LEA or SEA; and
   c. school districts.

(limit 2,000 characters)

1) The MD-503 has a formal partnership with the Local Education Agency (LEA). The County’s public school system has a designated Homeless Liaison who is an active member of the CoC’s Board/coalition, and a lead on the committee for homeless youth. Also, the State of Maryland requires that the Homeless Liaison attend CoC meetings. Strategic involvement between the school system and CoC has led to a number of partnerships serving homeless families. For example, school Pupil Personnel Workers (PPWs) identify and refer at-risk and homeless families to a United Way funded prevention and rapid re-housing program.

2) The MD-503 CoC collaborates with youth education providers, McKinney-Vento Education Agency (SEA) and Local Education Agency (LEA) in the school district. The MD-503 collaborates with youth education providers such as various day care programs serving homeless youth. The County has a partnership and agreement with Catholic Charities to operate a day care center for homeless children. While not a formal partnership, the MD-503 has collaborated with the McKinney-Vento State Education Agency through the CoC’s participation in the Youth Reach count. The State made it possible for the County’s schools to administer the Youth Reach Survey to unaccompanied homeless youth at local high schools.

3B-1e.1. Informing Individuals and Families Experiencing Homeless about Education Services Eligibility.
Applicants must describe policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services. (limit 2,000 characters)

The CoC has policies to inform homeless families and unaccompanied youth of their educational rights. Each family shelter/program actively works with PPWs and school personnel to implement policies. For example, at Sarah’s House Shelter, case workers and childcare staff communicate with PPWs about transportation, organize school orientation to educate families about rights and resources, arrange and host parent/teacher conference at the shelter; and together (PPW, teachers, and Program staff) arrange tutoring and other academic supports for families. The County’s school system Homeless Liaison participates in the County’s Homeless Resource Day to ensure families - who may be doubled up with friends or families or at-risk of homelessness - receive information about their eligibility for education services. Additionally, the homeless liaison also presents at Homeless Coalition meeting which includes a wider range of stakeholders to ensure they are also educated about McKinney-Vento Programs that benefit homeless children. The Homeless Liaison also meets with homeless families residing in local motels to enroll children in school and services.

3B-1e.2. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

Applicant must indicate whether the CoC has an MOU/MOA or other types of agreements with listed providers of early childhood services and supports and may add other providers not listed.

<table>
<thead>
<tr>
<th>Early Childhood Providers</th>
<th>MOU/NOA</th>
<th>Other Formal Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Start</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Early Head Start</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Child Care and Development Fund</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Federal Home Visiting Program</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Healthy Start</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Public Pre-K</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Birth to 3 years</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Tribal Home Visting Program</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Other: (limit 50 characters)</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

3B-2. Active List of Veterans Experiencing Homelessness.

Applicant must indicate whether the CoC uses an active list or by-name list to identify all veterans experiencing homelessness in

Applicant: Anne Arundel County, Maryland
Project: MD-503 CoCRegistration FY2019

FY2019 CoC Application Page 45 09/30/2019
the CoC.

3B-2a. VA Coordination–Ending Veterans Homelessness.

Applicants must indicate whether the CoC is actively working with the U.S. Department of Veterans Affairs (VA) and VA-funded programs to achieve the benchmarks and criteria for ending veteran homelessness. Yes

3B-2b. Housing First for Veterans.

Applicants must indicate whether the CoC has sufficient resources to ensure each veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach. No


Applicants must:
1. select all that apply to indicate the findings from the CoC’s Racial Disparity Assessment; or
2. select 7 if the CoC did not conduct a Racial Disparity Assessment.

| 1. People of different races or ethnicities are more likely to receive homeless assistance. | X |
| 2. People of different races or ethnicities are less likely to receive homeless assistance. |   |
| 3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance. | X |
| 4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance. |   |
| 5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance. |   |
| 6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance. | X |
| 7. The CoC did not conduct a racial disparity assessment. |   |

3B-3a. Addressing Racial Disparities.

Applicants must select all that apply to indicate the CoC’s strategy to address any racial disparities identified in its Racial Disparities Assessment:

<p>| 1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC. | X |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2. The CoC has identified the cause(s) of racial disparities in their homeless system.</td>
<td></td>
</tr>
<tr>
<td>3. The CoC has identified strategies to reduce disparities in their homeless system.</td>
<td>X</td>
</tr>
<tr>
<td>4. The CoC has implemented strategies to reduce disparities in their homeless system.</td>
<td></td>
</tr>
<tr>
<td>5. The CoC has identified resources available to reduce disparities in their homeless system.</td>
<td></td>
</tr>
<tr>
<td>6. The CoC did not conduct a racial disparity assessment.</td>
<td></td>
</tr>
</tbody>
</table>
4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:
Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions. Please submit technical questions to the HUD Exchange Ask-A-Question at https://www.hudexchange.info/program-support/my-question/

Resources:
The FY 2019 CoC Application Detailed Instruction can be found at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

4A-1. Healthcare—Enrollment/Effective Utilization

Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and effectively utilizing Medicaid and other benefits.

<table>
<thead>
<tr>
<th>Type of Health Care</th>
<th>Assist with Enrollment</th>
<th>Assist with Utilization of Benefits?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Care Benefits</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>(State or Federal benefits, Medicaid, Indian Health Services)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Insurers:</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-Profit, Philanthropic:</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other: (limit 50 characters)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Applicants must:
1. describe how the CoC systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;
2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;
3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in
health insurance;
4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and
5. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits. (limit 2,000 characters)

1) All CoC providers have procedures to help program participants enroll in mainstream benefits. The County Department of Social Services (DSS) has a benefits eligibility staff on-site at the County family shelter. The Homeless Outreach Team enroll homeless persons in Food Stamps and TANF, and the general assistance program. Programs utilize SOAR to apply for SSI/SSDI. The County has two ACT Teams that also link homeless to mainstream benefits. The County has a crisis response hotline that links persons to needed services, such as substance abuse programs.
2) The Homeless Coordinator holds quarterly meetings for case managers to educate all on available resources and new programs. The CoC also hosts training on available resources, including hosting a S.O.A.R. training in FY18. Updates on mainstream resources are emailed to the 100+ person CoC distribution list on an as-available basis.
3) CoC has relationship with the County Health Department (HD) and DSS to assist with enrollment in health insurance. CoC frequently collaborates with the HD when working with special needs populations who are in HUD-funded housing, such as persons living with HIV/AIDS.
4) Staff work to enroll all eligible clients in Medicaid. Staff provide education to clients around eligible services that extend past physical health, such as mental health services, Medicaid transportation services for medical appointments, home and community-based services, substance use treatment, and supported employment opportunities. Effective use of these benefits provides comprehensive services and preventative services that ensure clients remain stably housed and reduce emergency costs. Many of the CoC PSH programs utilize state and federal Medicaid – both grant funded and fee-for-service funds – for mental health/health services for participants.
5) DSS - Homeless Coordinator is responsible for overseeing this strategy.

4A-2. Lowering Barriers to Entry Data:

Applicants must report:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.</td>
<td>9</td>
</tr>
<tr>
<td>2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.</td>
<td>9</td>
</tr>
</tbody>
</table>

Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing. 100%


Applicants must:
1. describe the CoC’s street outreach efforts, including the methods it

| FY2019 CoC Application | Page 49 | 09/30/2019 |
uses to ensure all persons experiencing unsheltered homelessness are
identified and engaged;
2. state whether the CoC’s Street Outreach covers 100 percent of the
CoC’s geographic area;
3. describe how often the CoC conducts street outreach; and
4. describe how the CoC tailored its street outreach to persons
experiencing homelessness who are least likely to request assistance.
(limit 2,000 characters)

1) As part of its efforts to end chronic homelessness, the MD-503 CoC
recognized the need for a comprehensive Homeless Outreach Team and in
2016, developed one with County and CDBG funds. Last year, the Homeless
Outreach Team successfully linked more than 38 chronically and vulnerable
homeless to PSH. The Team works closely with the County’s mental health
Crisis Response Team to link homeless individuals and families living in places
not fit for habitation to housing and services. The Homeless Outreach Team
receives tips from concerned community members, police, or the Crisis
Response Team in order find persons experiencing homelessness, who are
least likely to request assistance.
2) The CoC Homeless Outreach Team covers 100% of the County.
3) The CoC Homeless Outreach Team conducts outreach Monday-Friday, and
the Crisis Response Team is available 24/7 for emergency situations.
4) Two outreach workers visit all known encampments and street locations on
at least a monthly basis to build relationships and link persons experiencing
homelessness to services. Outreach workers use a person-centered approach
with sensitivity to the lived experiences of homeless individuals when providing
services. Workers meet clients where they are, literally and figuratively, thereby
engaging the clients least likely to request assistance. Services, when possible,
are brought to the encampments. For example, one member of the Team
completes applications for income benefits; staff from the County’s Health
Department has been brought to the camp to give flu shots; and housing
assessments, such as VI-SPDAT, are administered as new individuals are
identified to place clients on the coordinated Access Housing List for permanent
supportive housing.

4A-4. RRH Beds as Reported in HIC.

