

## Before Starting the Exhibit 1 Continuum of Care (CoC) Application

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the FY2011 Exhibit 1 Continuum of Care (CoC) application.

Training resources are available online at: [www.hudhre.info/esnaps](http://www.hudhre.info/esnaps) &nbsp;- Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms to the application. &nbsp;- The HUD HRE Virtual Help Desk is available for submitting technical and policy questions. &nbsp;

### Things to Remember

- Review the FY2011 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements. - CoCs that imported their FY2010 information during the CoC Registration process are reminded to carefully review each question in Exhibit 1 to ensure the response imported is appropriate. Questions may have changed from the FY2010 process in which case the imported response may no longer be relevant. Note that not all questions from FY2010 were imported and new questions will require manual responses. Be sure to review the application carefully and verify and update as needed to ensure accuracy.- New CoCs or CoCs that did not apply in FY2010 will not have information pre-populated and must complete all Exhibit 1 forms..

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

**Instructions:**

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at [www.hudhre.info](http://www.hudhre.info).

**CoC Name and Number (From CoC Registration):** MD-601 - Montgomery County CoC

**CoC Lead Agency Name:** Montgomery County Department of Health and Human Services

# 1B. Continuum of Care (CoC) Primary Decision-Making Group

### Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

**Name of primary decision-making group:** Continuum of Care Governing Board

**Indicate the frequency of group meetings:** Bi-monthly

**If less than bi-monthly, please explain (limit 500 characters):**

**Indicate the legal status of the group:** Not a legally recognized organization

**Specify "other" legal status:**

**Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)** 65%

**\* Indicate the selection process of group members: (select all that apply)**

<b>Elected:</b>	<input type="checkbox"/>
<b>Assigned:</b>	<input checked="" type="checkbox"/>
<b>Volunteer:</b>	<input checked="" type="checkbox"/>
<b>Appointed:</b>	<input checked="" type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**Specify "other" process(es):**

**Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):**

Membership in the Montgomery County Continuum of Care (CoC) consists of leadership from government, non-profit, private, and faith-based organizations working with individual and family households that are homeless or at-risk of homelessness. Annually, the CoC Governing Board reviews the membership for any necessary areas in need of representation. The CoC Governing Board either develops a subcommittee or as a whole identifies potential new members who are then invited to participate. This process was developed to ensure that the CoC continued to address the needs of the Continuum and that a broad array of stakeholders were engaged in identifying community needs and creating a service delivery system.

**\* Indicate the selection process of group leaders: (select all that apply):**

<b>Elected:</b>	<input type="checkbox"/>
<b>Assigned:</b>	<input checked="" type="checkbox"/>
<b>Volunteer:</b>	<input checked="" type="checkbox"/>
<b>Appointed:</b>	<input checked="" type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**Specify "other" process(es):**

**If administrative funds were made available to the CoC, will the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring? Explain (limit to 750 characters):**

Montgomery County Department of Health & Human Services, the CoC Lead Agency, on behalf of the CoC Governing Board, would have the capacity to apply for HUD funding, serve as a grantee, provide project oversight, and monitor. The County has a successful track record managing federal, state, and local funding including project oversight, monitoring and fiscal management to provide integrated services to homeless families and individuals.

## 1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

**Instructions:**

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

### Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Continuum of Care Governing Board	Overall policy making group; coordinates the Housing First implementation; Develops and updates the Coc's Ten Year Plan; monitors overall CoC performance using contract monitoring reports, APRs, and HMIS; coordinates disaster planning with other systems such as Public Health and Behavioral Health and Crisis Services. Other committees such as Adult Homeless Teaming, Family Providers, and other provider groups feed information to the Governing Board to implement policies.	Bi-monthly
Adult Homeless Teaming Group	Providers of homeless services to individuals meet bi-weekly to promote coordination among non-profit providers. The meetings, chaired by the CoC Lead Agency, MC DHHS, share information about new CoC programs and policy from the Governing Board, provide program updates and coordinates with Health Care for the Homeless for discharge planning. Members of the Adult Homeless Teaming provide recommendations regarding policy to the CoC Governing Board, in addition to providing educational speakers, HMIS trainings, participate in the point-in-time count, and review at least bi-annually the CoC disaster plan for multiple scenarios such as contagious diseases, biological attacks, and storm power outages.	Monthly or more
Family Homeless Provider Team	Providers of homeless services to families with children meet monthly to promote coordination among non-profit providers. The meetings, chaired by the CoC Lead Agency, MC DHHS, share new CoC information and policies, discuss any issues regarding Housing First program for families, program updates, case reviews, policy discussion and recommendations to Governing Board; and interface with other services that assist with the special needs of homeless children such as education (a public school representative attends), health and mental health care, child care, and child welfare services. Meetings include HMIS and mainstream provider trainings, point-in-time count procedures, and at least a bi-annual review of CoC disaster plans.	Monthly or more

