

## Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2024 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.

Your CoC Must Approve the Consolidated Application before You Submit It  
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2024 CoC Program Competition on behalf of your CoC.  
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

### Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

### Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

## 1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

**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. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2023 to April 30, 2024:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:	

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
9.	Law Enforcement	Yes	No	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	No	No
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	No	No	No
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	No
16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes

17.	Organizations led by and serving LGBTQ+ persons	Yes	No	Yes
18.	Organizations led by and serving people with disabilities	Yes	No	No
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	Yes	Yes	Yes
30.	State Sexual Assault Coalition	No	No	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.				
35.				

**By selecting "other" you must identify what "other" is.**

<b>1B-1a.</b>	<b>Experience Promoting Racial Equity.</b>	
	NOFO Section III.B.3.c.	

Describe in the field below your CoC's experience in effectively addressing the needs of underserved communities, particularly Black and Brown communities, who are substantially overrepresented in the homeless population.

**(limit 2,500 characters)**

In MD-503, racial minorities, especially people who identify as Black, are overrepresented. While Black/African American folks makeup only 17% of the total population, they are 43% of those experiencing homelessness (including 48% of those experiencing homelessness in families with children) and 31% of those experiencing unsheltered homelessness. Throughout the year, efforts are made to continuously solicit and incorporate feedback from people with lived experience and those that are overrepresented.

MD-503 has officially moved away from its employment of the VI-SPDAT and has begun using a more objective locally-created prioritization tool. The CoC recognized that the VI-SPDAT was inherently biased and created inequities for who can access services and the outcomes they experience; specifically, the employment of the tool elicited racial biases that continued throughout the Continuum. The CoC's new tool has been in place for over 3 months and will be evaluated for fidelity and equity after its 6-month implementation date.

The County's CoC Board is also closely tracking the reasons for which individuals or families are either denied services or terminated from a program. The group aims to better understand disparities in separation from services in order to better understand the barriers overrepresented communities face to self-sufficiency and housing success.

Finally, the CoC recognizes the need for affordable housing in order to progress towards equity and build a base from which families can build wealth, health, and resilience. For this reason, the CoC works to inform efforts to pass legislation that allows for denser development as a vehicle for providing more affordable housing, legislation that supports prevention of homelessness and provides for stronger tenant rights and protections, and legislation that provides for stronger and more flexible wrap-around services, regardless of sex, gender, race, ethnicity, disability status, familial status, etc. Efforts have been successful in creating a list of protected classes that far exceeds those in the federal statute regarding fair housing and tenant rights.

1B-2.	Open Invitation for New Members.	
	NOFO Section V.B.1.a.(2)	
	Describe in the field below how your CoC:	
	1. communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;	
	2. ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
	3. invited organizations serving culturally specific communities experiencing homelessness in your CoC's geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).	

(limit 2,500 characters)

1.MD-503 CoC is open to any person or agency interested in preventing or ending homelessness in Anne Arundel with the open invitation to join the Coalition posted on the ACDS website, with contact information on how to receive information and get involved. Interested individuals are encouraged to sign up for the CoC newsletter/email distribution list to stay informed. Current members invite interested groups/individuals to CoC meetings and make requests via email to add new members to the distribution list. Additionally, new members are invited to join the CoC/Coalition on an ongoing basis by: a)ACDS, the lead agency, publishes coalition meeting information on its website with an ongoing open invitation for new members; b)Annually, the Coalition's membership development committee reviews current membership and identifies/outreaches to stakeholders involved in preventing or ending homelessness not currently represented; and c)CoC successes and events are highlighted on ACDS' Facebook page and newsletter to recruit members.

2.ACDS has instructional language on the website on how to request accommodations to access, attend and/or participate in public hearings and CoC meetings. 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. Currently, all Coalition meetings and hearings have taken place either electronically on Zoom or Google platform, or hybrid with virtual and in-person options. In all meetings, the real-time captions feature is activated to further accessibility. All electronic collateral is screened for readability. Electronic minutes of meetings are shared with participants, as are recordings of General Body Meetings and other sessions that deliver information of interest to a large audience, including trainings. Please note that monthly Board Meetings are not recorded so that members may discuss clients as needed with privacy.

3.The CoC works to ensure members are recruited that reflect the diversity of communities served, especially those marginalized. This includes Veterans specific groups and faith-based organizations, including Kingdom Care, that specifically work to support and lift up households that identify as Black. Agencies that serve the LGBTQ+ community have also been invited to join, as have those that work with individuals with disabilities. Further, continual outreach to individuals with lived experience is pursued to elevate their voice.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	
	Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;	
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;	
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.	

(limit 2,500 characters)

1.MD-503 invites all in the County interested in ending homelessness to provide their input towards the CoC's strategy to end homelessness. Board leadership meetings are held bimonthly, with a focus on deep discussions to inform decision-making and long-term strategy. Topics include CE, equity, system outcomes, affordable housing, treatment and workforce development. CoC members are invited to recommend additional topics for discussion. General body meetings are held bimonthly, focused on group discussions with providers on homelessness in our community and trainings on evidence-based practices like trauma-informed care, Housing First, harm reduction, anti-discrimination, and racial equity. The CoC also has various subcommittees that meet monthly, quarterly, or ad hoc to discuss more specific and detailed topics such as coordinated entry, youth, and advocacy."

2.All meeting announcements are advertised on the lead agency (ACDS) website and shared via email to approx. 200 people. Notices are sent to inform stakeholders of meetings, availability of funds, and availability of draft plans and applications. All information is also posted on ACDS' website. CoC members, including domestic violence providers or Veterans Task Force, are invited to request time on the agenda of local meetings to gather feedback. Each meeting provides a space for other items where CoC members can share, update, and give input to the CoC leadership. Stakeholder opinions are solicited in the Consolidated Planning process by ACDS, the lead agency.

3.MD-503 ensures that all information is available and accessible. All meeting agendas and notices provide contact information on how to request an accommodation. Closed captioning is turned on for all meetings. Additionally, fliers, etc. are vetted for readability/accessibility. All meeting minutes are available digitally and shared with stakeholders. For those without electronic access materials can be printed.

4.CoC incorporates and considers information from stakeholders regarding needs, programmatic changes, and ideas that would enable the CoC to end homelessness. Members participate in professional development offered by HUD, National Alliance, and MD DHCD highlighting best practices in the field. Ideas are discussed at the local level to integrate into local response. Input is solicited and utilized during the ConPlan process from the two public hearings and roundtable discuss

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	

4. ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.
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(limit 2,500 characters)

1. MD-503 actively solicits projects that have not been previously funded through the CoC program. On August 12, 2024 the FY24 CoC Notice of Funding Opportunity (NOFO) was sent to approx. 200 members of the Coalition via email announcing the competition, providing application deadlines and resources, and inviting all interested nonprofits, both new and renewal, to apply. Notice was also given of the CoC for the Application Information and Planning Meetings held virtually on August 8 and August 9, with reminder notices emailed in advance. Notice that the CoC was accepting project application proposals from the public and application instructions was also posted on the ACDS (lead agency) website, with contact information for any questions. CoC Application announcement emails clearly stated that new organizations are welcome to apply.

2. Application submission instructions were sent to the CoC listserv and posted online on the ACDS website. Submission instructions were also reviewed in the CoC Application Information and Planning Sessions, which were recorded and shared with attendees via email and made available to the CoC on ACDS' website. Finally, instructions were also included on the project application itself. All renewal and new projects were asked to submit a new application with detailed program information answering various equity questions. ACDS emailed the CoC email list and linked to the ranking and review criteria for new and renewal CoC projects; this information was also posted on the ACDS website. The process for evaluating applications, including the review committee and notification of project ranking, was also posted on the ACDS website.

3. Notices that all projects that met the minimum threshold requirements as stipulated by HUD prior to the application deadline were considered for submission were posted on the application, the ACDS website, and sent out via email. Following the completion of the review by the committee, the updated HUD ranking and scoring tool utilized to evaluate each project through their commitment to the CoC's values, project outcomes, equity, and fidelity to housing first was uploaded to the website. The applicants and CoC stakeholders were also notified of this ranking via email.

4. MD-503 ensures that all information is available and accessible. The website is fully ADA compliant and all materials posted are screened for readability.

## 1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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<b>1C-1.</b>	<b>Coordination with Federal, State, Local, Private, and Other Organizations.</b>	
	NOFO Section V.B.1.b.	
	In the chart below:	
1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	No
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Nonexistent
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.	Homeless youth programs	Nonexistent

<b>1C-2.</b>	<b>CoC Consultation with ESG Program Recipients.</b>	
	NOFO Section V.B.1.b.	

In the chart below select yes or no to indicate whether your CoC:

1.	Consulted with ESG Program recipients in planning and allocating ESG Program funds?	Yes
2.	Provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?	Yes
3.	Ensured local homelessness information is communicated and addressed in the Consolidated Plan updates?	Yes
4.	Coordinated with ESG recipients in evaluating and reporting performance of ESG Program recipients and subrecipients?	Yes

<b>1C-3.</b>	<b>Ensuring Families are not Separated.</b>	
	NOFO Section V.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated?	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure family members are not separated?	No
3.	Worked with CoC and ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients?	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance?	Yes
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers?	No

<b>1C-4.</b>	<b>CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.</b>	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

<b>1C-4a.</b>	<b>Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.</b>	
	NOFO Section V.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

- 1) CoC partners with the McKinney-Vento SEA through the Youth Reach Count to administer the Youth Reach Survey to unaccompanied homeless youth at local high schools.
- 2) Strategic partnership between the school system and CoC leads to better access to resources such as school Pupil Personnel Workers (PPWs) identifying and referring at-risk and homeless families to a United Way funded prevention and rapid re-housing program. The school system provided funding to support a dedicated case manager and housing locator positions meant to assist families with children who experience homelessness. As part of the consolidated planning process, ACDS hosted listening sessions directly with PPWs to address the needs of youth experiencing homelessness and invited them to join our CoC membership.
- 3) The State of Maryland requires that the school district Homeless Liaison attend CoC meetings; they also play an active role on the CoC Board and various sub committees, including the coordinated entry committee.
- 4) The County funds Kingdom Kare, Inc. which operates an early childhood education center, a mentoring program for students in the Meade High School feeder system, and the new West County Family Support Center, which provides educational services to teen parents and their children as they earn their GED. The Program works with homeless families that are identified by the school system.

1C-4b.	Informing Individuals and Families Who Have Recently Begun Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section V.B.1.d.	

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who have recently begun experiencing homelessness of their eligibility for educational services.

(limit 2,500 characters)

The CoC has policies and procedures to ensure that all families and unaccompanied youth are fully informed of their educational rights. Each family shelter program actively works with Pupil Personnel Workers (PPWs) and school personnel to implement these policies and enroll students in all eligible services. The County’s PPWs maintain a comprehensive list of all students eligible for services including those children doubled up and at-risk of homelessness. PPWs work closely with the family emergency shelters to ensure families are linked to services. 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 actively participates in the CoC by attending Homeless Coalition meetings as a Board member, and actively participates in the youth, coordinated entry, and application review subcommittee meetings. The Homeless Liaison educates CoC Coalition members and other stakeholders about eligibility for education services and McKinney- Vento Programs that benefit children experiencing homelessness. The Homeless Liaison also meets with families residing in local motels to enroll children in school and services to ensure they are enrolled in all eligible wrap-around services.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	Yes
7.	Healthy Start	No	No
8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking–Collaboration with Federally Funded Programs and Victim Service Providers.	
	NOFO Section V.B.1.e.	

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	State Domestic Violence Coalitions	Yes
2.	State Sexual Assault Coalitions	Yes
3.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.		

1C-5a.	Collaborating with Federally Funded Programs and Victim Service Providers to Address Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to in Question 1C-5 to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1. MD-503 works closely with victim service providers to ensure CoC policies are updated to support the needs of and are accessible to survivors. All manuals for federal programs reflect the most recent renewal of the Violence Against Women Reauthorization Act of 2013 (VAWA) and outlines required protections for addressing the needs of domestic violence, dating violence, sexual assault, and stalking survivors. All programs are required to implement policies that ensure survivors are not denied benefits, shelter, or access to housing programs due past experience of violence or other trauma. Every CoC provider ensures leases that support housing for people experiencing homelessness include VAWA lease addendums and work with landlords and tenants to educate them about VAWA and the emergency transfer protocols. Anne Arundel County YWCA provides guidance on implementing trauma informed care as an evidence based best practice, as well as the establishment of sustainable emergency transfer plans.