Applicants must report the total number of rapid rehousing beds available
to serve all household types as reported in the Housing Inventory Count
(HIC) for 2018 and 2019.

<table>
<thead>
<tr>
<th>RRH beds available to serve all populations in the HIC</th>
<th>2018</th>
<th>2019</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>64</td>
<td>105</td>
<td>41</td>
</tr>
</tbody>
</table>


Applicants must indicate whether any new project application the CoC ranked and
submitted in its CoC Priority Listing in the FY 2019 CoC Program Competition is requesting
$200,000 or more in funding for housing rehabilitation or new construction.


Applicants must indicate whether the CoC is requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other federal statutes.

No
Instructions:

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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1C-4.PHA Administration Plan—Moving On Multifamily Assisted Housing Owners’ Preference.</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1C-4. PHA Administrative Plan Homeless Preference.</td>
<td>No</td>
<td>PHA Homeless Pref...</td>
<td>09/23/2019</td>
</tr>
<tr>
<td>1C-7. Centralized or Coordinated Assessment System.</td>
<td>Yes</td>
<td>Coordinated Asses...</td>
<td>09/18/2019</td>
</tr>
<tr>
<td>1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Accepted.</td>
<td>Yes</td>
<td>Public Posting - ...</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Rejected or Reduced.</td>
<td>Yes</td>
<td>Public Posting - ...</td>
<td>09/23/2019</td>
</tr>
<tr>
<td>1E-1. Public Posting–30-Day Local Competition Deadline.</td>
<td>Yes</td>
<td>Public Posting - ...</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>1E-1. Public Posting–Local Competition Announcement.</td>
<td>Yes</td>
<td>Local Competition...</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>1E-4. Public Posting–CoC-Approved Consolidated Application</td>
<td>Yes</td>
<td>Consolidated Appl...</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>3A. Written Agreement with Local Education or Training Organization.</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3A. Written Agreement with State or Local Workforce Development Board.</td>
<td>No</td>
<td>Written Agreement...</td>
<td>09/25/2019</td>
</tr>
<tr>
<td>3B-3. Summary of Racial Disparity Assessment.</td>
<td>Yes</td>
<td>Racial Disparity ...</td>
<td>09/30/2019</td>
</tr>
<tr>
<td>4A-7a. Project List-Homeless under Other Federal Statutes.</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
<td></td>
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</tr>
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</table>
Attachment Details

Document Description: HDX Report

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: Coordinated Assessment System

Attachment Details

Document Description: Public Posting - Projects Accepted and Ranked

Attachment Details

Document Description: Public Posting - Rejected or Reduced
Attachment Details

Document Description: Public Posting - Establishment of Deadline

Attachment Details

Document Description: Local Competition Announcement with Ranking Process

Attachment Details

Document Description: Consolidated Application

Attachment Details

Document Description: Written Agreement with Local Workforce Development

Attachment Details
Document Description:  Racial Disparity Assessment

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:
## Total Population PIT Count Data

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
<th>2019 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count</td>
<td>390</td>
<td>376</td>
<td>366</td>
<td>302</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>253</td>
<td>239</td>
<td>263</td>
<td>223</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>85</td>
<td>24</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>338</td>
<td>263</td>
<td>280</td>
<td>241</td>
</tr>
<tr>
<td>Total Unsheltered Count</td>
<td>52</td>
<td>113</td>
<td>86</td>
<td>61</td>
</tr>
</tbody>
</table>

## Chronically Homeless PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
<th>2019 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of Chronically Homeless Persons</td>
<td>70</td>
<td>91</td>
<td>85</td>
<td>71</td>
</tr>
<tr>
<td>Sheltered Count of Chronically Homeless Persons</td>
<td>43</td>
<td>38</td>
<td>48</td>
<td>38</td>
</tr>
<tr>
<td>Unsheltered Count of Chronically Homeless Persons</td>
<td>27</td>
<td>53</td>
<td>37</td>
<td>33</td>
</tr>
</tbody>
</table>
# Homeless Households with Children PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2016 PIT</th>
<th>2017 PIT</th>
<th>2018 PIT</th>
<th>2019 PIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children</td>
<td>51</td>
<td>36</td>
<td>33</td>
<td>26</td>
</tr>
<tr>
<td>Sheltered Count of Homeless Households with Children</td>
<td>50</td>
<td>36</td>
<td>32</td>
<td>25</td>
</tr>
<tr>
<td>Unsheltered Count of Homeless Households with Children</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
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</tbody>
</table>

# Homeless Veteran PIT Counts

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Sheltered and Unsheltered Count of the Number of Homeless Veterans</td>
<td>27</td>
<td>28</td>
<td>21</td>
<td>24</td>
<td>19</td>
</tr>
<tr>
<td>Sheltered Count of Homeless Veterans</td>
<td>21</td>
<td>23</td>
<td>15</td>
<td>16</td>
<td>15</td>
</tr>
<tr>
<td>Unsheltered Count of Homeless Veterans</td>
<td>6</td>
<td>5</td>
<td>6</td>
<td>8</td>
<td>4</td>
</tr>
</tbody>
</table>
## HMIS Bed Coverage Rate

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds in 2019 HIC</th>
<th>Total Beds in 2019 HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter (ES) Beds</td>
<td>138</td>
<td>9</td>
<td>129</td>
<td>100.00%</td>
</tr>
<tr>
<td>Safe Haven (SH) Beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>NA</td>
</tr>
<tr>
<td>Transitional Housing (TH) Beds</td>
<td>15</td>
<td>0</td>
<td>15</td>
<td>100.00%</td>
</tr>
<tr>
<td>Rapid Re-Housing (RRH) Beds</td>
<td>105</td>
<td>0</td>
<td>105</td>
<td>100.00%</td>
</tr>
<tr>
<td>Permanent Supportive Housing (PSH) Beds</td>
<td>227</td>
<td>0</td>
<td>227</td>
<td>100.00%</td>
</tr>
<tr>
<td>Other Permanent Housing (OPH) Beds</td>
<td>70</td>
<td>0</td>
<td>70</td>
<td>100.00%</td>
</tr>
<tr>
<td><strong>Total Beds</strong></td>
<td><strong>555</strong></td>
<td><strong>9</strong></td>
<td><strong>546</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>
### PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

<table>
<thead>
<tr>
<th>Chronically Homeless Bed Counts</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
<th>2019 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC</td>
<td>103</td>
<td>173</td>
<td>177</td>
<td>215</td>
</tr>
</tbody>
</table>

### Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

<table>
<thead>
<tr>
<th>Households with Children</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
<th>2019 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH units available to serve families on the HIC</td>
<td>17</td>
<td>19</td>
<td>19</td>
<td>26</td>
</tr>
</tbody>
</table>

### Rapid Rehousing Beds Dedicated to All Persons

<table>
<thead>
<tr>
<th>All Household Types</th>
<th>2016 HIC</th>
<th>2017 HIC</th>
<th>2018 HIC</th>
<th>2019 HIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRH beds available to serve all populations on the HIC</td>
<td>55</td>
<td>87</td>
<td>64</td>
<td>105</td>
</tr>
</tbody>
</table>
Measure 1: Length of Time Persons Remain Homeless

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

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

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

<table>
<thead>
<tr>
<th></th>
<th>Universe (Persons)</th>
<th>Average LOT Homeless (bed nights)</th>
<th>Median LOT Homeless (bed nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Submitted FY 2017</td>
<td>FY 2018</td>
<td>Submitted FY 2017</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Submitted FY 2017</td>
</tr>
<tr>
<td>1.1 Persons in ES and SH</td>
<td>874</td>
<td>826</td>
<td>87</td>
</tr>
<tr>
<td>1.2 Persons in ES, SH, and TH</td>
<td>914</td>
<td>857</td>
<td>109</td>
</tr>
</tbody>
</table>

b. This measure is based on data element 3.17.

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

The construction of this measure changed, per HUD’s specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.
<table>
<thead>
<tr>
<th></th>
<th>Universe (Persons)</th>
<th>Average LOT Homeless (bed nights)</th>
<th>Median LOT Homeless (bed nights)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Submitted FY 2017</td>
<td>FY 2018</td>
<td>Submitted FY 2017</td>
</tr>
<tr>
<td>1.1 Persons in ES, SH, and PH (prior to &quot;housing move in&quot;)</td>
<td>818</td>
<td>702</td>
<td>227</td>
</tr>
<tr>
<td></td>
<td>1.2 Persons in ES, SH, TH, and PH (prior to &quot;housing move in&quot;)</td>
<td>865</td>
<td>728</td>
</tr>
<tr>
<td></td>
<td>93</td>
<td>110</td>
<td>101</td>
</tr>
</tbody>
</table>
Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

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

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

<table>
<thead>
<tr>
<th>Exit was from</th>
<th>Total # of Persons who Exit to a Permanent Housing Destination (2 Years Prior)</th>
<th>Returns to Homelessness in Less than 6 Months</th>
<th>Returns to Homelessness from 6 to 12 Months</th>
<th>Returns to Homelessness from 13 to 24 Months</th>
<th>Number of Returns in 2 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY 2018 % of Returns</td>
<td>FY 2018 % of Returns</td>
<td>FY 2018 % of Returns</td>
<td>FY 2018 % of Returns</td>
<td>FY 2018 % of Returns</td>
</tr>
<tr>
<td>Exit was from SO</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Exit was from ES</td>
<td>308</td>
<td>42</td>
<td>14%</td>
<td>17</td>
<td>6%</td>
</tr>
<tr>
<td>Exit was from TH</td>
<td>62</td>
<td>2</td>
<td>3%</td>
<td>7</td>
<td>11%</td>
</tr>
<tr>
<td>Exit was from SH</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Exit was from PH</td>
<td>93</td>
<td>1</td>
<td>1%</td>
<td>3</td>
<td>3%</td>
</tr>
<tr>
<td>TOTAL Returns to Homelessness</td>
<td>463</td>
<td>45</td>
<td>10%</td>
<td>27</td>
<td>6%</td>
</tr>
</tbody>
</table>

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts
This measures the change in PIT counts of sheltered and unsheltered homeless persons as reported on the PIT (not from HMIS).