Continuum of Care Allocation Committee	This unbiased decision-making panel is charged by the CoC Governing Board to select the new CoC Permanent Housing Bonus and make continued funding decisions for renewal projects. The panel reviews competing applicant projects and selects the new project based on past McKinney project performance and/or overall program performance in the CoC. Scoring factors are APR and HMIS data for past performance, HUD scoring for leverage, and priority for new beds for the chronically homeless. The panel is updated via email throughout the year on the NOFA process by the CoC Lead Agency and responds to questions raised by panel members. In addition, the committee will make recommendations as to the re-allocation of funds for low performing providers.	semi-annually (twice a year)
Continuum of Care Performance Committee	Continuum of Care Performance Review Committee was recently established and current members include a representative from the community, members from the CoC Governing Board, and will include a consumer representative. The committee evaluates each project utilizing APR, HMIS for completeness, data quality, performance measures, and contract monitoring reviews. The committee reviews progress quarterly and will make recommendations to the CoC Governing Board as to the re-allocations of funds for low performing providers as well as identify potential needs and gaps in the continuum.	quarterly (once each quarter)

**If any group meets less than quarterly, please explain (limit 750 characters):**

The Allocation Committee convenes during the CoC process to select the new projects and make determinations regarding continued funding of existing projects. The Committee meets twice during the year to evaluate performance outcomes and consider the need to re-allocate funds of low performing projects. The Committee provides recommendations of any reallocation to the CoC Governing Board. The Allocation Committee is kept informed of the CoC process, updates, and changes throughout the year via email and telephone contact.

## 1D. Continuum of Care (CoC) Member Organizations

**Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.**

[Organization Name starts with 'M']

Organization Name	Membership Type	Organization type	Organization Role	Subpopulations
Maryland Department of Health and Mental Hygiene	Public Sector	State g...	Committee/Sub-committee/Work Group	Seriously Me...
Maryland Department of Human Resources	Public Sector	State g...	Committee/Sub-committee/Work Group	Domestic Vio...
Montgomery County Department of Corrections	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
Montgomery Works	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
Manna Food Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Mental Health Association	Private Sector	Non-pro..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Mid-County United Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Ministries of United Silver Spring/Takoma Park	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Mt. Calvary Baptist Church, Helping Hands Shelter	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Montgomery County Coalition for the Homeless	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Mobile Medical Care, Inc.	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Montgomery General Hospital	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Montgomery County Department of Health and Huma...	Public Sector	Local g...	Committee/Sub-committee/Work Group	Domestic Vio...
Montgomery County Department of Health and Huma...	Public Sector	Local g...	Committee/Sub-committee/Work Group	Youth
Montgomery County Department of Health and Huma...	Public Sector	Local g...	Primary Decision Making Group, Lead agency for 10-year pl...	Seriously Me...

Montgomery County Department of Health and Huma...	Public Sector	Local g...	Primary Decision Making Group	HIV/AIDS
Montgomery County Department of Health and Huma...	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Mercy Health Clinic	Private Sector	Faith-b...	None	NONE
Montgomery Avenue Women's Center	Private Sector	Faith-b...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Montgomery College	Public Sector	Local g...	None	NONE
Montgomery County Department of Housing and Com...	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Montgomery County Office of the Public Defender	Public Sector	Local g...	None	NONE
Montgomery County Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Montgomery County Sheriff's Office	Public Sector	Law enf...	None	NONE
Maryland Treatment Centers, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Montgomery County Public Schools	Public Sector	School ...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth



# 1D. Continuum of Care (CoC) Member Organizations Detail

### Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Maryland Department of Health and Mental Hygiene

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** State government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Street Outreach, Case Management, Healthcare, Mental health, Alcohol/Drug Abuse  
(select all that apply)

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- Services provided, if applicable

**Name of organization or individual:** Maryland Department of Human Resources

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** State government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Domestic Violence  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Case Management, Child Care, Utilities Assistance, Rental Assistance  
(select all that apply)