2. MD-503 coordiantes with the local YWCA, the region’s expert on issues related to domestic violence, sexual assault, teen dating violence, stalking, and trafficking, to ensure services provided in Anne Arundel County are trauma-informed and meet the needs of survivors. The YWCA hosts annual trainings both for service providers and community members on best practices in trauma-informed care, safety, and planning protocols for servicing survivors. YWCA also regularly works with emergency shelter, day center, and outreach staff to ensure quality of services for survivors is incorporated into program design. The County's Crisis Response team also provides trauma-informed training to partners who regularly interact with poeple experiencing homelessness, like the police department and criminal justice system.

The YWCA is active on MD-503 CoC Board of Directors and regularly attends meetings and educates the CoC on changes in trends and laws that address issues effecting survivors. Additionally, the YWCA is a member of the Anne Arundel County Human Trafficking Collaborative and has received a grant to build an emergency shelter for youth who are victims of trafficking. The County Human Trafficking Regional Navigator will work with CoC providers to identify service needs and solutions for this population.

1C-5b.	Implemented Safety Planning, Confidentiality Protocols in Your CoC’s Coordinated Entry to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC’s coordinated entry addresses the needs of DV survivors by including:	
1.	safety planning protocols; and	
2.	confidentiality protocols.	

(limit 2,500 characters)

1.MD-503 ensures that there is adequate training for project staff that addresses best practices on safety and planning protocols in serving survivors of domestic violence. All providers within the CoC incorporate trauma-informed care, strength-based supports, and victim centered care into their onboarding and ongoing training programs and program operations. While these service-level trainings are provided directly through each provider, the CoC also partners with the local YWCA to provide annual system-wide training on working with survivors and other vulnerable groups. Each program has protocols on how to best respond to individuals when they disclose experience of violence, and focus on strength-based assessments and responses. Local providers cross-collaborate; family shelter staff consult with the YWCA to ensure clients in need receive victim-centered care. This may include collaborating to develop a safety plan and/or to develop an alternative short-term sheltering plan for the household if a more secure location is needed. Case managers remain connected to ensure that there is a continuity of support for those receiving services.

Sarah’s House, the County’s Family shelter, is one example. All staff are trained annually on trauma informed care best practices through Catholic Charities. Staff are required to take classes (TIC for Children, TIC for Supervisors, TIC environmental assessments etc.) based on their job duties.

2. MD-503 works to train coordinated entry staff on best practices, including safety and planning protocol in service survivors of domestic violence. The YWCA works closely with the County’s coordinated entry lead agency and its staff to provide specific training for this niche group, like implementing a lethality assessment to quickly understand danger and risk. Dept of Social Services, the Coordinated Entry Lead agency, also has access to trainings that are supported by and hosted by the greater CoC, as well as direct access to groups like Crisis Response who also provide on-the-ground training and support.

If a household discloses an imminent threat or danger, CE staff are trained to immediately refer the household directly to the YWCA 24-hour hotline for further assessment and placement in the secure YWCA Safe House. If a Safe House bed is not available in the County, the YWCA works with a network of Safe Houses throughout the State to prioritize safety needs, as well as the victim's rights, safety, choice, and control.

1C-5c.	Coordinated Annual Training on Best Practices to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

In the chart below, indicate how your CoC facilitates training for project staff and coordinated entry staff that addresses best practices on safety planning and confidentiality protocols:

		Project Staff	Coordinated Entry Staff
1.	Training Occurs at least annually?	Yes	Yes
2.	Incorporates Trauma Informed best practices?	Yes	Yes
3.	Incorporates Survivor-Centered best practices?	Yes	Yes
4.	Identifies and assesses survivors' individual safety needs?	Yes	Yes

5.	Enhances and supports collaboration with DV organizations?	Yes	Yes
6.	Ensures survivors' rights, voices, and perspectives are incorporated?	Yes	Yes
	Other? (limit 500 characters)		
7.		No	No

**&nbsp;nbsp;nbsp;**

1C-5d.	Implemented VAWA-Required Written Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

	Describe in the field below:
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1.	whether your CoC's written policies and procedures include an emergency transfer plan;
2.	how your CoC informs all households seeking or receiving CoC Program assistance about their rights to an emergency transfer;
3.	what your CoC requires households to do to request emergency transfers; and
4.	what your CoC does in response to households requesting emergency transfers.

**(limit 2,500 characters)**

1.MD-503 has a CoC at-large emergency transfer protocol. CoC protocols prioritize safety by providing prompt risk assessment and safety planning and 24-hour access to domestic violence (DV) providers.

The YWCA is the primary provider for DV, dating violence, sexual assault and stalking and offers 24-hour access to case managers and intake staff.

The YWCA operates a DV safe house shelter offering licensed therapy, legal services, support groups, hospital accompaniment for SAFE exams, and community education/outreach.

2.The CoC emergency transfer plan is in accordance with VAWA allowing DV survivors who are in imminent risk of further violence based on their placement/location to request an emergency transfer to a new placement. If another placement is available the CoC will accommodate the request. Documentation of the threat of further violence and that they were a victim of DV within 90 days of the transfer request are required.

Those at risk would go through the YWCA 24-hour hotline and access the County’s Safe House. If no bed is available in County but is needed, the YWCA will work with its network of DV providers within State of Maryland to locate a safe placement. The individual always has the choice to not seek DV related services and be assessed for non DV shelter and housing programs.

Participants of PSH and Rapid Rehousing Program, as tenants, may request an emergency transfer as outlined in the HUD VAWA lease addendum if it is needed. Programs will follow the guidance outlined in the CoC manual on Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking.

3.DV survivors have the housing choice to enter the Safe House or Sarah's House shelter if they are not in active danger. Sarah’s House has 24 hour staff ensuring all emergencies are handled efficiently. All entryways are locked to ensure safety.

When a household requests an emergency transfer all efforts will be made to identify new housing for them that meets their safety requirements. Their existing case management team will lead this process as they maintain their RRH/PSH slot.

Concurrently with identifying new housing, the team will work with the landlord to activate VAWA protocol to be released from their lease without any negative consequences. As applicable, the team, will work with law enforcement, the school system and another other partners to ensure all steps are taken to support the safety and security of the HoH

1C-5e.	Facilitating Safe Access to Housing and Services for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC ensures households experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within your CoC’s geographic area.

**(limit 2,500 characters)**

1.The YWCA provides a full continuum of victim-centered services that address the specific needs of this client population that ensures survivors self determination, safety, and self-sufficiency through the following services: Residential services (emergency safe house shelter, safe alternative shelter through hotel placement and rapid rehousing); educational and wellness services; 24-hour crisis hotlines for domestic violence; individual trauma counseling; case management; advocacy; survivor and trauma support groups; art and play therapy; hospital accompaniment; legal representation in the process of obtaining peace and protective orders and domestic violence-related divorce and custody; community education and outreach and education services; and abuse intervention programming.

Additionally, all CoC housing and shelter services are available to survivors if they choose not to use the services offered by the YWCA. They would access these services through the CoC's coordinated entry system. The CoC's TBRA programs have proven effective options for survivors as housing is self selected within the community.

In practice, the YWCA, once safety is established, refers survivors to the CoC's coordinated entry system for shelter and housing placement.

Confidentiality protections are in place to ensure safety.

2.The CoC has worked with the YWCA and other stakeholders to proactively identify barriers. Discussions are regularly held at CoC monthly meetings and workgroup meetings to work to remove barriers.

In general, the most cited barrier is lack of access to housing. This stems from general challenges of supply and affordability, but are compounded with housing discrimination when known DV issues, lack of credit/money and employment opportunities due to the abuse. Additionally, the movement across jurisdictions compounds service delivery. Households are seeking to move farther away from the abuser and either come into MD-503's area or looking for support to relocate out of MD-503.

Currently, the YWCA does have resources for survivors, landlords and perpetrators to work to reduce these barriers.

Additionally, the Housing Commission does VAWA trainings with landlords.

1C-5f.	Identifying and Removing Barriers for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC ensures survivors receive safe housing and services by:	
1.	identifying barriers specific to survivors; and	
2.	working to remove those barriers.	

**(limit 2,500 characters)**

1.The YWCA provides a full continuum of victim-centered services that address the specific needs of this client population that ensures survivors self determination, safety, and self-sufficiency through the following services: Residential services (emergency safe house shelter, safe alternative shelter through hotel placement and rapid rehousing); educational and wellness services; 24-hour crisis hotlines for domestic violence; individual trauma counseling; case management; advocacy; survivor and trauma support groups; art and play therapy; hospital accompaniment; legal representation in the process of obtaining peace and protective orders and domestic violence-related divorce and custody; community education and outreach and education services; and abuse intervention programming.

Additionally, all CoC housing and shelter services are available to survivors if they choose not to use the services offered by the YWCA. They would access these services through the CoC's coordinated entry system. The CoC's TBRA programs have proven effective options for survivors as housing is self selected within the community.

In practice, the YWCA, once safety is established, refers survivors to the CoC's coordinated entry system for shelter and housing placement.

Confidentiality protections are in place to ensure safety.

2. The CoC has worked with the YWCA and other stakeholders to proactively identify barriers. Discussions are regularly held at CoC monthly meetings and workgroup meetings to work to remove barriers.

In general, the most cited barrier is lack of access to housing. This stems from general challenges of supply and affordability, but are compounded with housing discrimination when known DV issues, lack of credit/money and employment opportunities due to the abuse. Additionally, the movement across jurisdictions compounds service delivery. Households are seeking to move farther away from the abuser and either come into MD-503's area or looking for support to relocate out of MD-503.

Currently, the YWCA does have resources for survivors, landlords and perpetrators to work to reduce these barriers.

Additionally, the Housing Commission does VAWA trainings with landlords.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--Anti-Discrimination Policy and Equal Access Trainings.	
	NOFO Section V.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy--Updating Policies--Assisting Providers--Evaluating Compliance--Addressing Noncompliance.	
	NOFO Section V.B.1.f.	

Describe in the field below:

1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

**(limit 2,500 characters)**

1. MD-503 has worked over the past year to engage LGBTQ+ orgs and individuals to participate in, and inform CoC policies. MD-503 also works closely with the County's DEI officer. As CoC lead, ACDS monitors anti-discrimination rules and regulations and updates all CoC members on significant developments or changes. ACDS ensures that trainings regarding anti-discrimination and fair housing laws are provided at least annually for all CoC members. Written training materials are available to CoC members, and members are notified of any additional trainings on these topics through other resources as they are made available. ACDS staff, including general counsel, are available to assist CoC members with specific issues or questions.
2. All CoC members as a condition of funding are required to have anti-discrimination policies that are consistent with the CoC-wide policy including ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination. All programs which participate in our CES must adhere to the established anti-discrimination rules. In addition to training regarding general anti-discrimination and fair housing laws, ACDS insures that CoC members are provided with specific training regarding HUD's Equal Access Rule within the context of gender and sexuality. ACDS is available to assist all CoC members with development of policies that are appropriate to their particular program.
3. ACDS monitors all programs for compliance with thier anti-discrimination policies and ensures consistency with CoC-wide policies. Additionally, since all referrals to shelters and most housing programs come via the CoC's Coordinated Entry process, the CoC monitors the acceptance rate, treatments, and patterns of homeless service providers. The HMIS lead reviews outcomes of the vulnerability assessment tool weekly with providers on the coordinated entry committee.
4. All CoC providers are required to have grievance policies that allow applicants and participants to formally dispute provider decisions and actions. The policy must clearly include steps the provider takes to ensure the applicant is aware of the grievance process. If they are not satisfied with the outcome from the provider, the provider must advise them that they can lodge a complaint, or request additional assistance from ACDS. ACDS, upon receipt of a complaint will fully investigate the matter and take appropriate steps to mediate and rectify, as warrant

1C-7.	Public Housing Agencies within Your CoC's Geographic Area--New Admissions--General/Limited Preference--Moving On Strategy.	
	NOFO Section V.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with--if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing or Housing Choice Voucher Program During FY 2023 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Housing Commission of Anne Arundel County, MD	40%	Yes-HCV	Yes
Housing Authority of the City of Annapolis, MD		Yes-HCV	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.B.1.g.	