<table>
<thead>
<tr>
<th></th>
<th>January 2017 PIT Count</th>
<th>January 2018 PIT Count</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Total PIT Count of sheltered and unsheltered persons</td>
<td>376</td>
<td>366</td>
<td>-10</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>239</td>
<td>263</td>
<td>24</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>24</td>
<td>17</td>
<td>-7</td>
</tr>
<tr>
<td>Total Sheltered Count</td>
<td>263</td>
<td>280</td>
<td>17</td>
</tr>
<tr>
<td>Unsheltered Count</td>
<td>113</td>
<td>86</td>
<td>-27</td>
</tr>
</tbody>
</table>

Metric 3.2 – Change in Annual Counts

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Unduplicated Total sheltered homeless persons</td>
<td>919</td>
<td>872</td>
<td>-47</td>
</tr>
<tr>
<td>Emergency Shelter Total</td>
<td>876</td>
<td>841</td>
<td>-35</td>
</tr>
<tr>
<td>Safe Haven Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transitional Housing Total</td>
<td>70</td>
<td>33</td>
<td>-37</td>
</tr>
</tbody>
</table>
Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td>132</td>
<td>137</td>
<td>5</td>
</tr>
<tr>
<td>Number of adults with increased earned income</td>
<td>7</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>Percentage of adults who increased earned income</td>
<td>5%</td>
<td>9%</td>
<td>4%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td>132</td>
<td>137</td>
<td>5</td>
</tr>
<tr>
<td>Number of adults with increased non-employment cash income</td>
<td>33</td>
<td>64</td>
<td>31</td>
</tr>
<tr>
<td>Percentage of adults who increased non-employment cash income</td>
<td>25%</td>
<td>47%</td>
<td>22%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Number of adults (system stayers)</td>
<td>132</td>
<td>137</td>
<td>5</td>
</tr>
<tr>
<td>Number of adults with increased total income</td>
<td>38</td>
<td>70</td>
<td>32</td>
</tr>
<tr>
<td>Percentage of adults who increased total income</td>
<td>29%</td>
<td>51%</td>
<td>22%</td>
</tr>
</tbody>
</table>
Metric 4.4 – Change in earned income for adult system leavers

<table>
<thead>
<tr>
<th>Universe: Number of adults who exited (system leavers)</th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24</td>
<td>33</td>
<td>9</td>
</tr>
<tr>
<td>Number of adults who exited with increased earned income</td>
<td>2</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Percentage of adults who increased earned income</td>
<td>8%</td>
<td>15%</td>
<td>7%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Universe: Number of adults who exited (system leavers)</th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24</td>
<td>33</td>
<td>9</td>
</tr>
<tr>
<td>Number of adults who exited with increased non-employment cash income</td>
<td>9</td>
<td>7</td>
<td>-2</td>
</tr>
<tr>
<td>Percentage of adults who increased non-employment cash income</td>
<td>38%</td>
<td>21%</td>
<td>-17%</td>
</tr>
</tbody>
</table>

Metric 4.6 – Change in total income for adult system leavers

<table>
<thead>
<tr>
<th>Universe: Number of adults who exited (system leavers)</th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24</td>
<td>33</td>
<td>9</td>
</tr>
<tr>
<td>Number of adults who exited with increased total income</td>
<td>11</td>
<td>10</td>
<td>-1</td>
</tr>
<tr>
<td>Percentage of adults who increased total income</td>
<td>46%</td>
<td>30%</td>
<td>-16%</td>
</tr>
</tbody>
</table>
Measure 5: Number of persons who become homeless for the 1st time

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Person with entries into ES, SH or TH during the reporting period.</td>
<td>795</td>
<td>753</td>
<td>-42</td>
</tr>
<tr>
<td>Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.</td>
<td>182</td>
<td>191</td>
<td>9</td>
</tr>
<tr>
<td>Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)</td>
<td>613</td>
<td>562</td>
<td>-51</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Person with entries into ES, SH, TH or PH during the reporting period.</td>
<td>886</td>
<td>883</td>
<td>-3</td>
</tr>
<tr>
<td>Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.</td>
<td>245</td>
<td>250</td>
<td>5</td>
</tr>
<tr>
<td>Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)</td>
<td>641</td>
<td>633</td>
<td>-8</td>
</tr>
</tbody>
</table>
Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2018 (Oct 1, 2017 - Sept 30, 2018) reporting period.

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

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

<table>
<thead>
<tr>
<th></th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons who exit Street Outreach</td>
<td>66</td>
<td>77</td>
<td>11</td>
</tr>
<tr>
<td>Of persons above, those who exited to temporary &amp; some institutional destinations</td>
<td>30</td>
<td>16</td>
<td>-14</td>
</tr>
<tr>
<td>Of the persons above, those who exited to permanent housing destinations</td>
<td>31</td>
<td>38</td>
<td>7</td>
</tr>
<tr>
<td>% Successful exits</td>
<td>92%</td>
<td>70%</td>
<td>-22%</td>
</tr>
</tbody>
</table>

Metric 7b.1 – Change in exits to permanent housing destinations
Metric 7b.2 – Change in exit to or retention of permanent housing

<table>
<thead>
<tr>
<th>Description</th>
<th>Submitted FY 2017</th>
<th>FY 2018</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universe: Persons in all PH projects except PH-RRH</td>
<td>358</td>
<td>322</td>
<td>-36</td>
</tr>
<tr>
<td>Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations</td>
<td>329</td>
<td>310</td>
<td>-19</td>
</tr>
<tr>
<td>% Successful exits/retention</td>
<td>92%</td>
<td>96%</td>
<td>4%</td>
</tr>
<tr>
<td>2019 HDX Competition Report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FY2018 - SysPM Data Quality</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MD-503 - Annapolis/Anne Arundel County CoC</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.
<table>
<thead>
<tr>
<th></th>
<th>All ES, SH</th>
<th>All TH</th>
<th>All PSH, OPH</th>
<th>All RRH</th>
<th>All Street Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Number of non-DV Beds on HIC</strong></td>
<td>126</td>
<td>125</td>
<td>134</td>
<td>123</td>
<td></td>
</tr>
<tr>
<td><strong>2. Number of HMIS Beds</strong></td>
<td>126</td>
<td>125</td>
<td>134</td>
<td>123</td>
<td></td>
</tr>
<tr>
<td><strong>3. HMIS Participation Rate from HIC (%)</strong></td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td><strong>4. Unduplicated Persons Served (HMIS)</strong></td>
<td>897</td>
<td>842</td>
<td>876</td>
<td>841</td>
<td></td>
</tr>
<tr>
<td><strong>5. Total Leavers (HMIS)</strong></td>
<td>776</td>
<td>712</td>
<td>755</td>
<td>721</td>
<td></td>
</tr>
<tr>
<td><strong>6. Destination of Don't Know, Refused, or Missing (HMIS)</strong></td>
<td>221</td>
<td>180</td>
<td>231</td>
<td>131</td>
<td></td>
</tr>
<tr>
<td><strong>7. Destination Error Rate (%)</strong></td>
<td>28.48</td>
<td>25.28</td>
<td>30.60</td>
<td>18.17</td>
<td></td>
</tr>
</tbody>
</table>
2019 HDX Competition Report
Submission and Count Dates for MD-503 - Annapolis/Anne Arundel County CoC

Date of PIT Count

<table>
<thead>
<tr>
<th>Date CoC Conducted 2019 PIT Count</th>
<th>Date</th>
<th>Received HUD Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1/30/2019</td>
<td></td>
</tr>
</tbody>
</table>

Report Submission Date in HDX

<table>
<thead>
<tr>
<th>Submitted On</th>
<th>Met Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019 PIT Count Submittal Date</td>
<td>4/29/2019</td>
</tr>
<tr>
<td>2019 HIC Count Submittal Date</td>
<td>4/29/2019</td>
</tr>
<tr>
<td>2018 System PM Submittal Date</td>
<td>5/30/2019</td>
</tr>
</tbody>
</table>
# COORDINATED ENTRY ASSESSMENT

<table>
<thead>
<tr>
<th>Screeners Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (Last, First, M.I.):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M</td>
</tr>
</tbody>
</table>