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**Name of organization or individual:** Montgomery County Department of Corrections

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Law Enforcement, Mental health, Alcohol/Drug Abuse  
(select all that apply)

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- Organization role in the CoC planning process
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- Services provided, if applicable

**Name of organization or individual:** Montgomery Works

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local workforce investment act boards  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Employment  
(select all that apply)

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- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Manna Food Center

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Mental Health Association

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Life Skills, Mental health, Transportation  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
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- Services provided, if applicable

**Name of organization or individual:** Mid-County United Ministries

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Utilities Assistance, Mortgage Assistance, Transportation, Rental Assistance  
(select all that apply)

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- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Ministries of United Silver Spring/Takoma Park

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Utilities Assistance, Mortgage Assistance, Rental Assistance  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Mt. Calvary Baptist Church, Helping Hands Shelter

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Transportation, Rental Assistance  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Montgomery County Coalition for the Homeless

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Lead agency for 10-year plan, Committee/Sub-committee/Work Group, Attend Consolidated Plan focus groups/public forums during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Street Outreach, Case Management, Life Skills, Mental health, Transportation, Rental Assistance, Employment  
(select all that apply)

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- Type of organization
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- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Mobile Medical Care, Inc.

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Hospitals/med representatives  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Healthcare, Mental health, Mobile Clinic, Transportation  
(select all that apply)

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- Type of organization
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- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Montgomery General Hospital

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Hospitals/med representatives  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Healthcare  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Montgomery County Department of Health and Human Services, Behavioral Health and Crisis Services, Abused Persons Program

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Domestic Violence  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Child Care, Life Skills, Mental health  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Montgomery County Department of Health and Human Services, Children, Youth and Families

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Youth  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Case Management, Child Care, Healthcare, Employment  
(select all that apply)

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- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Montgomery County Department of Health and Human Services, Outpatient Addiction Services

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Lead agency for  
(select all that apply) 10-year plan, Committee/Sub-committee/Work Group

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Mental health, Alcohol/Drug Abuse  
(select all that apply)

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- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Montgomery County Department of Health and Human Services, Public Health Services

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** HIV/AIDS  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Case Management, Healthcare, Mobile Clinic, HIV/AIDS  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail



**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Montgomery County Department of Health and Human Services, Special Needs Housing

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Attend 10-year planning meetings during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Mortgage Assistance, Rental Assistance  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Mercy Health Clinic

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** None  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Healthcare  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Montgomery Avenue Women's Center

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Street Outreach, Education, Case Management, Life Skills, Transportation  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Montgomery College

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** None  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Education  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Montgomery County Department of Housing and Community Affairs

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend 10-year planning meetings during past 12 months, Authoring agency for Consolidated Plan  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Mortgage Assistance, Rental Assistance  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Montgomery County Office of the Public Defender

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** None  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Law Enforcement, Legal Assistance  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Montgomery County Police Department

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Law enforcement/corrections  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Street Outreach, Law Enforcement  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Montgomery County Sheriff's Office

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Law enforcement/corrections  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** None  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Law Enforcement  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**



Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Maryland Treatment Centers, Inc.

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Mental health, Alcohol/Drug Abuse  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name - Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership - Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented - No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Montgomery County Public Schools

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** School systems/Universities  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Youth  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Education, Transportation  
(select all that apply)

# 1E. Continuum of Care (CoC) Project Review and Selection Process

### Instructions:

The CoC solicitation of projects and the project selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s).

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

**Open Solicitation Methods:** (select all that apply) f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

**Rating and Performance Assessment Measure(s):** (select all that apply) b. Review CoC Monitoring Findings, g. Site Visit(s), k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, o. Review CoC Membership Involvement, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

**Voting/Decision-Making Method(s):** (select all that apply) c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Committee, e. Consensus (general agreement), d. One Vote per Organization, f. Voting Members Abstain if Conflict of Interest

**Were there any written complaints received by the CoC regarding any matter in the last 12 months?** Yes

**If yes, briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters):**

The CoC received 2 written complaints regarding unfair treatment/discrimination. One occurred in April 2011 in response to a termination from transitional housing and the other in June 2011 in response to a termination from permanent supportive housing. The CoC lead agency, in accordance with its policy, contacted each provider to investigate the situation. The investigation included meetings with the complainants and project staff, interviews with other residents, consultations with local landlord and tenant officials as well as with the County Americans with Disabilities Act compliance officer. In neither case was there a finding of unfair treatment or discrimination. Complaints were resolved May 2011 and August 2011.