Describe in the field below:

- steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference--if your CoC only has one PHA within its geographic area, you may respond for the one; or
- state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

**(limit 2,500 characters)**

- The CoC has actively worked with the Housing Commission of Anne Arundel County (HCAAC), the largest PHA in the County and member of the CoC. HCAAC most recent administrative plan, FY24, provides special purpose vouchers - up to 5% of voucher program funds- are provided to households experiencing homelessness, which is a limited homeless preference. HCAAC also allocates project based vouchers to homeless providers developing housing to PSH. As a result, the HCAAC provides 25 project-based vouchers and at least 10 tenant-based vouchers for those experiencing homelessness. HCAAC also developed a move-on strategy for clients in PSH who still need a housing subsidy, but no longer require the supportive services component to free up CoC-funded PSH units. Over 60 households have been transferred over the past five years. HCAAC utilized ARPA/HOME ARP funds to acquire/rehabilitate a 16 unit apartment complex to be used as permanent housing for households experiencing homelessness. All referrals will come from the CE. The Housing Authority of the City of Annapolis (HACA) also adopted a housing preference for the homeless in FY24 for their housing voucher program. This was a result of advocacy by the CoC.
- N/A

<b>1C-7b.</b>	<b>Moving On Strategy with Affordable Housing Providers.</b>	
	Not Scored–For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

<b>1C-7c.</b>	<b>Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.</b>	
	NOFO Section V.B.1.g.	

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:

1.	Emergency Housing Vouchers (EHV)	No
2.	Family Unification Program (FUP)	Yes
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	Yes
8.	Other Units from PHAs:	
		No

<b>1C-7d.</b>	<b>Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.</b>	
	NOFO Section V.B.1.g.	

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		<b>Program Funding Source</b>
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Project Based (mainstream) Vouchers, SRO, HOME-ARP

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section V.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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## 1D. Coordination and Engagement Cont'd

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Preventing People Transitioning from Public Systems from Experiencing Homelessness.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the public systems 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.

1.	Prisons/Jails?	Yes
2.	Health Care Facilities?	Yes
3.	Residential Care Facilities?	Yes
4.	Foster Care?	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition.	9
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition that have adopted the Housing First approach.	9
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2024 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.  
 Describe in the field below:

1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation;
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach; and
4.	what your CoC has done to improve fidelity to Housing First.

**(limit 2,500 characters)**

1. MD-503 ensures that all CoC funded PSH and Rapid Re-Housing programs are actually implementing a Housing First approach through regular programmatic monitoring and assessment of their participation in CE. Providers are required to fill all vacancies through referrals from the CoC’s coordinated ACCESS Housing List, a CoC by-name waitlist, which prioritizes individuals based on vulnerability, and participate in case conferencing (often weekly if beds or units are available). Providers are required to have program policies that ensure that no household is denied program acceptance or housing due to lack of income, engagement with treatment, criminal background, and/or current or history of substance use. Through case conferencing meetings, the CoC is able to evaluate a programs’ compliance by ensuring that participants are not denied access to a program due to any of the prohibited barriers. The CoC monitors programs leases and agreements to ensure there is no service requirement. Providers work proactively to identify landlords that do not impose added stringent screening requirements (e.g. criminal/credit).

2. The following are some of the factors and indicators the CoC uses to evaluate the programs: (1) housing and service plans are tenant-driven; (2) motivational interviewing is used as a mode of case management emphasizing engagement and problem-solving; (3) participation in services or compliance with service plans are not conditions of tenancy, and (4) tenant rights are respected and upheld. Programs do not terminate, nor evict, due to substance use, lack of treatment engagement, etc. When possible, participants are given the opportunity to transfer from one housing situation to an alternative option if a tenancy is in jeopardy. The CoC has a 97% rate of housing stability in its PSH programs.

3. ACDS is under the contract with Anne Arundel County to administer CoC funds and to ensure compliance with grant requirements. If a subrecipient commits to applying to for CoC funds and state their project uses a Housing First approach then ACDS program staff are tasked with ensuring the subrecipient is in compliance. Projects are evaluated annually through a monitoring process that includes reviewing files of program participants, including those terminated, to ensure that Housing First principles are in practice and that participants are not denied entry or continued support due to lack of income, substance use issues, or prior criminal activity.

1D-3.	Street Outreach—Data—Reaching People Least Likely to Request Assistance.	
	NOFO Section V.B.1.j.	

Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.
---

**(limit 2,500 characters)**

"4.Outreach staff use a person-centered approach to build trust and work to engage those least likely to ask for assistance.

Outreach staff identify individuals through regular canvassing, tips to the CE number, collaboration with police, first responders, and the crisis response line who may be reluctant to engage.

Services are tailored to each situation, including meeting individuals where they are both literally and figuratively.

Where possible, services are directly brought to the encampments or other known spots of congregation.

For example, one member of the team is trained to complete applications for entitlement benefits in the field; staff from the County's Health Department come to site to give flu shots and COVID vaccines.

Outreach staff ensure all participants are assessed to be placed on the CoC's, shelter, Access Housing (PSH) and Rapid Re-Housing by-names lists and works with everyone to connect with shelter placements and obtain permanent housing."

<b>1D-4.</b>	<b>Strategies to Prevent Criminalization of Homelessness.</b>	
	NOFO Section V.B.1.k.	

Select yes or no in the chart below to indicate your CoC's strategies to prevent the criminalization of homelessness in your CoC's geographic area:

	Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
1.	Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	No
2.	Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	Yes	No
3.	Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	No
4.	Other:(limit 500 characters)		
	Note: Other includes collaborating with other CoCs who have similar criminalization laws.	Yes	No

<b>1D-5.</b>	<b>Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.</b>	
	NOFO Section V.B.1.l.	

		HIC Longitudinal HMIS Data	2023	2024
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	105	196

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.B.1.m	

Describe in the field below how your CoC:

1. works with projects to collaborate with healthcare organizations, including those that provide substance use disorder treatment and mental health treatment, to assist program participants with receiving healthcare services, including Medicaid; and
2. promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1. MD-503 ensures that all providers and staff working within the CoC receive regular training on available mainstream resources. These trainings ensure that providers have the most up-to-date information to support participants in enrolling in all mainstream benefits they are eligible for. The Homeless Coordinator also holds periodic meetings specifically for case managers to ensure they are able to leverage mainstream benefits. Follow-ups and interim updates are also shared through the CoC email distribution list. The County Department of Social Services (DSS) has benefits eligibility staff onsite at the largest family shelter. The Homeless Outreach Team is trained to enroll people where they are found in mainstream benefits. All Programs utilize SOAR to apply for SSI/SSDI. The County has two ACT Teams that also link participants to mainstream benefits.

2. MD-503 has a relationship with the County Health Department (HD), Mental Health Agency and DSS to assist with enrollment in health insurance. The CoC collaborates with the HD when working with special needs populations who are in HUD-funded housing, such as persons living with HIV/AIDS. CoC provider staff work to enroll all eligible clients in Medicaid and access services. The Mental Health Agency operates a crisis response hotline that links persons to needed services, such as mental health treatments and substance abuse programs. Arundel House of Hope offers a recovery center for the homeless, as well as several housing programs tailored for this population. Staff are trained to link participants to ancillary services, in addition to physical and mental health services. This includes Medicaid transportation services for medical appointments, home and community-based services, substance use treatment, and supported employment opportunities. Programs leverage state and federal Medicaid services to expand access to somatic and mental health services. Effective use of these benefits enables MD-503 to provide comprehensive and preventative services that ensure clients remain stably housed and reduce emergency costs.

The Anne Arundel County Mental Health Agency is the lead agency for S.O.A.R. Staff are regularly trained to provide S.O.A.R. assistance to help participants apply for SSI/SSDI. The agency is responsible for ensuring S.O.A.R. training is available. At this time, new staff can also be trained through the completion of an online virtual S.O.A.R. offered through the State of Maryland.

ID-7.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent the Spread of Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:	
1.	respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1. The Anne Arundel County Health Department is the lead agency with regard to developing CoC-wide policies and procedures to respond to infection disease outbreaks and provide the guidance and direction necessary to safeguard the health and wellbeing of program participants and staff. The Health Department, working closely with the County Executive's office and emergency management team have the expertise and resources necessary to quickly mitigate and address any infectious disease outbreak.

With these entities the CoC has developed framework plans to respond to any outbreak. For example, during the Covid-19 Pandemic, the CoC met monthly via Zoom to discuss homeless services and communicate information regarding COVID-19. Information from the Health Department was regularly communicated via email to the full CoC membership.

The HD communicated local COVID-19 transmission data to homeless service providers and provided regular guidance on COVID-19 response protocol, including individual meetings with the congregate shelters to create a COVID-19 safety plan.

As needed in the future, the CoC will continue to work closely with the HD, CE's office and emergency management to fully respond to any outbreaks.

Emergency Management still host meetings to inform of any new potential concerns - CoC representatives attend."

2. The HD employed the following method during the Pandemic to mitigate and prevent the spread of infectious disease and it is anticipated that a similar effort would be deployed with other contagious diseases including Monkeypox, flu, and Covid.

The HD communicated updated Local, State and CDC protocols, and provided PPE to the CoC as needed. The HD and emergency management team, convened a Vulnerable Populations Group (VPG) that served as a liaison between the hospitals, homeless services providers and the Department of Social Services. The HD held regular meetings with the VPG and the Department of Social Services to coordinate needed services and ensure vaccines are available to homeless persons as a vulnerable priority group. Vaccines were offered directly on site at local homeless service agencies. Health Department officials visit homeless shelters to provide guidance on safe social distancing and made a plan with homeless providers on how to safely house and shelter clients within the congregate setting.

Providers used CDBG-CV funds to rehabilitate their spaces to incorporate more physical distancing to help prevent outbreaks

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases. NOFO Section V.B.1.n.	
Describe in the field below how your CoC:		
1.	effectively shared information related to public health measures and homelessness; and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

"1. The CoC, spearheaded by ACDS as the lead agency, holds regular meetings open to all members to receive updates and share critical information, including pertaining to infectious diseases.

The CoC has learned from the processes developed during the COVID-19 Pandemic to ensure continued collaboration between the Health Department (HD) and the CoC. Specific for recent collaborations around COVID and MPX, the CoC met monthly via zoom with all providers to share pertinent information. Updates were also provided via email to the full membership.

The HD ensured that the CoC had comprehensive data on transmission information, CDC guidance and response protocol, PPE, handwashing, and masking information, and educational materials to share with staff and program participants.

Additionally, ACDS staff, as the CoC lead also participated in monthly meetings hosted by the state. These meetings provided ACDS with the opportunity to collaborate with CoCs across the state, and with state level health response systems. Information received during these meetings was disseminated to MD-503 members via monthly meetings and email.

ACDS continues to keep all providers informed of updates as it relates to flu, RSV, TB, and COVID variants to ensure risk is mitigated to the extent possible and program participants are able to remain safe and healthy."

"2. The Vulnerable Population Group (VPG - detailed in 1D-8) was created to facilitate communication between public health agencies and homeless service providers and to coordinate among agencies to share information and to obtain supplies.

With the VPG, the HD was able to tour program sites and provide site specific guidance on preventing and limiting infectious disease outbreaks. This included establishing mitigation plans for congregate spaces and establishing washing stations by encampments. The HD also joins the street outreach teams on a regular basis to bring health information to unsheltered homeless. This includes educational information on connecting to services, in addition to testing and vaccinations. This partnership has also led to donations for the CoC, including masks, gloves, and hand sanitizers. VPG membership coordinates distribution of the donations across the CoC to maximize use.

1D-8.	Coordinated Entry Standard Processes.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	can serve everybody regardless of where they are located within your CoC's geographic area;	
2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;	
3.	collects personal information in a trauma-informed way; and	
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.	

**(limit 2,500 characters)**

1. MD-503 CoC has Coordinated Entry (CE) which encompasses both its shelter system and permanent housing programs, including PSH and RRH. The CE system covers 100% of the CoC's geographic area and is managed by a triage specialist. MD-503 leverages the local Homeless Outreach Team and Crisis Response Team to ensure clients least likely to engage are still included in coordinated entry and assessed for shelter and housing placements. The CE system addresses issues of jurisdiction by providing flexibility regarding an in county address.