**Primary Race:**  
- □ Black/African American  
- □ White  
- □ Asian  
- □ Native American  
- □ Pacific Islander

**Ethnicity:**  
- □ Hispanic/Latino

**Client Phone Number:**

**Social Security Number:** __________

**Served in Military:**  
- □ Yes  
- □ No

**Children or other household members Names**

<table>
<thead>
<tr>
<th>Race / Ethnicity</th>
<th>Date Of Birth</th>
<th>Gender</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

**ALL QUESTIONS CONTAINED IN THIS QUESTIONNAIRE ARE OPTIONAL AND WILL BE KEPT STRICTLY CONFIDENTIAL.**

### Housing / Shelter

**County Resided prior to being homeless?**

**Where did you stay last night?**  
- □ Outside / Car  
- □ Friend  
- □ Family  
- □ Own Place  
- □ Hotel  
- □ Shelter  
- □ Jail

**How long did you stay there?**

**Explain Homeless Situation:**

**Do you have income (Check all that apply)**

- □ Employment (Monthly Amount $______)
- □ SSI (Monthly Amount $______)
- □ TDAP (Monthly Amount $______)
- □ Unemployment (Monthly Amount $______)
- □ Veterans Pension (Monthly Amount $______)
- □ Child Support (Monthly Amount $______)
- □ Other (Specify) (Monthly Amount $______)

**Do you have a disability?**  
- □ Yes  
- □ No

**Is yes, what disability (Check all that apply)**

- □ Mental Health  
- □ Physical  
- □ Developmental  
- □ HIV/AIDS  
- □ Substance Abuse

**Is the client ONLY interested in a specific shelter?**  
- □ Light House only  
- □ Sarah's House only  
- □ Winter Relief only  
- □ First available

**Domestic violence victim or survivor**  
- □ Yes  
- □ No  
  □ If yes, are you currently fleeing?  
  - □ Yes  
  - □ No

**Pregnant?**  
- □ Yes  
- □ No

**If yes, projected birth date:**

### Vulnerability Rating

**Housing Rating**  
- □ Street, car, outdoors, etc (1 pt)  
- □ Shelter, treatment facility (2 pt)

**Income Rating**  
- □ No cash income, inadequate income, no credit (1 pt)
- □ Limited income (2 pt)
- □ Income sufficient but has other debt (3 pt)

**Safety Rating**  
- □ Safety is threatened, domestic violence or violence from non-domestic partner (1 pt)
- □ Safe and stable (3 pt)

**Health Rating**  
- □ Chronic health, mental health, substance use requiring ongoing treatment (1 pt)
- □ Manages health, mental health, and/or substance use (2 pt)
- □ No health problems (3 pts)

**Total Risk (Vulnerability Rating):**
Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.0

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1 (800) 355-0420 info@orgcode.com www.orgcode.com
**This is a survey - do not give this to your client to fill out on their own - you must survey the client!**

## Administration

<table>
<thead>
<tr>
<th>Interviewer's Name</th>
<th>Agency</th>
<th>Team</th>
<th>Staff</th>
<th>Volunteer</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Survey Date</th>
<th>Survey Time</th>
<th>Survey Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>DD/MM/YYYY</td>
<td><em><strong>/</strong></em>/_____</td>
<td>___ : ___ AM/PM</td>
</tr>
</tbody>
</table>

## Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

## Basic Information

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<tr>
<th>First Name</th>
<th>Nickname</th>
<th>Last Name</th>
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In what language do you feel best able to express yourself?

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<th>Date of Birth</th>
<th>Age</th>
<th>Social Security Number</th>
<th>Consent to participate</th>
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</table>

If the person is 60 years of age or older, then score 1.
A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
   (NOTE - those that are doubled up or staying with a friend/family are not considered homeless under HUD definition and will not be considered for most housing opportunities)
   □ Shelters
   □ Transitional Housing
   □ Safe Haven
   □ Outdoors
   □ Other (specify):
   □ Refused

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

SCORE:

2. How long has it been since you lived in permanent stable housing?
   ________ □ Refused

3. In the last three years, how many times have you been homeless?
   ________ □ Refused

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

SCORE:

B. Risks

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

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

5. Have you been attacked or beaten up since you’ve become homeless?
   □ Y □ N □ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?
   □ Y □ N □ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? □ Y □ N □ Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

8. Does anybody force or trick you to do things that you do not want to do? □ Y □ N □ Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don’t know, share a needle, or anything like that? □ Y □ N □ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookee, dealer, or government group like the IRS that thinks you owe them money? □ Y □ N □ Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? □ Y □ N □ Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? □ Y □ N □ Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? □ Y □ N □ Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.

SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? □ Y □ N □ Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:
D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? □ Y □ N □ Refused

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? □ Y □ N □ Refused

17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? □ Y □ N □ Refused

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you’d need help? □ Y □ N □ Refused

19. When you are sick or not feeling well, do you avoid getting help? □ Y □ N □ Refused

20. **FOR FEMALE RESPONDENTS ONLY:** Are you currently pregnant? □ Y □ N □ N/A or Refused

**IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.**

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? □ Y □ N □ Refused

22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? □ Y □ N □ Refused

**IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.**

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
   a) A mental health issue or concern? □ Y □ N □ Refused
   b) A past head injury? □ Y □ N □ Refused
   c) A learning disability, developmental disability, or other impairment? □ Y □ N □ Refused

24. Do you have any mental health or brain issues that would make it hard for you to live independently because you’d need help? □ Y □ N □ Refused

**IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.**

**IF THE RESPONDENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.**
25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?  □ Y  □ N  □ Refused

26. Are there any medications like painkillers that you don’t take the way the doctor prescribed or where you sell the medication?  □ Y  □ N  □ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.  

27. YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?  □ Y  □ N  □ Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.  

Scoring Summary

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<th>SUBTOTAL</th>
<th>RESULTS</th>
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<td>A. HISTORY OF HOUSING &amp; HOMELESSNESS</td>
<td>/2</td>
<td>Score: Recommendation:</td>
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<tr>
<td>B. RISKS</td>
<td>/4</td>
<td>0-3: no housing intervention</td>
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<tr>
<td>C. SOCIALIZATION &amp; DAILY FUNCTIONS</td>
<td>/4</td>
<td>4-7: an assessment for Rapid</td>
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<tr>
<td>D. WELLNESS</td>
<td>/6</td>
<td>Re-Housing</td>
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<td>GRAND TOTAL</td>
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<td>8+: an assessment for Permanent</td>
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<td></td>
<td>Supportive Housing/Housing First</td>
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</tbody>
</table>

Follow-Up Questions

- On a regular day, where is it easiest to find you and what time of day is easiest to do so?  
  place: _______________________________
  time: ____ : ____ or Morning/Afternoon/Evening/Night

- Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?  
  phone: (____) ____- _______ 
  email: ____________________________

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

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1 (800) 355-0420  info@orgcode.com  www.orgcode.com
Finally I'd like to ask you some questions to help us better understand homelessness and improve housing and support services

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is your gender</td>
<td>☐ Male ☐ Female ☐ Transgender ☐ Other</td>
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<tr>
<td>Have you ever served in the US Military</td>
<td>☐ Yes ☐ No ☐ Refused</td>
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<tr>
<td>If yes, what was the character of your discharge?</td>
<td>☐ Honorable ☐ Other than Honorable ☐ Bad Conduct ☐ Dishonorable ☐ Refused</td>
</tr>
<tr>
<td>Where did you live prior to becoming homeless?</td>
<td>☐ Anne Arundel County ☐ Other part of Maryland ☐ Somewhere Else (Specify)</td>
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<tr>
<td>Have you ever been in foster care?</td>
<td>☐ Yes ☐ No ☐ Refused</td>
</tr>
<tr>
<td>Have you ever been in jail?</td>
<td>☐ Yes ☐ No ☐ Refused</td>
</tr>
<tr>
<td>Have you ever been in prison?</td>
<td>☐ Yes ☐ No ☐ Refused</td>
</tr>
<tr>
<td>What kind of health insurance do you have, if any? (Check all that apply)</td>
<td>☐ Medicaid (MA) ☐ Medicare ☐ VA ☐ Private Insurance ☐ None ☐ Other (Specify)</td>
</tr>
<tr>
<td>What is your primary race or ethnicity?</td>
<td>☐ Black/ African American ☐ White ☐ Hispanic ☐ Asian ☐ Pacific Islander ☐ American Indian</td>
</tr>
<tr>
<td>Are you a domestic violence victim?</td>
<td>☐ Yes ☐ No ☐ Refused</td>
</tr>
<tr>
<td>Do you have any income?</td>
<td>☐ None ☐ Employment ☐ SSI ☐ SSDI ☐ TCA ☐ TDAP ☐ Veterans Benefits ☐ Child Support ☐ Food Stamps ☐ Other (Specify)</td>
</tr>
<tr>
<td>Are you employed?</td>
<td>☐ Yes ☐ No ☐ Refused</td>
</tr>
</tbody>
</table>
Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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1 (800) 355-0420 info@orgcode.com www.orgcode.com
VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

** This is a survey - do not give this to your client to fill out on their own - you must survey the client! **

Administration

| Interviewer’s Name | Agency | □ Team
|--------------------|--------|-------
|                    |        | □ Staff
|                    |        | □ Volunteer