2. The CE uses a comprehensive standardized assessment tool that prioritizes homeless individuals and families based on the following ratings: (1) Housing Rating - CoC gives first priority to those unsheltered and living on the street or places not meant for human habitation; (2) Safety Rating - priority is given to those fleeing domestic violence who have chosen not to engage with DV specific programs, such as the DV hotline, safe house, and housing programs; (3) Health Risks - priority is given to those with chronic health problems and disabilities. Shelter priority is given to most at-risk based on the assessment vulnerability score. Clients are prioritized based on need for shelter utilizing the risk assessment, and therefore people most in need of assistance are served first. Assessments are completed by homeless outreach workers, shelter staff, and day program staff. They are entered into HMIS in real time to ensure timely services. CE meets weekly through the case conferencing committee to review vulnerability scores with the priorities as outlined above to assign housing matches and shelter beds when shelter demand exceeds bed capacity.

3. The CE Triage Specialist coordinates weekly case conferencing meetings with homeless service providers to ensure smooth transitions and placement as well to provide ongoing feedback to improve the coordinated entry process. Feedback is welcome by the CoC from those experiencing homelessness as well as advocates assisting individuals and families through the process. Feedback received is reviewed with the CoC assigned committee and updates made as warranted. MD-503 recently replaced the VI-SPDAT with a composite vulnerability assessment tool that provides more comprehensive assessments using an equity lenses, recognizing the inherent bias identified in the tool.

1D-8a.	Coordinated Entry–Program Participant-Centered Approach.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC's coordinated entry system:
	1. reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
	2. prioritizes people most in need of assistance;
	3. ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their needs and preferences; and
	4. takes steps to reduce burdens on people seeking assistance.

**(limit 2,500 characters)**

1. MD-503 employs a Coordinated Entry (CE) for all homeless systems of care within the CoC. MD-503 has implemented a multi-pronged approach to ensure that everyone, including those least likely to apply for assistance are included in the CE. CE is affirmatively marketed on the ACDS and County websites, including a housing resource portal that also directs people to the CE line for homeless services among other resources. The County's crisis response hotline is heavily marketed and provides 24/7 referrals for accessing CE and homeless resources. MD-503 regularly collaborates with first responders to ensure individuals access to services when needed. The Homeless Outreach Team provides community-based, person-centered outreach throughout the County to build trust with hard-to-engage individuals that struggle to accept assistance. This engagement is ongoing and persistent while also balancing client choice and CE policies.
2. The CE prioritizes shelter placements to the most at-risk based on the assessment vulnerability score. Individuals residing on the street or places not meant for human habitation are given priority to access available shelter beds. Assessments are entered into the Homeless Management Information System (HMIS) database in real time to ensure timely services.
3. Once assessments are completed, households are evaluated for housing matches. MD-503 utilizes a composite vulnerability assessment tool to evaluate housing matches. Households that score with a higher level of vulnerability are prioritized for placements. Once matched, households work with their housing navigator/case manager to identify and secure housing that meets their preferences for location, accessibility, and other identified features that will support sustainability. Case managers are regularly engaging with the landlord community to ensure this process is quick and households are able to exit homelessness in a timely manner.
4. The CE Triage Specialist facilitates weekly case conferencing meetings with homeless service providers to ensure smooth transitions and placement. Regular trainings are held to ensure providers are able to utilize motivational interviewing and other engagement techniques to support households in participating in the assessment and CE process. The CoC is committed to ensuring all households in need are able to access CE. In that regard, the CoC continually monitors the CE for issues and adjusts to continually reduce any barriers.

1D-8b.	Coordinated Entry–Informing Program Participants about Their Rights and Remedies–Reporting Violations.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC through its coordinated entry:	
	1. affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;	
	2. informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and	
	3. reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.	

(limit 2,500 characters)

1.MD-503 ensures that all program information is posted on various County websites, especially highlighting the coordinated entry line phone number and the day center programs as a point of entry, resources, and information. The System of Care Crisis Referral Line, Department of Social Services, and the Partnership for Children Youth and Families also ensure that program information is always available. Partnerships with LEA, nonprofits and faith based institutions further ensure that anyone experiencing homelessness is aware of available services.

2. All program participants are informed about the non-discrimination policies of the CoC and the federal, state and local fair housing and civil rights laws that can offer protections and support to them during this process. This information is shared at the time of program intake. All CoC members are provided with detailed trainings on fair housing and other supportive legislation to ensure that households being served are protected from discrimination. The CoC also works with legal service agencies to make referrals when any discriminatory practices are identified. Legal representative participates in all CoC meetings to address any questions or concerns from providers on behalf of households they are supporting.

3. If the CoC is made aware of any potential housing discrimination action, ACDS as the lead agency will take the following steps: A. If the potential discrimination is from a CoC provider ACDS will undertake an investigation to determine if any locally or federally funded program is violating any laws. If found in the affirmative immediate corrective action will be taken, including notifying all applicable partners. If the discrimination was from outside of the CoC membership, the provider and ACDS will work with the household to file a claim through the County's fair housing reporting system. The County will then open an investigation and take all necessary corrective actions. The provider will continue to work with the household throughout the investigation process both on addressing the specific housing discrimination issue and also supporting the households in identifying safe and secure housing.

1D-9.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.p.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	10/08/2024

1D-9a.	Using Data to Determine if Racial Disparities Exist in Your CoC’s Provision or Outcomes of CoC Program-Funded Homeless Assistance.	
	NOFO Section V.B.1.p.	

Describe in the field below:	
1.	the data your CoC used to analyze whether any racial disparities are present in your CoC’s provision or outcomes of CoC Program-funded homeless assistance; and
2.	how your CoC analyzed the data to determine whether any racial disparities are present in your CoC’s provision or outcomes of CoC Program-funded homeless assistance.

**(limit 2,500 characters)**

1. The CoC’s process for analyzing whether any racial disparities are present in the provision or outcome of homeless assistance involves a comparative review of data by program type. The CoC evaluates whether racial minorities are able to access and maintain housing and other resources at the same rate as non-minorities. MD-503 does this by comparing the total program eligibility and outcomes collectively and broken down by race. MD-503 then analyzes this data to determine if there are disparities in access to housing and resources and/or disparities in ability to maintain housing and minimize returns to homelessness. This analysis is completed CoC wide and also on a program level by the providers on a regular basis. The CoC also completed a full analysis of racial disparities across the continuum in 2022. Data from that report has informed corrective action in addition to the regular on-going evaluations, and has led to the creation of a vulnerability assessment tool that is more equitable.

2. For example, through the racial disparities analysis conducted in 2023, the CoC reviewed the provision of rapid rehousing (RRH) services. During LFY 2023, the population residing in the County’s family emergency shelter was approximately 49% African American. A significant portion of RRH clients were residing in an emergency shelter immediately prior to RRH program entry. So, the CoC evaluated if the percentage of racial minority families accessing RRH services was congruent with the percentage of racial minority families residing in the emergency shelter. The goal was to assess equal access to permanent solutions, and to ensure that permanent housing solutions were not offered to white households at a higher rate. The evaluation revealed that during this time about 55% of family shelter residents identified as a racial minority, and approximately 49% identified as African American. Approximately 70% of CoC-funded RRH participants identified as a racial minority, with about 63% identifying as African American. Based on this evaluation, the CoC concluded that RRH beds were accessed equitably across the continuum in alignment with those seeking housing matches. This analysis is also completed across all program types (e.g. PSH, Other housing etc.). The CoC did identify a slight disparity in housing outcomes for individuals experiencing homelessness. In the County, the homeless population residing on the street have a higher percentage of white individuals than AA.

1D-9b.	Implemented Strategies to Prevent or Eliminate Racial Disparities.	
	NOFO Section V.B.1.p	

Select yes or no in the chart below to indicate the strategies your CoC is using to prevent or eliminate racial disparities.

1.	Are your CoC’s board and decisionmaking bodies representative of the population served in the CoC?	Yes
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	Yes
3.	Is your CoC expanding outreach in your CoC’s geographic areas with higher concentrations of underrepresented groups?	Yes
4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes

5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes
6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes
7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity?	Yes
9.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes
10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes
	Other:(limit 500 characters)	
12.		

1D-9c.	Plan for Ongoing Evaluation of System-level Processes, Policies, and Procedures for Racial Equity.	
	NOFO Section V.B.1.p.	

Describe in the field below your CoC's plan for ongoing evaluation of system-level processes, policies, and procedures for racial equity.

(limit 2,500 characters)

"The CoC is taking clear steps to address the disparities identified in the provision or outcomes of homeless assistance. The CoC aims to support services that promote aging with dignity, achieving empowering careers, healing from trauma and addiction, securing stable housing in inclusive communities, preparing for educational success, and feeling welcome as immigrant neighbors. The CoC recognizes that many of our clients are experiencing the world with many cultural and other identities, as well as limited English proficiency. MD-503 sees the communities we work with as part of the solution, focusing on each individual's strengths and goals and encouraging participation in program design from those with lived experience.

The CoC recently moved away from employing the VI-SPDAT and has begun using a new coordinated entry prioritization tool that is tailored to local needs. The Coordinated Entry Committee learned about different tools that are used throughout the Country, and were most inspired by our neighboring County, Prince George's, which asks questions and gives vulnerability scores based on objective criteria that are gathered within HMIS.

Another action the CoC has taken to address disparities is to continue to fund a County Eviction Prevention program, administered by ACDS. Anne Arundel County has the fastest eviction speed in the State of Maryland, with the demographic most likely to be evicted being single non-white mothers with young children. Recognizing the impact this has on long-term health and success, the program was targeted to the County's lower income and minority communities. 86% of those served through this program identified as a racial minority, while only 27% of Anne Arundel County holds that identify. In addition to the program at ACDS, since the pandemic, funds have been allocated to different agencies in the County to administer this service in order to increase capacity. This effort is likely significantly decreasing the number of new families that enter the homeless system. A total of 1.4 million of County Affordable Housing Trust Funds was provided to the Partnership for Children, Youth, and Families to offer shelter diversion program in an effort to reach families prior to needed shelter. The program receives the majority of the it referrals from the County School System. This is a pilot program which offers relocation assistance, short term rent assistance, and other flexible funds.

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities.	
	NOFO Section V.B.1.p.	
	Describe in the field below:	
1.	the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and	
2.	the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.	

(limit 2,500 characters)

"1.MD-503 tracks progress on shrinking disparities in the provision and outcomes of homeless assistance. The CoC grounds discussions by analyzing and sharing the results of HUD's New Racial Analysis Tool. The impact of historical racism still skews the effects of poverty and homelessness. The CoC Board requested that the HMIS Lead present monthly reports on trends that he sees, including disparities. One specific ask was also to track the reasons that people are denied or terminated from a program; this may also provide insights into disparities that have not previously been measured. CoC member agencies also review their program outcome data through an equity lens.

Special committees tasked with analyzing staff and client policies, practices, and procedures with an equity lens have been implemented at many CoC agencies. The Department of Social Services' (DSS) Diversity Equity and Inclusion (DEI) Committee is led by the Director and supported by the Quality Assurance Manager; this group was specifically created to ensure that no undue barriers are present in staffing practices nor interactions with customers. Anne Arundel County's Mental Health Agency addresses the goals of equity and proportional representation in their mission statement. The Agency formed the AIDE (Address Inclusion, Diversion, and Equity) Group, which is charged with analyzing the Agency's policies and procedures with an equity lens as well as creating and operationalizing DEI events and opportunities for education agency-wide.

Sarah's House hosts ongoing staff development training and agency-wide affinity groups that include conversations on current social and racial events in our nation. They consider feedback from annual customer satisfaction surveys and annual staff assessments to monitor and evaluate the efficacy of investment into equity training. They reported greater staff awareness of unconscious biases and how those biases impact service delivery and greater transparency and understanding around race and identity in general. "

"2.MD-503 utilizes various tools to best understand program data and compare for disparities. These tools include: HUD Racial Analysis Tool, Stella P, APR trends, Neighborly reports, census data, and other program data to compare for disparities both within programs and between programs. The CoC employs its own locally created Anne Arundel County Coordinated Entry Prioritization Tool.

1D-10.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section V.B.1.q.	

Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decisionmaking processes.

(limit 2,500 characters)

MD-503 works proactively to ensure the voice of those with lived experience of homelessness, as well as other lived experiences like BIPOC, women, and LGBTQ+ community are represented in service delivery and involved in decision-making throughout CoC programs, governance, committees, and service delivery. There are concerted efforts to involve folks with lived experience on Boards of Directors, advisory boards, and special committees. For the past ten years, Arundel House of Hope’s Board of Directors has included individuals who self identify as having experienced homelessness, substance abuse, and mental health challenges. Associated Catholic Charities’ agency leadership and staff include BIPOC and women; current staff includes individuals with lived experience of homelessness. They also collect employee demographic and sexual orientation data biennially in an anonymous employment survey. They also operate a resident committee to identify housing barriers. The Mental Health Agency of Anne Arundel County incorporates providers and program representatives with lived experience on their Board’s Steering Committee, which assists with developing plans and goals for the agency. People Encouraging People has staff with lived experience and hosts a consumer advisory board (CAB) for participant input. One of the CAB members is a member of the agency’s board of directors. They operate a Community Advisory Board with representatives with lived experience of homelessness and who identify as LGBTQ+ for input into program and agency decision-making. The Housing Authority hosts a resident commission and advisory committee that meet quarterly. Beyond these provider led efforts the CoC announces all opportunities, meetings, materials, and resources via email distribution list to about 200 recipients. The list does include individuals that have received services through the CoC. These individuals have become active and share their experience in CoC meetings, participate in on Coalition-wide discussions and decision-making processes. Our coalition board has several members that have experienced homelessness, and their insight is invaluable for developing policies and understanding what is feasible in the landscape of homeless.

1D-10a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

You must upload the Lived Experience Support Letter attachment to the 4B. Attachments Screen.  
Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Routinely included in the decisionmaking processes related to addressing homelessness.	3	1
2.	Participate on CoC committees, subcommittees, or workgroups.	3	1
3.	Included in the development or revision of your CoC’s local competition rating factors.	3	1
4.	Included in the development or revision of your CoC’s coordinated entry process.	2	1

1D-10b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

**(limit 2,500 characters)**

MD-503 values the expertise and insight those with lived experience bring to the table. Providers in MD-503 make a regular practice of hiring people with lived experience of homelessness to lift their history to a place of influence and power. For example, PEP has staff with lived experience of homelessness who are able to approach the work with a deeper level of sensitivity and understanding and guide the program policies. Additional staff lift the needs of the LGBTQ+ community, whom they have a shared identity with, and are able to guide program policies with that lens. To support staff, training is offered around equity and the factors that effect it, including but not limited to race, gender, and sexual orientation, and how to navigate through these barriers to create change. Sarah’s House has two managers who have lived experience with homelessness. In addition, both administrative assistants at Sarah’s House are former clients of the program. Sarah’s House ensures their is space for their voices and supports their expertise in driving programmatic decisions on a daily basis. In addition to contributing to management level decisions, both of these staff often help with training new staff members through bringing their lived experience into the space and guiding new staff to remain person-centered to lift the client story/perspective. Another CoC program, The Light House, developed a catering business and a full service restaurant in the City of Annapolis which provides opportunities for individuals with lived experience of homelessness to gain employment and food service experience. Arundel House of Hope regularly employs those with lived experience as staff of their day center and house managers in various housing programs. Beginning in calendar year 2023, the Anne Arundel County Continuum of Care started offering stipends to representatives with lived experience who lend their expertise to the Coalition’s Board. The CoC will be using HSP funds awarded by the State to support this initiative. Lived experience representatives will have current or previous homeless experience as defined by HUD and must currently reside in the County. The CoC offers a stipend amount for time spent in meetings and contributing expertise, as well as strive to meet accommodations that would remove barriers to service to the CoC, like transportation or technology costs.

1D-10c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

- Describe in the field below:
- |    |  |
|----|--|
| 1. | how your CoC gathers feedback from people experiencing homelessness;       |
| 2. | how often your CoC gathers feedback from people experiencing homelessness; |

3.	how your CoC gathers feedback from people who received assistance through the CoC Program or ESG Program;
4.	how often your CoC gathers feedback from people who have received assistance through the CoC Program or ESG Program; and
5.	steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

**(limit 2,500 characters)**

1. MD-503, the CoC Board, and all program providers regularly gather feedback from households currently experiencing homelessness and households who have received, or continue to receive, assistance through CoC programs and services offered in MD-503. As part of the Consolidated Planning process for the county, the CoC also participates in focus groups and listening sessions specifically with individuals with lived experience, including clients from Sarah's House, Arundel House of Hope, and The Light House. In addition, focus groups were held with homeless service providers, youth homeless service providers, the Homeless Coalition, and the board to voice the needs of their clients. Many of these are held virtually, making participation easier for many given the geographic spread of the CoC area. The CoC also provides a stipend to participants to support their ability to participate in meetings. Feedback is also obtained through client satisfaction surveys administered by all providers. Surveys are completed at regular program participation intervals and upon program exit. All programs provide participants with information on how to file a grievance or complaint. Grievance/complaints are first filed with the program and shared with the CoC lead to monitor for patterns and opportunities for improvement. Finally, most programs have a Resident or Advisory Committee that meets monthly and consists of participants that can represent the client experience in the program. Issues raised in these meetings are discussed with program supervisors and management for evaluation and action.

2. In addition to methods noted above, provider agencies and members of the Anne Arundel CoC also regularly participate in meetings with other groups throughout the County where peer membership is present and perspectives of program recipients are valued, given a voice, and lifted. MD-503 also looks at vacancies in committees, groups, and boards as an opportunity for intentional inclusion of those with history of program participation in CoC or ESG funded programs that reflect the diversity of the County.

3. The lead agency, ACDS, generally fields two types of complaints: system-wide such as the need for more access to affordable housing and individual program interaction/implementation. For the former, ACDS incorporates these concerns into the ConPlan. For the latter, ACDS works with the provider to address concerns and incorporate needed changes.

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	
	Describe in the field below at least two steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

**(limit 2,500 characters)**

Members of the CoC, along with a broader coalition of housing advocates, have advocated and worked to increase opportunities for new affordable housing development through the following actions: (1) worked with County leadership, including County Executive, County Council members, and stakeholders to introduce, advocate for, and pass inclusionary zoning legislation (MPDU) in the County. CoC members helped provide feedback on the development of the legislation, testify, and provide guidance on program policies; (2) ACDS, on behalf of the CoC, participated in community based planning meetings in three low to moderate income areas of the County advocating for the need for affordable housing, discuss impact of current zoning on development of housing, and ensuring the community learned of alternatives to traditional zoning.

2. (1) The County provides Payments-in-Lieu of Taxes (PILOTs) agreements as a financial incentive for developers building affordable rental housing. During the past year, ACDS, a member of the CoC, advocated for the County to modify two existing PILOT agreements to aid in the preservation of two affordable communities in the County saving 972 units, (2) ACDS also advocated for and provided technical assistance and financing to support the development of the County's first workforce housing development, which will create 120 new units of affordable housing in the past year. Workforce Development legislation was passed in in the prior years, and allows for a 50% reduction in water and sewer fees as long as the development serves households earning less than 60% AMI; (3) CoC members wrote letters of support for the Maryland DHCD efforts to include requirements to include PSH for chronically homeless in the LIHTC Qualified Allocation Plan."

## 1E. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Advance Public Notice of Your CoC’s Local Competition Deadline, Scoring and Rating Criteria.	
	NOFO Section V.B.2.a. and 2.g.	

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC’s local competition.	09/12/2024
2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC’s local competition.	08/01/2024

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes
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1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.  NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	
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You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.  
Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	140
2.	How many renewal projects did your CoC submit?	7
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.  NOFO Section V.B.2.d.	
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Describe in the field below:

1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	the severe barriers your CoC considered.

(limit 2,500 characters)

1. MD-503 CoC undertakes a comprehensive data review during the review and ranking process that is shared with the ranking committee. The HMIS lead administrator prepares data reports that look at CoC-wide performance and then project specific performance for each renewal project. The committee reviewed data from APR reports and directly from HMIS. Additionally, projects were requested to provide narrative information on their program in the CoC supplemental application. Specifically, they were asked to address outcomes, successes, and any housing barriers in addition to answering questions about their equity practices. Both the objective data and narrative was reviewed by the ranking committee in evaluating programs success in supporting participants in accessing housing.
2. MD-503 regularly reviews APR and HMIS data, including reviewing program acceptance/entrance dates and housed date. Data is reviewed continuum wide and then on the program specific level. Data was provided to the ranking and review committee and was factored into each programs score.
3. MD-503's review and ranking committee took into consideration higher assessment scores, chronicity, and if individuals are coming from an unsheltered situation. The review committee has determined these metrics serve to identify those with greater severity of need that may also result in additional barriers in accessing and/or maintaining housing.
4. MD-503 developed a balanced scoring metrics that acknowledged the impact serving those with the most needs may have on program metrics. This included developing milestone thresholds, providing partial points, and developing a mix of scoring metrics that balanced low scores in performance with higher scores in severity of need. CoC recognizes the challenges projects that provide housing and services to the hardest to serve populations may result in lower performance levels. The CoC Review Committee also takes into account the supplemental information provided by the program noting whether they offer landlord mediation, incentives, and invest in housing search efforts.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	
	Describe in the field below:	
	1. how your CoC used input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
	2. how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
	3. how your CoC rated and ranked projects based on the degree that proposed projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and steps the projects took or will take to eliminate the identified barriers.	

(limit 2,500 characters)

"1.The CoC made available for review the rating factors for renewal and new CoC applications at the monthly CoC Board meeting. Criteria were reviewed by CoC members, and feedback regarding rating criteria and prioritization of project type was incorporated. The weight of rating factors was reviewed and approved by the rank and review committee, which included five people who identified as non-white and three members with lived experience of homelessness. In MD-503, racial minorities, especially people who identify as Black, are overrepresented. While Black/African American folks makeup only 17% of the total population, they are 43% of those experiencing homelessness (including 48% of those experiencing homelessness in families with children) and 31% of those experiencing unsheltered homelessness. Providers have been hiring increasingly diverse staff, including those with lived experience, which in turn drives the diversity of the CoC and increases representation from folks with varying backgrounds. While the CoC does not solicit members based on their race or background, diverse professional expertise and personal experiences are lifted as both valuable and valid; CoC Board members with lived experience are compensated for their otherwise volunteer offering of expertise. Throughout the year, efforts are made to continuously solicit and incorporate feedback from people with lived experience and those that are overrepresented.

"

"2.An announcement was made during the CoC meetings on August 2 and September 6 to recruit CoC application review and ranke committee members, including a special ask to include people with lived experience. The CoC Ranking and Review Committee invitation was sent to a diverse group of stakeholders from groups that have a history of working directly with people experiencing homelessness and/or supporting homeless service delivery. Approximately 31% of committee members were people of color; three members of the committee had lived experience of homelessness; approximately 80% of the committee were women; and one veteran was on the committee. Members weighed in on the rating tool and then received applications and scoring tools, information, and data to review, selection, and ranking projects. Members could participate in group meetings or share their scores/reflections independently to ensure that scheduling was not a barrier to participation. Results were shared with all committee members, whether present at the meeting or not,

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	
	Describe in the field below:	
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;	
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

**(limit 2,500 characters)**

"1. MD-503 has a written Reallocation Policy that states the CoC ""may reduce or eliminate funding from existing renewal projects in order to fund new projects. Given the critical need for additional affordable housing for the homeless population, new projects may be created using funds that the CoC has made available through reallocation as part of the previous year's Continuum of Care competition.""

Renewal projects are evaluated each year at the time of application to determine if they are meeting performance benchmarks, regulatory requirements, and effectively managing their programs. Criteria for evaluation include: % referred from coordinated entry; % entering from homeless situation; % participants with new or increased earned or non-employment income; # days from project entry to residential move in; % remain or move to permanent housing; % are chronically homeless; and % participants with disabilities. MD-503 also evaluates program factors related to participation in Coordinated Entry and the CoC; commitment to Housing First; representation of those impacted by homelessness and poverty in leadership and management positions; involving people with lived experience in planning and decision-making; reviewing outcome data with an equity lens, disaggregated by underserved population; and generally operating in conformance with CoC standards. Results of monitoring are also incorporated into the objective review criteria during the application process.

MD-503 policies state the CoC may reallocate projects: 1) that no longer meet HUD defined policy priorities and has a reduced likelihood of being funded; 2) who voluntarily re-allocate a grant or portion of a grant to better meet an identified community need; or 3) that are low performing and fail to meet established performance measures or maintain regulatory compliance."