Survey Date: DD/MM/YYYY __/__/____  __ : __ AM/PM

Survey Time

Survey Location

Opening Script

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

Date of Birth: DD/MM/YYYY __/__/____  ___ Social Security Number

Consent to participate: □ Yes  □ No

□ No second parent currently part of the household

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

Date of Birth: DD/MM/YYYY __/__/____  ___ Social Security Number  Consent to participate: □ Yes  □ No

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.
Children

1. How many children under the age of 18 are currently with you? □ __________ □ Refused

2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? □ __________ □ Refused

3. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? □ Y □ N □ Refused

4. Please provide a list of children’s names and ages:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Age</th>
<th>Date of Birth</th>
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**IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.**

**IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.**

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
   (NOTE: those that are doubled up or staying with a friend/family are not considered homeless under HUD definition and will not be considered for most housing opportunities)
   □ Shelters
   □ Transitional Housing
   □ Safe Haven
   □ Outdoors
   □ Other (specify):
   □ Refused

**IF THE PERSON ANSWERS ANYTHING OTHER THAN “SHELTER”, “TRANSITIONAL HOUSING”, OR “SAFE HAVEN”, THEN SCORE 1.**

6. How long has it been since you and your family lived in permanent stable housing? □ __________ □ Refused

7. In the last three years, how many times have you and your family been homeless? □ __________ □ Refused

**IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.**
B. Risks

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

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

9. Have you or anyone in your family been attacked or beaten up since they’ve become homeless?  
   □ Y  ☐ N  ☐ Refused

10. Have you or anyone in your family threatened to or tried to harm themself or anyone else in the last year?  
    □ Y  ☐ N  ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?  
    □ Y  ☐ N  ☐ Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?  
    □ Y  ☐ N  ☐ Refused

13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don’t know, share a needle, or anything like that?  
    □ Y  ☐ N  ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.
C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? □ Y □ N □ Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? □ Y □ N □ Refused

IF “YES” TO QUESTION 14 OR “NO” TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT.

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? □ Y □ N □ Refused

IF “NO,” THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? □ Y □ N □ Refused

IF “NO,” THEN SCORE 1 FOR SELF-CARE.

18. Is your family’s current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? □ Y □ N □ Refused

IF “YES,” THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? □ Y □ N □ Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? □ Y □ N □ Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? □ Y □ N □ Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you’d need help? □ Y □ N □ Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? □ Y □ N □ Refused

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.
24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? □ Y □ N □ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? □ Y □ N □ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
   a) A mental health issue or concern? □ Y □ N □ Refused
   b) A past head injury? □ Y □ N □ Refused
   c) A learning disability, developmental disability, or other impairment? □ Y □ N □ Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? □ Y □ N □ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.

28. IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH: Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use? □ Y □ N □ N/A or Refused

IF "YES", SCORE 1 FOR TRI-MORBIDITY.

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? □ Y □ N □ Refused

30. Are there any medications like painkillers that you or anyone in your family don’t take the way the doctor prescribed or where they sell the medication? □ Y □ N □ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.

31. YES OR NO: Has your family’s current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? □ Y □ N □ Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.
E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? □ Y □ N □ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? □ Y □ N □ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? □ Y □ N □ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? □ Y □ N □ Refused

36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? □ Y □ N □ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? □ Y □ N □ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? □ Y □ N □ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? □ Y □ N □ Refused

40. After school, or on weekends or days when there isn’t school, is the total time children spend each day where there is no interaction with you or another responsible adult...
   a) 3 or more hours per day for children aged 13 or older? □ Y □ N □ Refused
   b) 2 or more hours per day for children aged 12 or younger? □ Y □ N □ Refused

41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? □ Y □ N □ N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.
Scoring Summary

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<tr>
<td>C. SOCIALIZATION &amp; DAILY FUNCTIONS</td>
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**Score:** Recommendation:

- 0-3: no housing intervention
- 4-8: an assessment for Rapid Re-Housing
- 9+: an assessment for Permanent Supportive Housing/Housing First

Follow-Up Questions

| On a regular day, where is it easiest to find you and what time of day is easiest to do so? | place: __________________________ |
|                                                                                          | time: ___ : ___ or Morning/Afternoon/Evening/Night |
| Is there a phone number and/or email where someone can safely get in touch with you or leave you a message? | phone: (____)_______ - ____________ |
|                                                                                          | email: __________________________ |

<table>
<thead>
<tr>
<th>Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes    □ No    □ Refused</td>
</tr>
</tbody>
</table>

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning
Finally I’d like to ask you some questions to help us better understand homelessness and improve housing and support services.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is your gender</td>
<td>☐ Male ☐ Female ☐ Transgender ☐ Other</td>
</tr>
<tr>
<td>Have you ever served in the US Military</td>
<td>☐ Yes ☐ No ☐ Refused</td>
</tr>
<tr>
<td>If yes, what was the character of your discharge?</td>
<td>☐ Honorable ☐ Other than Honorable ☐ Bad Conduct ☐ Dishonorable ☐ Refused</td>
</tr>
<tr>
<td>Where did you live prior to becoming homeless?</td>
<td>☐ Anne Arundel County ☐ Other part of Maryland ☐ Somewhere Else</td>
</tr>
<tr>
<td>(Specify)</td>
<td></td>
</tr>
<tr>
<td>Have you ever been in foster care?</td>
<td>☐ Yes ☐ No ☐ Refused</td>
</tr>
<tr>
<td>Have you ever been in jail?</td>
<td>☐ Yes ☐ No ☐ Refused</td>
</tr>
<tr>
<td>Have you ever been in prison?</td>
<td>☐ Yes ☐ No ☐ Refused</td>
</tr>
<tr>
<td>What kind of health insurance do you have, if any?</td>
<td>☐ Medicaid (MA) ☐ Medicare ☐ VA ☐ Private Insurance ☐ None ☐ Other</td>
</tr>
<tr>
<td>(Specify)</td>
<td>(Specify)</td>
</tr>
<tr>
<td>What is your primary race or ethnicity?</td>
<td>☐ Black/ African American ☐ White ☐ Hispanic ☐ Asian ☐ Pacific Islander</td>
</tr>
<tr>
<td>Are you a domestic violence victim?</td>
<td>☐ Yes ☐ No ☐ Refused</td>
</tr>
<tr>
<td>Do you have any income?</td>
<td>☐ None ☐ Employment ☐ SSI ☐ SSDI ☐ TCA ☐ TDAP ☐ Veterans Benefits ☐ Child Support</td>
</tr>
<tr>
<td>(Specify)</td>
<td>(Specify)</td>
</tr>
<tr>
<td>Are you employed?</td>
<td>☐ Yes ☐ No ☐ Refused</td>
</tr>
</tbody>
</table>
MD-503 CoC

No projects or project applications were reduced or rejected for the FY2019 MD-503 application.
FY 2019 HUD CoC Program Competition:
Local Competition Overview

Arundel Community Development Services (ACDS), on behalf of Anne Arundel and Annapolis Coalition to End Homelessness, the Anne Arundel County’s and the City of Annapolis Continuum of Care (the AA CoC), invites applications under HUD’s FY 2019 Continuum of Care (CoC) Program for renewal, new, and bonus projects at this time.

This local competition for projects serving Anne Arundel County and the City of Annapolis is in accordance with the Notice of Funding Availability (NOFA) for the 2019 Continuum of Care Program (2019 CoC Competition) by the U.S. Department of Housing and Urban Development.

The NOFA for 2019 CoC Competition is an online application which will be coordinated by ACDS. The complete application includes the Consolidated CoC Application for the AA CoC. ACDS, on behalf of the AA CoC, will submit one collaborative "Continuum of Care Application" as well as all New and Renewal Project Applications.

**NOFA TIMELINE**
- July 3, 2019: HUD Released FY2019 CoC Program Competition
- September 30, 2019 – FY2019 CoC Program Competition submission deadline

**LOCAL COMPETITION KEY DATES**
- Friday, July 19, 2019 – FY2019 CoC Application Information and Planning Meeting
  **Time:** 11:30 a.m. following full CoC meeting
Place: ACDS, 2666 Riva Road, Suite 210, Annapolis, MD 21401
Purpose: Discuss FY2019 CoC Application changes, project review procedures, potential new projects, review and ranking criteria. Applicants interested in submitting a CoC Project application in the FY2019 Competition, interested Coalition Board and General members can and should attend.

- **Friday, August 2, 2019** – Draft applications for new projects due to ACDS’ office. (These applications will be entered into e-snaps by ACDS staff and returned to you for final submission)
- **Monday, August 12, 2019** – All Final New and Renewal applications due to ACDS’ office, (including all match letters)
- **Friday, August 23, 2019** – (tentative) Ranking and Review committee
- **Friday, August 30, 2019** –(tentative) Notification of Project Applications selected for submission in FY2019 Competition

**HUD FUNDING AMOUNTS**

HUD will continue to require projects to be ranked in two (2) tiers. Projects ranked in tier 1 will be conditionally selected provided the project applications pass both eligibility and quality threshold review. Tier 2 is the difference between Tier 1 and the CoC’s ARD plus any amount available for CoC Bonus projects (not including DV Bonus Project). This does not include funds made available for CoC Planning.

- The AA CoC is allowed to apply for a total of $2,402,691 (TIER 1 - $2,258,530).
- Funds available for a CoC bonus project is $120,135.
- Funds available for the Domestic Violence (DV) Bonus $150,943.

Any agency interested in voluntarily reallocating funding to better reach the goal of ending homelessness is encouraged to create a new project that will better achieve that goal is encouraged to talk with ACDS staff as soon as possible. Low performing projects may be reallocated through the process of review and ranking procedures.

**RESOURCES**

Information about the FY2019 Continuum of Care Application is available on HUD’s website at [https://files.hudexchange.info/resources/documents/FY-2019-CoC-Program-Competition-NOFA.pdf](https://files.hudexchange.info/resources/documents/FY-2019-CoC-Program-Competition-NOFA.pdf). It is important that you review and understand the FY2019 CoC NOFA and the changes so we can build the best application together,
CONTACT
Please feel free to contact Heather Donahue at (410) 222-3958 with any questions you may have regarding the FY2019 NOFA.

We will do our best to keep you informed throughout this process. Additional Information will be posted on ACDS Website at www.acdsinc.org under Funding Opportunities Continuum of Care Grants.
Arundel Community Development Services, Inc.
Continuum of Care Grants

ACDS is responsible for preparing and submitting the federal Continuum of Care Program Competitive Application (https://www.hudexchange.info/programs/coc/) on behalf of the Anne Arundel and Annapolis Coalition to End Homelessness (housing-resources/homeless/).

FY2019 Continuum of Care Program Competition
The U.S. Department of Housing and Urban Development (HUD) has announced the NOFA (Notice of Funding Availability) for FY 2019 funds for the Continuum of Care Homeless Assistance Program (CoC Application). The Continuum of Care NOFA is an online application which will be coordinated by Arundel Community Development Services (ACDS). Please view our process timeline below.

NOFA TIMELINE

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**APPLICATION AND REVIEW CRITERIA**

Linked below are the application and review criteria for the FY 2019 Continuum of Care Competition.

**RESOURCES**

We also created a Quick Fact Sheet regarding the CoC Competition, linked below.

**QUESTIONS**

If you have any questions, please feel free to contact Heather Donahue at hdonahue@acdsinc.org (mailto:hdonahue@acdsinc.org?subject=HSP%20Application%20Question).

**Maryland Homelessness Solutions Program (HSP) Funding**
The Maryland Homelessness Solutions Program (HSP) provides federal and state funding to CoCs to support homeless shelters and homeless services programs across the State of Maryland. The main funding priorities are: Outreach, Emergency Shelter, and Housing Stabilization services. **We are now accepting applications for the FY2020 round of funding.** It is a competitive process open to all provider organizations within the CoC. **To apply**, complete the application linked [here](https://facebook.us8.list-manage.com/track/click?u=5748a2bf79b86735a0e7166cf&id=b7ed9b9a5d&e=ccc4f4a47). Please read the provider application and accompanying guidance carefully to avoid any errors. Applications will be due to ACDS by **Friday, April 5th at 3pm.**

We are also excited to announce that there is new, competitive **Youth Homelessness funding** available through the HSP program to serve unaccompanied homeless youth and youth at risk of homelessness. Existing and new projects are both encouraged to apply. There is approximately $1 million available statewide for this initiative. **To apply** for youth homelessness funding, please complete the application linked [here](https://facebook.us8.list-manage.com/track/click?u=5748a2bf79b86735a0e7166cf&id=a29ca3e459&e=ccc4f4a47), which is also due to ACDS by **Friday, April 5th at 3pm.**
Available Downloads:

FY 2019 Notice of Funding  📄 JPG
Availability

FY 2019 ACDS Notice of CoC Funds  📄 PDF

FY 2019 New Project Application Questions  📄 DOCX

FY 2019 Performance Measures - Renewals  📄 DOCX

FY 2019 New Application Review Criteria  📄 DOCX

FY 2019 CoC Competition Fact Sheet  📄 PDF
Arundel Community Development Services, Inc.  
Continuum of Care Grants

ACDS is responsible for preparing and submitting the federal Continuum of Care Program Competitive Application on behalf of the Anne Arundel and Annapolis Coalition to End Homelessness (/housing-resources/homeless/).

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**RESOURCES**

https://acdsinc.org/funding-opportunities/continuum-of-care-grants/
We also created a Quick Fact Sheet regarding the CoC Competition, linked below.

**QUESTIONS**

If you have any questions, please feel free to contact Heather Donahue at hdonahue@acdsinc.org (mailto:hdonahue@acdsinc.org?subject=HSP%20Application%20Question).

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FY 2019 New Application Review Criteria DOCX

FY 2019 CoC Competition Fact Sheet PDF

Translate >

https://acdsinc.org/funding-opportunities/continuum-of-care-grants/
Re-Allocation Policy

[DOCX]

[DOWNLOAD](https://acdsinc.org/wi/content/uploads/2018/coc-re-allocation-policies.docx)

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Arundel Community Development Services, Inc. 2666 Riva Road, Suite 210 Annapolis, Maryland

21401 ☎ 410.222.7600 GET IN TOUCH WITH US (/ABOUT-US/CONTACT-US/)

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Contact ACDS

📍 2666 Riva Road, Suite 210 Annapolis, Maryland 21401
(https://www.google.com/maps/dir/2666+Riva+Rd+Annapolis,+MD+21401/@38.9746,76.5634669,17z/data=!4m6!3m6!3s0x89b7f147f7267d03:0xfeae33adf16bb)

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Helpful Links

🔗 About Us (https://acdsinc.org/about-us/)

🔗 Housing Resources
(https://acdsinc.org/housing-resources/)

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Community Planning & Development
(https://acdsinc.org/community-planning-development/)

Funding Opportunities
(https://acdsinc.org/funding-opportunities/)

Work with Us
(https://acdsinc.org/work-with-us/)

Accessibility Help
(https://acdsinc.org/accessibility-help/)

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Signature Projects
(https://acdsinc.org/about-us/accomplishments-signature-projects/)

News (https://acdsinc.org/about-us/in-the-news/)

Upcoming Events (/events/)

Applications & Forms
(https://acdsinc.org/forms/)

Contact Us (https://acdsinc.org/about-us/contact-us/)

Resources

Translate ➔
# 2019 CoC New Application Review/Rating Criteria

**Project Name:** _______________________

**Subrecipient:** _______________________

## Experience

<table>
<thead>
<tr>
<th>Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.</td>
<td>15</td>
</tr>
<tr>
<td>Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.</td>
<td>10</td>
</tr>
<tr>
<td>Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.</td>
<td>5</td>
</tr>
</tbody>
</table>

**TOTAL EXPERIENCE POINTS** 30 points

## Design of Housing and Supportive Services

<table>
<thead>
<tr>
<th>Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent to which the applicant 1. Demonstrate understanding of the needs of the clients to be served. 2. Demonstrate type, scale, and location of the housing fit the needs of the clients to be served 3. Demonstrate type and scale of the all supportive services, regardless of funding source, meet the needs of the clients to be served. 4. Demonstrate how clients will be assisted in obtaining and coordinating the provision of mainstream benefits</td>
<td>10</td>
</tr>
</tbody>
</table>
### 2019 CoC New Application Review/Rating Criteria

<table>
<thead>
<tr>
<th>5. Establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.</td>
<td>10 points</td>
</tr>
<tr>
<td>Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.</td>
<td>10 points</td>
</tr>
<tr>
<td>Timeliness - A. Describe plan for rapid implementation of the program documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.</td>
<td>10 points</td>
</tr>
<tr>
<td><strong>TOTAL DESIGN POINTS</strong></td>
<td><strong>40 points</strong></td>
</tr>
</tbody>
</table>

### Financial

<table>
<thead>
<tr>
<th>Project is cost-effective - comparing projected cost per person served to CoC average within project type.</th>
<th>10 points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AUDIT</strong> - 1. Most recent audit found no exceptions to standard practices 2. Most recent audit identified agency as 'low risk' 3. Most recent audit indicates no findings</td>
<td>10 points</td>
</tr>
<tr>
<td>Budgeted costs are reasonable, allocable, and allowable.</td>
<td>10 points</td>
</tr>
<tr>
<td>Documented match amount.</td>
<td>10 points</td>
</tr>
<tr>
<td>Project is Financially Feasible</td>
<td>10 points</td>
</tr>
<tr>
<td><strong>TOTAL FINANCIAL POINTS</strong></td>
<td><strong>50 points</strong></td>
</tr>
</tbody>
</table>