2. MD-503 did not identify any low performing or less needed projects through its implementation of the CoC Reallocation Policy.

3. Not applicable; MD-503 did not identify any low performing or less needed projects during the FY24 Competition.

4. Following the CoC's Reallocation Policy, MD-503 did not identify any low performing or less needed projects during the FY24 Competition, and therefore did not reallocate funds. All renewal projects were evaluated and scored well. All renewal projects are generally meeting program milestones and metrics and are critical in supporting MD-503's goal of ending homelessness in AA County.

<b>1E-4a.</b>	<b>Reallocation Between FY 2019 and FY 2024.</b>	
	NOFO Section V.B.2.f.	

<b>Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?</b>	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	Yes
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/04/2024

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/04/2024
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	10/28/2024
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1E-5d.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	10/28/2024
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## 2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>2A-1.</b>	<b>HMIS Vendor.</b>	
	Not Scored—For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky - Community Services (Service Point)
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<b>2A-2.</b>	<b>HMIS Implementation Coverage Area.</b>	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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<b>2A-3.</b>	<b>HIC Data Submission in HDX.</b>	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2024 HIC data into HDX.	01/24/2024
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<b>2A-4.</b>	<b>Comparable Databases for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.</b>	
	NOFO Section V.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases; and	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2024 HMIS Data Standards.	

**(limit 2,500 characters)**

"1. The YWCA of Annapolis and Anne Arundel County is the primary DV provider in the County. The YWCA works closely with the CoC lead and HMIS administrator to ensure full compliance by participating in weekly coordinated entry meetings and biweekly rapid rehousing meetings to review the status of clients while protecting their identity.

The YWCA utilizes an HMIS comparable database that is able to pull de-identified aggregate reports that mirror HMIS data reports including APRs and the CAPER report.

The YWCA was an ESG-CV grantee and currently manages HOME ARP funds, and is able to provide performance, demographic, and financial expenditure data to the HMIS lead and the CoC lead agency, and would be able to replicate these de-identified aggregate reports for COC programs as needed.

2. DV Housing and service providers use a HUD-compliant comparable database with the current HMIS data standards. The YWCA is currently working with the HMIS lead to design a way to enter clients into the County's HMIS in order to best access coordinated access and emergency shelter while protecting their identity.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section V.B.3.c. and V.B.7.	

Using the 2024 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	163		163	98.00%
2. Safe Haven (SH) beds				
3. Transitional Housing (TH) beds	0			
4. Rapid Re-Housing (RRH) beds		0		
5. Permanent Supportive Housing (PSH) beds			0	
6. Other Permanent Housing (OPH) beds				0.00%

**You must enter a value for elements 1 through 6 in all four columns. If the project type does not exist in your CoC, enter '0' in all three columns for that project type.**

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
NOFO Section V.B.3.c.		
For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:		
1.	steps your 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 your CoC will implement the steps described to increase bed coverage to at least 85 percent.	

(limit 2,500 characters)

1. Not applicable as 100% are covered by the HMIS.
2. N/A

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
NOFO Section V.B.3.d.		
You must upload your CoC's FY 2024 HDX Competition Report to the 4B. Attachments Screen.		
Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 p.m. EST?		Yes

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2024 PIT count.	01/24/2024
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/10/2024
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:	
1.	engaged unaccompanied youth and youth serving organizations in your CoC’s most recent PIT count planning process;	
2.	worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC’s most recent PIT count planning process; and	
3.	included youth experiencing homelessness as counters during your CoC’s most recent unsheltered PIT count.	

(limit 2,500 characters)

1. The CoC has a Homeless Youth Committee that consists of providers of youth related services, including the Partnership for Children Youth and Families that operates a RRH program for homeless youth, the school district's Homeless Liaison, and several grass roots faith based organizations. They regularly solicit input from youth being served on locations and services needed. The Committee participates in and organizes a statewide Youth Reach Count surveying unaccompanied youth in the schools and the community annually during the Spring and so has an understanding of "known locations" and areas where youth may hang out. It should be noted that many of these youth do not meet the HUD's homelessness definition used for the PIT count. The Homeless Youth Committee members participated in the 2024 PIT count by helping to identify homeless youth which meet HUD's definition. The County's Homeless Liaison also participates in trying to identify unaccompanied homeless youth in the school system that meet HUD's definition of homelessness.
2. The CoC worked with the Homeless Youth Committee to survey "known locations", programs, and schools on the night of the PIT 2024. Locations were selected based on consultation with youth providers, the school district's Homeless Liaison, housing providers, and faith-based organizations that serve at-risk and homeless youth throughout the year.
3. Youth currently experiencing homelessness were not used as counters during the 2024 PIT count. However, as noted above their knowledge was used in identifying locations for counting.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	

	In the field below:
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
3.	describe whether your CoC's PIT count was affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in your CoCs' geographic; and
4.	describe how the changes affected your CoC's PIT count results; or
5.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2024.

(limit 2,500 characters)

Not Applicable.

## 2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>2C-1.</b>	<b>Reducing the Number of First Time Homeless—Risk Factors Your CoC Uses.</b>	
	NOFO Section V.B.5.b.	
	In the field below:	
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
2.	describe your CoC’s strategies 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 your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time	

**(limit 2,500 characters)**

1.The CoC used national best practices and local knowledge to determine risk factors for those experiencing first time homelessness. MD-503 looks at the following risk factors: pending eviction (within 10 days); couch surfing, living in a hotel, and unstable housing, health crises including addiction or a mental health diagnosis; disability; unstable employment or low wages, paying more than 50 percent of income for housing; MD-503 saw an decrease in the number of households entering the homeless system for the first timn FY2023. In FY22, a total of 786 persons entered the homeless system for the first time and in FY23 a total of 657 entered ES or TH with no prior enrollment in HMIS.

2.MD-503 has put together a comprehensive package of strategies to continue to reduce first time homelessness. Current strategies include: (1)implementation of a robust eviction prevention system using State, CDBG, and local community funds to provide emergency rental assistance, supportive services, landlord mediation, and utility turnoff prevention. Availability of these grants and services are affirmatively marketed to at-risk communities; (2)coordinates with the Anne Arundel County’s Sheriffs’ office to identify individuals scheduled for eviction. Through this partnership, MD-503 is able to undertake expedited and proactive outreach to families at imminent risk of eviction, assess the situation, develop a housing maintenance plan, and rapidly processes payments to prevent the eviction; (3)fund and coordinate with legal services partners to obtain delays on evictions to allow for an orderly move out or to allow time to process applications for rental assistance to resolve the rental debt and cancel the eviction; (4) offer relocation and shelter diversion services utilizing funds made available for the County’s Affordable Housing Trust Program to provide housing assistance; (5)fund and offer programs that address the housing needs of at-risk families identified through the school system. The United Way and the Anne Arundel County Public School System have provided resources to pay for case management, housing locator services, and rental assistance to families unstably or at-risk of homelessness. Through these strategies MD-503 was able to prevent homelessness for 961 households this year.

3.The Homeless Coordinator at Department of Social Services (DSS) and ACDS COC Planning and Grants Management are responsible for this strategy.

<b>2C-1a.</b>	<b>Impact of Displaced Persons on Number of First Time Homeless.</b>	
	NOFO Section V.B.5.b	

Was your CoC’s Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

1.	natural disasters?	No
2.	having recently arrived in your CoC’s geographic area?	No

<b>2C-2.</b>	<b>Reducing Length of Time Homeless—CoC’s Strategy.</b>	
	NOFO Section V.B.5.c.	

In the field below:

1.	describe your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;
2.	describe how your 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 your CoC's strategy to reduce the length of time individuals and families remain homeless.
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**(limit 2,500 characters)**

1.MD-503 saw a slight reduction in the length of time people remain homeless between 2022 and 2023. Providers have faced a number of challenges to rapid rehouse those entering the shelter, as the cost of rent has increased significantly in the past year. Therefore, MD-503 is working on increasing capacity in rapid rehousing and permanent supportive housing programs through successful exits by leveraging the CoC Move-On opportunities, developing new housing targeted to persons experiencing homelessness, securing new vouchers. In FY24, the HCAAC provided 10 vouchers to ensure largers families who incomes cannot increase enough to maintain housing with assistance. MD-503 funded additional rapid rehousing slots and PSH with HOME-ARP, HOME, and County AHTF funds. Over \$1,200,000 has been allocated to support these efforts. Additional HOME-ARP funds are available to providers to onboard additional housing location specialists to outreach with landlords, building those relationships, and maintaining continually updated lists of available units. These specialists are also conducting comprehensive assessments of housing needs, identifying any barriers, and working to mitigate those barriers. The CoC also holds weekly case conferencing to collectively problem solve when a household is struggling to secure housing. Case managers have also been focusing on ensuring all households are signed up for all eligible waitlists for LIHTC, vouchers or public housing, and other non-CoC affordable housing.

2.Proactive outreach, affirmative marketing, and 24/7 crisis response team ensure that households experiencing homelessness are identified. Intake staff and homeless outreach members ensure that all households are assessed and opened in HMIS. MD-503 then utilities HMIS data to monitor length of time of households experiencing homelessness. In past year, the CoC developed a new screening tool that prioritizes length of time homeless and vulnerability . Once assigned for a housing match, providers utilize motivational interviewing and person-centered care, founded with a Housing First focus to support households in accessing housing. Staff work to fill in any documentation gaps, work on credit repair, record expungement, and any other barriers to create a path to housing.

3. Planning Staff at ACDS, the lead agency, and CE staff oversee this strategy.

2C-3.	Successful Permanent Housing Placement or Retention –CoC's Strategy.	
	NOFO Section V.B.5.d.	

In the field below:

1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

**(limit 2,500 characters)**

1. MD-503 has undertaken the following steps to increase the rate of permanent housing exits: (a) comprehensive assessment of housing barriers to identify areas where the CoC collectively can expedite access to housing; (b) work closely with households to identify their housing priorities within a reasonable and accessible way; (c) develop and build strong landlord relations and operate a landlord mitigation fund, which will encourage landlords to accept clients with multiple barriers; (d) continuously identify new housing opportunities including leveraging the rental assistance pilot program (e.g. provide \$200,000 in AHTF to supplement a CoC PSH program); (e) focusing on identifying households to participate in the "Move On" strategy with PHAs to free up additional PSH space; (f) develop new housing including the supporting the HCAAC to acquire/rehabilitate a 16 unit apartment complex to be used as permanent housing for households experiencing homelessness with HOME ARP/AHFT funds and AHOH acquiring and is rehabilitating a existing 9 bed rooming house to serve individuals experiencing homelessness. All referrals will come from the CE. The CoC will continue utilizing the by-name list to identify the most vulnerable households for housing and conduct weekly case conferencing meetings with the focus of getting participants housed as quickly as possible.
2. The CoC maintains a highly successful rate of housing retention/success of 97% this past year. MD-503 will continue with current strategies to maintain this metric. Those include: (a) implementing the Housing First model throughout all program design, policies, and procedures; (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; (c) continue to leverage person-centered care throughout all aspects of service delivery, supporting a household on moving through the stages of change; and (c) maintaining strong landlord relationships and trust through developing and maintaining partnerships.
3. Staff at ACDS, the lead agency, oversee this strategy.

2C-4.	Reducing Returns to Homelessness—CoC's Strategy.	
	NOFO Section V.B.5.e.	

	In the field below:
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;
2.	describe your CoC's strategy to reduce the rate that individuals and families return to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

**(limit 2,500 characters)**

1. MD-503 regularly monitors returns to homelessness data through entries in HMIS, supplemented by identification from providers/shelters during regular CE meetings. Reports are run regularly that identify exit reason by program type, and previous situation upon entry. Those with a previous exit date within the past 24 months are flagged as a return to homelessness. Anyone flagged is discussed during the weekly case conferencing to develop a plan to expeditiously assist them in returning to housing. MD-503 has also identified patterns in returns, and more closely monitors those with similar vulnerabilities. Commonalities found include (a) an untreated addiction or mental health diagnosis, (b) families or individuals who rely on a shelter as a safety net due to unstable employment and high housing cost.
2. MD-503 has developed a comprehensive strategy to reduce returns. This includes: (a) offering an array of housing resources including PSH, rapid re-housing, and other PH programs including the new pilot rental subsidy program; (b) targeting housing resources to the most vulnerable through case conferencing meetings, assessments, and utilizing the by-name list; (c) offering intensive person-centered case management, linkage to services, mainstream benefits, workforce development and follow-up services such as Sarah’s House Service Linked Housing Program; and (d) minimize discharge from PSH programs through efforts to (re)engage in case management, focus on landlord mediation, explore supplemental service options and engagement, and transfer to mainstream vouchers when possible. The CoC has prioritized housing extremely vulnerable, chronically homeless, as well as increasing the number housing options available in the County. MD-503 has expanded housing offerings recently, including the additional of 20 transition units connected with Ft. Meade and Catholic Charities who have priority access to receive a housing choice voucher. Additionally, HOME ARP funds are being used to develop an additional 16 transitional units that will also provide permanent housing vouchers upon exit.
3. ACDS, the lead agency, is responsible for overseeing this strategy.