### PROJECT THRESHOLD

<table>
<thead>
<tr>
<th>Project designated as Housing First and/or Low Barrier Implementation</th>
<th>10 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant is active participant in CoC</td>
<td>10 points</td>
</tr>
<tr>
<td>Coordinated Entry Participation by [organization] - All programs such as shelter, RRH to greatest extent possible (e.g. participates in planning, implantation based on funding, program type, case conference groups, etc.)</td>
<td>10 points</td>
</tr>
<tr>
<td>Serves a community identified and prioritized high, need vulnerable population  *Chronic Homeless Persons, especially those residing on the street or place not fit for human habitation.</td>
<td>10 points</td>
</tr>
<tr>
<td><strong>2019 CoC New Application Review/Rating Criteria</strong></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td></td>
</tr>
</tbody>
</table>
| **Victim of Domestic Violence,**  
| **Homeless Youth** | |
| Participates in the County HMIS system  
*If Victim Service Provider is the applicant, has the capacity  
to develop/obtain an comparable data system for  
participants, including the ability generate reports, APRS, etc.* | 10 points |
<p>| <strong>TOTAL THRESHOLD POINTS</strong> | 50 points |
| <strong>TOTAL POINTS</strong> | 170 points |</p>
<table>
<thead>
<tr>
<th>THRESHOLD REQUIREMENT</th>
<th>RENEWAL GRANTS</th>
<th>Maximum Point Value</th>
</tr>
</thead>
</table>
| **Agency Commitment to Coordinated Entry Participation**
*Agency participates in the County’s Coordinated Entry (at all levels) and participates in the develop process and procedures for prioritizing families/individuals in need.
Point Scale: Yes = 10; No = 0 | | 10 Points |
| **Agency contributes to the CoC’s success – (e.g. if the agency operates a shelter or other program to the success of the CoC meeting performance measures including reducing length of time homelessness etc.) Review of program performance reports** | | 10 Points |
| **Housing First and/or Low Barrier Implementation (review of APR/results of survey; other reports; Coordinated Entry results)** (5 pts if one barrier identified; 0 if more than three points)
✓ Participants are not screened out due to zero or too little income
✓ Participants are not screened out because of active or history of substance abuse
✓ Participants are not screened out because they have a criminal record with the exception of state-mandated restrictions
✓ Participants are not screened out because of a history of domestic violence.
✓ Participants are not screened out due to marital status, familial status, actual or perceived sexual orientation, gender identity
✓ Other barriers – which may slow or preclude individuals from obtaining housing in a timely manner. | | 10 Points |
| **Has a system in place to help individuals or families quickly obtain housing or utilize rental assistance** | | 5 Points |
| **Demonstrate Program Serves a High Need Population**
✓ Chronic Homelessness/vulnerable
✓ Domestic Violence Victims/Sexual Assault
✓ Homeless Youth (on street, shelter) | | 10 Points |
| **HMIS data quality is at or above 90% (or if Victim Service Provider demonstrated use of equivalent system)** | | 5 Points |
| **Bed/Unit Utilization rate at or above 90%** | | 10 Points |
| **Project has reasonable costs** - (average of $15,000 per client/unit per year) | | 5 Points |
| **Project is financially feasible** (yes or no); has other resources significant enough to ensure support services and ability to operate program for the grant term. Project has the resources to secure minimum match requirements. | | 5 Points |
| **Subrecipient is active CoC participant** (full points for agency that participates in both Board and Bi-monthly Coalition Meetings) | | 10 Points |
| **Expenditures – Subrecipient fully expends grant within grant term.**
If more than $5,000 unexpended at end of grant term = 0 points. | | 10 Points |
<p>| <strong>Monitoring Results – Program is in fiscal, regulatory compliance with CoC Regulations.</strong> | | 10 Points |
| <strong>TOTAL THRESHOLD REQUIREMENTS</strong> | | 100 Points |</p>
<table>
<thead>
<tr>
<th>PERFORMANCE MEASURES</th>
<th>Maximum Point Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 90% of participants remain or move to permanent housing</td>
<td>25 points</td>
</tr>
<tr>
<td>No more than 15% of participants return to homelessness (places not meant for</td>
<td>15 points</td>
</tr>
<tr>
<td>human habitation or shelter) within 12 months of entry (based on APR)</td>
<td></td>
</tr>
<tr>
<td><strong>New or Increased Income and Earned Income</strong></td>
<td>25 Points</td>
</tr>
<tr>
<td>8% of participants have new or increased earned income for project stayers (2 points)</td>
<td></td>
</tr>
<tr>
<td>10% of participants have new or increased non-employment income for project stayers</td>
<td></td>
</tr>
<tr>
<td>3 points</td>
<td></td>
</tr>
<tr>
<td>8% of participants have new or increased earned income for project leavers (2 points)</td>
<td></td>
</tr>
<tr>
<td>10% of participants have new or increased non-employment income for project leavers</td>
<td></td>
</tr>
<tr>
<td>3 points</td>
<td></td>
</tr>
<tr>
<td><strong>Health Insurance and/or other resources (e.g. food stamps etc.)</strong></td>
<td>10 Points</td>
</tr>
<tr>
<td>100% of participants obtain benefits</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL PERFORMANCE MEASURES</strong></td>
<td>75 Points</td>
</tr>
<tr>
<td><strong>TOTAL POINTS</strong></td>
<td>175 Points</td>
</tr>
</tbody>
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Anne Arundel County CoC may re-allocate the funding (either fully or partially) of a low performing project that fails to meet established performance measures or maintain regulatory compliance. If a project scores below 150 points on the Rating Tool for renewal projects, the project will be considered low-performing and will be at-risk of having the project funds reallocated for a new project that better meets the needs of the CoC. Projects will be notified prior to the final ranking/review committee meeting and given the opportunity to review and submit a response to the ranking/review committee outline reasons for score and failing to meet the threshold. This response will be taken into consideration as well as review of the past year’s performance of particular project. If a low-performing project is not re-allocated during the competition, the project will be required to submit a plan of action/performance improvement plan to address the low scoring areas.
I. Purpose
The purpose of this Memorandum of Understanding (MOU) is to define the respective responsibilities of the Anne Arundel Workforce Development Corporation (AAWDC) and the Anne Arundel and Annapolis Coalition to End Homelessness (Coalition) in facilitating co-enrollment in workforce and homeless assistance programs for people experiencing homelessness in Anne Arundel County.

II. Goals
The goal of the MOU is to co-enroll clients in homeless assistance and workforce development programs to prioritize access to workforce opportunities for individuals who are experiencing homelessness to increase self-sufficiency and housing stability.

III. Responsibilities
The following lists of responsibilities are representative of the mutual cooperation that will occur on this project and will take place on an as-required basis.

AAWDC will be responsible for the following:
1. Enrollment of Homeless Individuals: AAWDC will work with and provide services for individuals who are enrolled in homeless assistance programs in the County. AAWDC will focus on enrollment in workforce development programs individuals who are homeless, whenever possible. AAWDC will focus on providing access to employment opportunities for individuals who are homeless, whenever possible.
2. Program Development: AAWDC will collaborate with and support the development of workforce programming facilitated by homeless assistance providers to make programming more accessible to homeless clients.
3. Participation in Coalition: A representative from AAWDC will join the Coalition Board of Directors and attend monthly Coalition Board meetings.
4. Participation in Homeless Resource Day: AAWDC will participate in the annual Anne Arundel County Homeless Resource Day to offer workforce development services to individuals experiencing homelessness.

Coalition will be responsible for the following:
1. Promotion of Services: Coalition member organizations will promote AAWDC services to clients who are enrolled in homeless assistance programs.
2. Referral of Clients: Coalition member organizations will refer eligible clients to AAWDC programs.

3. Program Development: Coalition will collaborate with AAWDC to create workforce programming at homeless assistance provider agencies to make programming more accessible to homeless clients.

4. Program Consultation: Coalition will provide guidance and technical assistance on homeless issues to AAWDC as needed in order to reduce employment barriers and reintegrate homeless individuals into society.

IV. Term
This MOU is in effect for one full calendar year. All amendments and modifications must be in writing, have as specified effective date, and be accepted by all parties. Any party may terminate this MOU with thirty (30) days written notice without penalties or liabilities.

V. Funding
No funds will be exchanged as a result of this MOU.

VI. Confidentiality
The Parties agree to maintain confidentiality of records as required by applicable laws and regulations.

VII. Signatures
IN WITNESS WHEREOF, the Parties hereto have executed this MOU on the day and year written above.

Anne Arundel Workforce Development Corporation

By: [Signature]
Name: Kirkland J. Murray
Title: Chief Executive Officer and President
Date: 9/3/19

Anne Arundel and Annapolis Coalition to End Homelessness

By: [Signature]
Name: Catherine Gray
Title: Co-Chair
Date: 9/25/19
**MD-503 CoC Racial Equity Analysis Tool**

The MD-503 CoC evaluated the CoC Racial Equity Analysis Tool to determine if minorities are disproportionately homeless in comparison to the population living in poverty or are disproportionately underrepresented in accessing outreach services, shelter, and permanent supportive housing.

**All Homeless**

Overall, the data shows that blacks represent 27% of persons living in poverty; however, black individuals represent 44% of persons experiencing homelessness, black families with children represent 58% of families experiencing homelessness. However, the distribution of homeless persons residing on the street is more reflective of the distribution of persons living in poverty; persons who are unsheltered (29% Black; 62% White) compared to persons living in poverty (27% Black; 60% White).

The following table illustrates data pulled from the Anne Arundel County (MD-503) HMIS system for the time period October 1, 2017 – September 30, 2018 for all persons experiencing homelessness. The data is on par with the PIT data outlined in the CoC Racial Equity Analysis Tool provided by HUD. This data shows that for street outreach, the distribution of persons served by the program are similar to persons who are unsheltered and the percent of individuals living in poverty. Minorities do not represent the majority of persons residing on the street. Blacks and other minorities also make up a larger percent of those receiving shelter assistance or permanent supportive housing in comparison to whites; however, it is disproportionate when compared to the distribution of minorities living in poverty (27%). The data suggests that the CoC equal access and anti-discrimination policies are effective in both PSH and Shelter, as all homeless persons are accessing shelter and services at a similar rate.

**Families with Children**

The following table illustrates data pulled from the Anne Arundel County (MD-503) HMIS system for the time period October 1, 2017 – September 30, 2018 for Families with Children. It is on par with the PIT data outlined in the CoC Racial Equity Analysis Tool provided by HUD. The data for the Street
Outreach is not reflective of the population living in poverty, but only represents a total of nine persons, or two households. Black families with children and other minorities make up a larger percent of families receiving shelter assistance or permanent supportive housing in comparison to white families, which is disproportionate when compared to the percent of black persons living in poverty (27%). The data suggests that the CoC equal access and anti-discrimination policies are effective in both PSH and Shelter, as all families are accessing shelter and services at a similar rate.

In Families With Children

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black</th>
<th>Asian</th>
<th>Native American</th>
<th>Native Hawaiian</th>
<th>Multiple Races</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSH</td>
<td>50%</td>
<td>25%</td>
<td>20%</td>
<td>5%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Shelter</td>
<td>60%</td>
<td>15%</td>
<td>10%</td>
<td>5%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Street Outreach</td>
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<td>10%</td>
<td>5%</td>
<td>5%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Follow-up Questions

Questions that will be explored based on this data, include a review of homelessness prevention policies and programs to determine whether blacks and minorities make up a disproportionate number of evictions, or face barriers with maintaining housing that can be addressed.

The CoC was surprised to see the racial distribution of individuals and families receiving PSH. PSH includes both CoC-funded units as well as County and HOME funded units. CoC-funded PSH targets its units to persons on the street and who are most vulnerable, therefore, the CoC expected see a racial composition of PSH that was more reflective of the population experiencing street homelessness. Therefore, CoC will look further into this data.
# CoC Racial Equity Analysis Tool

## Distribution of Race

<table>
<thead>
<tr>
<th>Category</th>
<th>All People</th>
<th>Youth</th>
<th>Veterans</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Poverty (ACS)</td>
<td>61%</td>
<td>77%</td>
<td>65%</td>
</tr>
<tr>
<td>Experiencing Homelessness (PT)</td>
<td>44%</td>
<td>67%</td>
<td>55%</td>
</tr>
<tr>
<td>Experiencing Unsheltered Homelessness (PT)</td>
<td>52%</td>
<td>67%</td>
<td>48%</td>
</tr>
</tbody>
</table>

### In Families with Children

<table>
<thead>
<tr>
<th>Category</th>
<th>All People</th>
<th>Youth</th>
<th>Veterans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiencing Homelessness (PT)</td>
<td>52%</td>
<td>79%</td>
<td>55%</td>
</tr>
<tr>
<td>Experiencing Unsheltered Homelessness (PT)</td>
<td>48%</td>
<td>67%</td>
<td>48%</td>
</tr>
</tbody>
</table>

*Youth are individuals under the age of 25 who are unaccompanied or parenting.*

## Distribution of Ethnicity

<table>
<thead>
<tr>
<th>Category</th>
<th>All People</th>
<th>Youth</th>
<th>Veterans</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Poverty (ACS)</td>
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<td>65%</td>
<td>63%</td>
</tr>
<tr>
<td>Experiencing Homelessness (PT)</td>
<td>49%</td>
<td>65%</td>
<td>48%</td>
</tr>
<tr>
<td>Experiencing Unsheltered Homelessness (PT)</td>
<td>51%</td>
<td>65%</td>
<td>51%</td>
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</tbody>
</table>

### In Families with Children

<table>
<thead>
<tr>
<th>Category</th>
<th>All People</th>
<th>Youth</th>
<th>Veterans</th>
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</thead>
<tbody>
<tr>
<td>Experiencing Homelessness (PT)</td>
<td>49%</td>
<td>76%</td>
<td>48%</td>
</tr>
<tr>
<td>Experiencing Unsheltered Homelessness (PT)</td>
<td>51%</td>
<td>65%</td>
<td>51%</td>
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</table>

## CoC Data

<table>
<thead>
<tr>
<th>Race and Ethnicity</th>
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<th>In Poverty (ACS)</th>
<th>Experiencing Homelessness (PT)</th>
<th>Experiencing Chronically Homeless (PT)</th>
<th>Experiencing Unsheltered Homelessness (PT)</th>
</tr>
</thead>
<tbody>
<tr>
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<td>A2</td>
<td>A3</td>
<td>A1</td>
<td>A2</td>
</tr>
<tr>
<td>All People</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>555,080</td>
<td>460,821</td>
<td>31,573</td>
<td>21,097</td>
<td>576</td>
</tr>
<tr>
<td>Black</td>
<td>414,915</td>
<td>332,820</td>
<td>77%</td>
<td>18,875</td>
<td>60%</td>
</tr>
<tr>
<td>Asian</td>
<td>88,130</td>
<td>71,742</td>
<td>16%</td>
<td>12,602</td>
<td>27%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1,088</td>
<td>1,134</td>
<td>0%</td>
<td>62,054</td>
<td>1%</td>
</tr>
<tr>
<td>Other/Multi-Racial</td>
<td>20,256</td>
<td>21,259</td>
<td>4%</td>
<td>1,524</td>
<td>5%</td>
</tr>
<tr>
<td>Experiencing Homelessness (PT)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All People</td>
<td>555,080</td>
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<td>0%</td>
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<td>1%</td>
</tr>
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<td>21,259</td>
<td>4%</td>
<td>1,524</td>
<td>5%</td>
</tr>
</tbody>
</table>

## State Data

<table>
<thead>
<tr>
<th>Race and Ethnicity</th>
<th>All People (ACS)</th>
<th>In Poverty (ACS)</th>
<th>Experiencing Homelessness (PT)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A1</td>
<td>A2</td>
<td>A3</td>
</tr>
<tr>
<td>All People</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>5,590,438</td>
<td>4,871,928</td>
<td>576,905</td>
</tr>
<tr>
<td>Black</td>
<td>3,846,107</td>
<td>2,775,693</td>
<td>576,231</td>
</tr>
<tr>
<td>Hispanic</td>
<td>15,679</td>
<td>12,230</td>
<td>0%</td>
</tr>
<tr>
<td>Other/Multi-Racial</td>
<td>2,150,35</td>
<td>1,459,355</td>
<td>235,253</td>
</tr>
<tr>
<td>Experiencing Homelessness (PT)</td>
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<tr>
<td>All People</td>
<td>5,590,438</td>
<td>4,871,928</td>
<td>576,905</td>
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<tr>
<td>White</td>
<td>3,846,107</td>
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<td>15,679</td>
<td>12,230</td>
<td>0%</td>
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<tr>
<td>Hispanic</td>
<td>2,150,35</td>
<td>1,459,355</td>
<td>235,253</td>
</tr>
</tbody>
</table>

## Notes

*Youth experiencing homelessness is limited to unaccompanied and parenting youth persons under 25.*
<table>
<thead>
<tr>
<th>Race</th>
<th>Native American/Alaskan</th>
<th>Asian/Pacific Islander</th>
<th>Other/Multi-Racial</th>
<th>Ethnicity</th>
<th>Hispanics</th>
<th>Non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>97,955</td>
<td>75,074</td>
<td>118,624</td>
<td>1,782</td>
<td>12,294</td>
<td>158,033</td>
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<tr>
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<td>Not Available</td>
<td>Not Available</td>
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<td>100%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>0%</td>
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<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Other/Multi-Racial</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Hispanic</td>
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<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>97,955</td>
<td>75,074</td>
<td>118,624</td>
<td>1,782</td>
<td>12,294</td>
<td>158,033</td>
</tr>
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<td>Native American/Alaskan</td>
<td>4,733</td>
<td>752</td>
<td>15,638</td>
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<td>Asian/Pacific Islander</td>
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<td>232,294</td>
<td>232,294</td>
<td>232,294</td>
</tr>
<tr>
<td>Other/Multi-Racial</td>
<td>197,874</td>
<td>30,845</td>
<td>111,910</td>
<td>77,729</td>
<td>77,729</td>
<td>77,729</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>232,294</td>
<td>30,845</td>
<td>111,910</td>
<td>77,729</td>
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<tr>
<td>Non-Hispanic</td>
<td>402,600</td>
<td>556</td>
<td>556</td>
<td>556</td>
<td>556</td>
<td>556</td>
</tr>
</tbody>
</table>

Notes:
1 American Community Survey (ACS) 2011-2015 5-yr estimates; Veteran CoC data comes from the ACS 2015 1-yr estimates; Total youth in the American Community Survey is a rollup of race estimates of all persons under 25.
2 Race estimates of individuals in families with children are based on the race of the household head.

Source:
- American Community Survey