2C-5.	Increasing Employment Cash Income—CoC’s Strategy.	
	NOFO Section V.B.5.f.	
	In the field below:	
1.	describe your CoC’s strategy to access employment cash sources;	
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase income from employment.	

**(limit 2,500 characters)**

1. MD-503 has worked to support individuals in increasing access to cash resources. Strategies include: (1) referring and connecting adults to the Anne Arundel County Workforce Development Corporation (WDC). WDC partners with the CoC to market services and resources to all households in shelter, unsheltered situations, and currently in housing. WDC has programs which offer financial incentives for participation which are used to encourage participants to apply; (2) Implementing targeted employment/training programs such as the Light House Shelter (LH) Building Employment Success Training, which prepares students for employment with skills training in construction or the food service industry, education, and credentialing. The LH has built relationships with many employers who hire clients after completion of training programs in these industries; (3) Offering supported employment opportunities for participants in CoC programs. As many of the PSH participants are chronically homeless with various disabilities, the Mental Health Agency works to link participants to supported employment programs which helps participants earn income and gain skills. For example, Sarah’s House has developed a program that includes relationships with service industry based employers. The program also provides participant transportation assistance to places of employment to ensure that transportation challenges are not a barrier to employment.

2. MD-503 partners with The Workforce Development Corporation (WDC) to support households in increasing employment cash income. WDC Executive Director is on the Board of the Homeless Coalition and WDC staff regularly attend meetings to ensure that providers of homeless services are aware of the WDC programs. This include a program which offers financial incentives in the amount of \$500 for participation in employment assessment, placement, and training. The 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. WDC and MD-503 have an MOU between both parties to accept referrals from CoC providers. On a program level, WDC has long standing agreements with many providers, including the three County shelters to partner on employment initiatives.

3. Planning Staff at ACDS, the lead agency, oversee this strategy.

2C-5a.	Increasing Non-employment Cash Income—CoC’s Strategy	
	NOFO Section V.B.5.f.	
	In the field below:	
	1. describe your CoC’s strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.	

**(limit 2,500 characters)**

1. MD-503 relies on CoC providers to link participants to all eligible benefits. Providers focus on the following strategies to ensure all eligible participants are linked to non-employment income: (1) Anne Arundel County Department of Social Services (DSS) partners with the shelter system to provides on-site services at emergency shelters to enroll participants in mainstream programs on a weekly basis. DSS workers are able to determine eligibility for benefits such as SNAP, Medicaid, WIC or TANF and assist participants with a consolidated benefits application for all of these programs. Shelter staff ensure anyone not enrolled are aware of these visits and able to connect to benefits; (2) Mental Health Agency staff are trained to provide S.O.A.R. assistance and assist people experiencing homeless in their applications for SSI/SSDI; (3) the Homeless Outreach Team, operated by DSS, is trained to enroll clients in benefits out in the community, meeting unsheltered households where they are. This enables MD-503 to support some of the hardest served clients in enrolling in income supports without having to come into County offices; and (4) 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 that provide supportive employment programs.

2. DSS is responsible for overseeing the implementation of this strategy.

### 3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>3A-1.</b>	<b>New PH-PSH/PH-RRH Project–Leveraging Housing Resources.</b>	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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<b>3A-2.</b>	<b>New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.</b>	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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<b>3A-3.</b>	<b>Leveraging Housing/Healthcare Resources–List of Projects.</b>	
	NOFO Sections V.B.6.a. and V.B.6.b.	

If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.

Project Name	Project Type	Rank Number	Leverage Type
FY24 LARS PSH Ann...	PH-PSH	8	Healthcare
FY24 YWCA Safe Ho...	PH-RRH	9	Healthcare

### 3A-3. List of Projects.

1. What is the name of the new project? FY24 LARS PSH Anne Arundel County
2. Enter the Unique Entity Identifier (UEI): NWLDWYJH2XM9
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 8
5. Select the type of leverage: Healthcare

### 3A-3. List of Projects.

1. What is the name of the new project? FY24 YWCA Safe Homes RRH Program
2. Enter the Unique Entity Identifier (UEI): YJWKVHRJJ6H3
3. Select the new project type: PH-RRH
4. Enter the rank number of the project on your CoC's Priority Listing: 9
5. Select the type of leverage: Healthcare

### 3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

**(limit 2,500 characters)**

Not Applicable

### 3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serve Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
--	--	----

3C-2.	Cost Effectiveness of Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

Not Applicable

## 4A. DV Bonus Project Applicants for New DV Bonus Funding

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applicants.	
	NOFO Section I.B.3.j.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?		Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.j.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2024 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

**You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.**

4A-3.	Data Assessing Need for New DV Bonus Housing Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.j.(1)(c) and I.B.3.j.(3)(c)	

1.	Enter the number of survivors that need housing or services:	152
2.	Enter the number of survivors your CoC is currently serving:	13
3.	Unmet Need:	139

4A-3a.	How Your CoC Calculated Local Need for New DV Bonus Housing Projects.	
	NOFO Section I.B.3.j.(1)(c)	
	Describe in the field below:	
	1. how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
	2. the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or	
	3. if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.	

**(limit 2,500 characters)**

1. MD-503 used HMIS to calculate the number of DV survivors needing housing by running a report that surveys all outreach programs, emergency shelters, and transitional housing programs for any participants that self identified as a survivor of domestic violence during the coordinated entry screening process. The CoC also collaborates with the YWCA in order to ensure that the numbers are consistent with their numbers, primarily focusing on number who also can meet the HUD definition and have no alternative resources for housing or services.
2. HMIS (along with data from the YWCA's comparable data system) is used to calculate the number of DV survivors needing housing by generating a report that surveys all outreach programs, emergency shelters, and transitional housing programs that participate in the coordinated entry process and/or the CoC as a whole.
3. The main barrier survivors of domestic violence face is affordable safe housing. At this time the county has more survivors attempting to flee domestic violence than we have beds available. To address this need, the new program Safe Homes with the YWCA will provide the opportunity to house an additional 50 survivors. The YWCA has many partnerships in the community to provide legal services, client assistance, education assistance, transportation assistance, mental and physical health services, and childcare services in conjunction with internal support services available dependent on funding. The YWCA is actively involved in several workgroups across the CoC, including but not limited to, the Coordinated Entry committee, the rapid rehousing workgroup, and the Homeless Coalition board. In addition, earlier this year the YWCA built Maryland's only designated residential shelter for youth victims of sex trafficking. This project is in partnership with TurnAround, Inc who will be staffing the program.

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	
	Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.	

Applicant Name
YWCA of Annapolis...

## Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Enter information in the chart below on the project applicant that applied for one or more New DV Bonus housing projects included on your CoC's FY 2024 Priority Listing for New Projects:

1.	Applicant Name	YWCA of Annapolis and Anne Arundel County
2.	Rate of Housing Placement of DV Survivors–Percentage	100%
3.	Rate of Housing Retention of DV Survivors–Percentage	100%

4A-3b.1.	Applicant's Housing Placement and Retention Data Explanation.	
	NOFO Section I.B.3.j.(1)(d)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated the rate of housing placement;
2.	whether the rate for housing placement accounts for exits to safe housing destinations;
3.	how the project applicant calculated the rate of housing retention; and
4.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

**(limit 1,500 characters)**

YWCA currently operates a RRH program which initially received ESG-CV funding during the pandemic and is being continued with HOME-ARP funds. The ESG-CV funded program, housed 10 families and was evaluated during quarterly progress reports and a final APR. All survivors who were placed in housing through the YWCA's RRH program maintained their housing status after completing the 12 month program. The YWCA collaborates with partners to ensure that survivors continued to maintain housing. The Safe Homes Rapid Rehousing Program will be an extension of this program and allow it to continue once HOME-ARP funds are fully expended in order to continue successfully support survivors as they obtain safe and stable housing.

The success rate of exits to safe and stable housing from the previous Rapid Rehousing program is due to the supports offered within the program by internal and external supportive services. The Navigator will conduct an initial needs and danger assessment to determine if the participant meets the Category I or Category IV definition of homelessness, however, the program will have no barriers to entry or pre-conditions for eligible participants and will instead focus on participant strengths and needs. Case managers work with program participants to create individualized plans to secure safe and stable housing upon completion of the program. Participants will be encouraged to actively participate in case management services and all supportive services will be vol

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;	
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan;	
3.	determined survivors' supportive services needs;	
4.	connected survivors to supportive services; and	
5.	moved survivors from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.	

**(limit 2,500 characters)**

"The YWCA's Safe Homes Rapid Rehousing Program will ensure victims have immediate access to safe and sustainable housing after imminent safety concerns related to domestic violence, sexual assault, stalking, human trafficking or dating violence have been addressed. Every potential program participant referred to the program will have the right to be screened-in or assessed for the YWCA's rapid rehousing program to address the barriers that accompany residential displacement and victimization to allow victims to rapidly move into permanent housing.

The Navigator will conduct an initial needs and danger assessment to determine if the participant meets the Category I or Category IV definition of homelessness, however, the program will have no barriers to entry or pre-conditions for eligible participants and will instead focus on participant strengths and needs. Participants will be encouraged to actively participate in case management services and all supportive services will be voluntary, with all participants having the right to access services that best fit their needs and situation. Services will be encouraged and the benefits of participation will be explained to the participant to assist them in reaching their housing goals. Program participants will be informed of their rights and will not be terminated from YWCA's Safe Homes Rapid Rehousing program for lack of participation in supportive or case management services."

YWCA Community-Based Services Coordinator and/or Housing Navigator will attend and actively participate in CoC's County Rapid Rehousing Workgroup meetings. These meetings occur bi-weekly and include all CoC rapid rehousing programs, CoC leadership, and the County Homeless Coordinator who oversees the CoCs Coordinated Entry System. Part of these workgroup meetings are dedicated to case conferences for potential rapid rehousing clients. During these meetings the program will communicate availability of open beds/rapid rehousing funds. As a victim service provider, the YWCA will participate in case conferences, as allowable and in accordance with VAWA guidelines, maintaining strict confidentiality as it relates to victims being served within the CoC. The YWCA will accept referrals from the Coordinated Entry System and community programs through the use of the Safe Homes referral form as well as warm handoffs directly from service providers within the Coordinated Entry system through YWCA's 24-7 hotline and/or directly through YWCA's Hous

4A-3d.	Applicant's Experience in Ensuring DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
	1. taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
	2. making determinations and placements into safe housing;	
	3. keeping survivors' information and locations confidential;	
	4. training staff on safety and confidentiality policies and practices; and	
	5. taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

**(limit 2,500 characters)**

"The YWCA will utilize a victim-centered, trauma-informed, and strengths-based approach to rapidly move victims into permanent housing after their immediate safety needs have been addressed. Referral and case management services will specifically be developed for victims of domestic violence that prioritizes a victim's rights, safety, choice and control. The YWCA will utilize evidence-based assessment and evaluation tools such as the Lethality Assessment Program and Danger Assessment tool to ensure ongoing focus victim safety planning and address any immediate safety concerns that may arise during program participation. Additionally, the YWCA will all utilize the best practices to ensure all victims are aided in developing formalized written safety plans, which will be reviewed throughout the duration of program enrollment and prior to program discharge. To protect the privacy of survivors and to foster a safe environment where they feel like they are able to open up, the YWCA remains consistently victim-centered and trauma informed. Victims are working on goal creation and case management in a collaborative manner in case management and have full control over their decisions and future planning. YWCA staff remain empathetic in their statements, tone, gestures, and facial expressions when working with clients. The focus on empowerment and independent living is a staple in helping survivors recognize their own strengths and abilities. Establishing trust and safety in the case management process is of the utmost importance and a trauma lens will be used when assisting clients and establishing goals.

Program staff receive regular training on topics related to domestic violence, sexual assault, trafficking, and other victimizations. A minimum of 32 hours training in Comprehensive Intimate Partner Violence is required and obtained through Maryland Network Against Domestic Violence (MNADV). An additional 32-hours of training through Maryland Coalition Against Sexual Assault (MCASA) it also required. Clinicians who will provide therapeutic resources are additionally trained in Human Trafficking 101, 201 & 301 (total of 24 hours) through the Maryland Human Trafficking Task Force. Clinicians have also completed Certifications in Advanced Trauma Treatment (108 hours)."

"To determine which clients are a good fit for the program, the YWCA will utilize a victim-centered, trauma-informed, and strengths-based approach to rapidly move victims into permanent housing af

4A-3d.1.	Applicant's Experience in Evaluating Its Ability to Ensure DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project's operation.

**(limit 2,500 characters)**

"The YWCA has been providing victims' services for over 100 years. As the County's only comprehensive service provider, its top focus is safety and maintaining confidentiality. Every service provided by the YWCA includes lethality and/or danger assessments, safety planning, and obtains consent from survivors. The Safe Homes project is no different. Survivors who obtain housing through this program will receive assistance in enrolling in Maryland's Safe at Home, Address confidentiality program to ensure that their new address is not listed in any systems where perpetrators could gain access.

By vetting landlords and performing inspections, the YWCA is able to ensure that survivors moving into these properties have a safe home to live in.

Simply by housing survivors and financially assisting them during the initial phases, survivors are gaining independence from abusive partners and will have alternatives to moving back home to endure future abuse. The act of having your own home also gives a sense of empowerment and control back into the lives for survivors which has likely been missing for some time and helps them to rebuild a life that is safe and healthy. This also prevents future generational violence as children will see their "survivor parent" in a dominant and healthy manner and understand that one does not need to live with abuse and that with hard work they can achieve difficult things.

Case management will also focus on safety planning and independent living skills. It is a key factor to helping survivors remain safe and supported. They will not be "abandoned" after moving into their home and will have a YWCA staff member to help guide and support them. The YWCA will utilize a victim-centered, trauma-informed, and strengths-based approach to rapidly move victims into permanent housing after their immediate safety needs have been addressed. Referral will be coordinated through the YWCA Rapid Rehousing Navigator utilizing a protocol specifically developed for victims of domestic violence that prioritizes victim's rights, safety, choice and control.

4A-3e.	Applicant's Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below the project applicant's experience in:

- |    |  |
|----|--|
| 1. | prioritizing placement and stabilization of survivors;                   |
| 2. | placing survivors in permanent housing;                                  |
| 3. | placing and stabilizing survivors consistent with their preferences; and |

4. placing and stabilizing survivors consistent with their stated needs.

(limit 2,500 characters)

To determine which clients are a good fit for the program, the YWCA will utilize a victim-centered, trauma-informed, and strengths-based approach to rapidly move victims into permanent housing after their immediate safety needs have been addressed. Referral will be coordinated through the YWCA Rapid Rehousing Housing Navigator/Case Manager utilizing a protocol specifically developed for victims of domestic violence that prioritizes victim’s rights, safety, choice and control. The YWCA will provide individualized case management to support the goals identified by the participant. In case management, staff will work with the client to locate approved housing (as outlined by HUD) and assist in communicating with the landlord/leasing office to secure the property. The YWCA will also recruit landlords and assist participants in identifying safe and sustainable permanent housing by prioritizing the needs, voice and rights of the victims enrolled in the program.

The YWCA’s mission is dedicated to eliminating racism, empowering women, and promoting peace, justice, freedom and dignity for all. To accomplish this mission, the YWCA focuses on empowering victims of domestic violence and sexual assault. Since 1977, the YWCA has delivered a continuum of care to those impacted by domestic violence and sexual assault. Victims face unique obstacles that impact their ability to live safe and independent lives. The YWCA aims to remove these barriers by providing a comprehensive array of services that foster victim self-sufficiency and restore feelings of safety, choice, and control. The YWCA also developed an Education and Empowerment Curriculum which is used with the residents in the safe house shelter (Weinberg residence) and Safe Homes (Rapid Rehousing program). This curriculum focuses on teaching independent living skills, housing options, higher education options, etc. to survivors of domestic violence who have been displaced from their homes. The policies and general focus of work demands a world of equity and human decency. Being the sole comprehensive provider for domestic violence services in Anne Arundel County, MD, the YWCA trains staff on its discrimination policy during onboarding and orientation. The YWCA provides services to all regardless of how they identify their gender and/or sexual orientation. The YWCA’s safe house program accepts all genders into its residence and offers private gender-neutral bathrooms. The YWCA reviews the CoC anti-discrimination pol

4A-3f.	Applicant’s Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below examples of the project applicant’s experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:	
1.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;	
2.	providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;	
3.	emphasizing survivors’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
4.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	

5.	providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
6.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

**(limit 5,000 characters)**

4A-3g.	Applicant's Experience Meeting Service Needs of DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

**(limit 5,000 characters)**

The Safe Homes Program will provide case management services to all participants. These services not only work towards identified goals, but also partner with the YWCA's Education and Empowerment curriculum to ensure that survivors learn independent and healthy living skills. These skills include but are not limited to assistance with higher education (as needed), job-readiness skills(resume building, interview skills, professional development, etc.), safety planning, and financial literacy. These services are a good match as they help individuals maintain their housing and target the many areas that would prohibit a survivor from maintaining an independent lifestyle and potentially return to their abusive partner. Providing these supports improves safety for survivors by teaching them new ways to plan for their safety and eliminating the necessity for returning to housing with an abusive partner.

"The YWCA has many ongoing partnerships throughout the County. The safehouse program partners with both local hospitals (Luminis Health and BWMC) for services such as medical accompaniment for forensic exams, Anne Arundel Crisis Response, Sarah's House, The Lighthouse, and Bernie House for homeless services and transitional housing. Hope for All for clothing, household items, and furniture donations for survivors. Community health clinics TurnAround, Inc. (trafficking), and many more.

The legal department and abuse intervention program both work closely with Court personnel, the State's Attorney's Office, the Anne Arundel County Police Department, the Sheriff's Office, and the Department of Parole and Probation. The clinical department works with pro bono and other community agencies regarding victim services intervention and prevention, mental health and substance abuse. The education and outreach department works closely with Anne Arundel Community College, local churches and community agencies and the Anne Arundel County Public School System and Board of Education. The YWCA trains the police academy, county pupil personnel workers with the Board of Education, the CoC, and the Homeless Outreach Team with the Department of Social Services.

The YWCA does have MOUs with the Police Department, BWMC, and the Department of Parole and Probation. The YWCA has a contract with TurnAround, Inc for service provision related to trafficking and Perilla Wellness for acupuncture, massage, and holistic wellness services.

The YWCA is in communication with these partners and others on a regular basis.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	
	Describe in the field below how the project(s) will:	
1.	prioritize placement and stabilization of program participants;	
2.	place program participants in permanent housing;	
3.	place and stabilize program participants consistent with their preferences; and	
4.	place and stabilize program participants consistent with their stated needs.	

**(limit 2,500 characters)**

To determine which clients are a good fit for the program, the YWCA will utilize a victim-centered, trauma-informed, and strengths-based approach to rapidly move victims into permanent housing after their immediate safety needs have been addressed. Referral will be coordinated through the YWCA Rapid Rehousing Housing Navigator/Case Manager utilizing a protocol specifically developed for victims of domestic violence that prioritizes victim's rights, safety, choice and control. The YWCA will provide individualized case management to support the goals identified by the participant. In case management, staff will work with the client to locate approved housing (as outlined by HUD) and assist in communicating with the landlord/leasing office to secure the property. The YWCA will also recruit landlords and assist participants in identifying safe and sustainable permanent housing by prioritizing the needs, voice and rights of the victims enrolled in the program.

The YWCA's mission is dedicated to eliminating racism, empowering women, and promoting peace, justice, freedom and dignity for all. To accomplish this mission, the YWCA focuses on empowering victims of domestic violence and sexual assault. Since 1977, the YWCA has delivered a continuum of care to those impacted by domestic violence and sexual assault. Victims face unique obstacles that impact their ability to live safe and independent lives. The YWCA aims to remove these barriers by providing a comprehensive array of services that foster victim self-sufficiency and restore feelings of safety, choice, and control. The YWCA also developed an Education and Empowerment Curriculum which is used with the residents in the safe house shelter (Weinberg residence) and Safe Homes (Rapid Rehousing program). This curriculum focuses on teaching independent living skills, housing options, higher education options, etc. to survivors of domestic violence who have been displaced from their homes. The policies and general focus of work demands a world of equity and human decency. Being the sole comprehensive provider for domestic violence services in Anne Arundel County, MD, the YWCA trains staff on its discrimination policy during onboarding and orientation. The YWCA provides services to all regardless of how they identify their gender and/or sexual orientation. The YWCA's safe house program accepts all genders into its residence and offers private gender-neutral bathrooms. The YWCA reviews the CoC anti-discrimination pol

4A-3i.	Applicant's Plan for Administering Trauma-Informed, Survivor-Centered Practices in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

	Describe in the field below examples of how the new project(s) will:
1.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials;
2.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
3.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
4.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
5.	provide a variety of opportunities for program participants' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
6.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

4A-3j.	Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(f)	

	Describe in the field below how the new project will involve survivors:
1.	with a range of lived expertise; and
2.	in policy and program development throughout the project's operation.

(limit 2,500 characters)

"

The YWCA has included individuals with lived experience of domestic violence and those who were homeless due to domestic violence situations in decision-making processes and roles such as Board members and employees. The value in lived experience is essential to services and ensuring voices of the population being served are heard. The YWCA also developed an Education and Empowerment Curriculum which is used with the residents in the safe house shelter (Weinberg residence) and Safe Homes (Rapid Rehousing program). This curriculum focuses on teaching independent living skills, housing options, higher education options, etc. to survivors of domestic violence who have been displaced from their homes. Additionally, the YWCA provides all clients with surveys to routinely request feedback and suggestions regarding the YWCA's services. After receiving surveys, the YWCA reviews them and uploads them into the electronic database. "

This data is used to determine successful outcomes and to examine potential growth and change areas. The YWCA also uses this feedback when reviewing future agency goals and within local collaborative meetings that discuss survivor needs, trends, and/or gaps in services.

## 4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

- |    |   |
|----|---|
| 1. | You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.  |
| 2. | You must upload an attachment for each document listed where 'Required?' is 'Yes'.  |
| 3. | We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.     |
| 4. | Attachments must match the questions they are associated with.  |
| 5. | Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.  |
| 6. | If you cannot read the attachment, it is likely we cannot read it either.<br><br>. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).<br><br>. We must be able to read everything you want us to consider in any attachment. |
| 7. | After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.  |
| 8. | Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.   |

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1D-10a. Lived Experience Support Letter	Yes		
1D-2a. Housing First Evaluation	Yes		
1E-2. Local Competition Scoring Tool	Yes		
1E-2a. Scored Forms for One Project	Yes		
1E-5. Notification of Projects Rejected-Reduced	Yes		
1E-5a. Notification of Projects Accepted	Yes		
1E-5b. Local Competition Selection Results	Yes		
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		
Other	No		

## **Attachment Details**

Document Description:

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## Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/10/2024
1B. Inclusive Structure	10/27/2024
1C. Coordination and Engagement	10/28/2024
1D. Coordination and Engagement Cont'd	10/28/2024
1E. Project Review/Ranking	10/28/2024
2A. HMIS Implementation	Please Complete
2B. Point-in-Time (PIT) Count	10/28/2024
2C. System Performance	10/28/2024
3A. Coordination with Housing and Healthcare	10/28/2024
3B. Rehabilitation/New Construction Costs	10/28/2024
3C. Serving Homeless Under Other Federal Statutes	10/28/2024

**4A. DV Bonus Project Applicants**

Please Complete

**4B. Attachments Screen**

Please Complete

**Submission Summary**

No Input Required

**Notes:**

4A. DV Bonus Project Applicants list contains 1 incomplete item.