## **1F. Continuum of Care (CoC) Housing Inventory Count--Change in Beds Available**

**For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the FY2011 Housing Inventory Count (HIC) as compared to the FY2010 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select "Not Applicable" and indicate that in the text box for that housing type.**

**Emergency Shelter:** Yes

**Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):**

Between 2010 and 2011, there was a small increase of 3 emergency shelter beds for households with children as a result of increased demand. Among households without children, there was an increase of 29 emergency shelter beds due to increased demand, which can be attributed, in part, to poor economic conditions. Additionally, 15 year-round beds were added in 2011 after the CoC identified the need for increased capacity to serve homeless females once the winter season ended.

**HPRP Beds:** Yes

**Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters):**

The number of HPRP beds increased from 9 in 2010 to 110 in 2011 due to the full implementation of the Montgomery County HPRP program. The grant award contract was executed in July, 2010 and it took several months to hire staff and begin program operations. The first participants in the rapid re-housing component were not enrolled until late fall 2010 and it took several more months for the program to operate at full capacity.

**Safe Haven:** No

**Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):**

There were no changes to Safe Haven in 2011.

**Transitional Housing:** Yes

**Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):**

For individuals, there was a decrease of 15 transitional housing beds between 2010 (145) and 2011 (130) due to the conversion of 15 transitional beds by Interfaith Works to emergency beds to address the need for year-round beds.

For households with dependent children, there was an increase of 14 beds for transitional housing between 2010 (225) and 2011 (239) due to the implementation by the National Center for Children and Families of two programs: Betty's House, which serves immigrant families who are victims of domestic violence, and the Rapid Re-housing Demonstration grant.

**Permanent Housing:** Yes

**Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):**

In 2011, there was an increase of 91 permanent supportive housing beds from 1,501 in 2010 to 1,592 this year. This increase is primarily attributed to the inclusion of 45 new beds through the Veterans Affairs VASH program as well as by an increase of 43 beds through the expansion of the Cordell, Home First and Flower Avenue programs operated by the Montgomery County Coalition for the Homelessness. In addition, 3 new beds were also added due to the continued implementation of the Montgomery County Housing Initiative Program.

**CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding:** Yes

## **1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods**

**Instructions:**

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2011. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

**Did the CoC submit the HIC data in HDX by  
May 31, 2011?** Yes

**If no, briefly explain why the HIC data was not  
submitted  
by May 31, 2011 (limit 750 characters).**

**Indicate the type of data sources or methods  
used  
to complete the housing inventory count:  
(select all that apply)** HMIS plus housing inventory survey

**Indicate the steps taken to ensure the  
accuracy of the data collected and included in  
the housing inventory count:  
(select all that apply)** Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS

**Must specify other:**

**Indicate the type of data or method(s) used to  
determine unmet need:  
(select all that apply):** Unsheltered count, HMIS data, Other, Housing inventory, Stakeholder discussion

**Specify "other" data types:**

The CoC used the formula for projecting unmet need for permanent supportive housing described in the following publication by the Corporation for Supportive Housing (CSH):

Burt, M. R., & Wilkins, C. (March 2005). Estimating the need: projecting from point-in-time to annual estimates of the number of homeless people in a community and using this information to plan for permanent supportive housing. CSH Evidence Series. New York: CSH.

**If more than one method was selected, describe how these methods were  
used together (limit 750 characters):**

It is the policy of the CoC to expand permanent supportive housing rather than year-round emergency and transitional shelter. (During the winter season, the number of emergency shelter beds is increased to meet the demand to keep people safe.) The Corporation for Supportive Housing methodology was used to determine the need for permanent supportive housing. The stakeholders reviewed the amount of unmet need identified by the CSH calculation and revised this calculation based on data from HMIS, the unsheltered count, and the housing inventory to represent accurately the unmet need for permanent housing in the CoC.



## 2A. Homeless Management Information System (HMIS) Implementation

**Intructions:**

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

- Select the HMIS implementation coverage area:** Single CoC
- Select the CoC(s) covered by the HMIS: (select all that apply)** MD-601 - Montgomery County CoC
- Is the HMIS Lead Agency the same as the CoC Lead Agency?** Yes
- Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?** Not Applicable
- Has the CoC selected an HMIS software product?** Yes
- If "No" select reason:**
- If "Yes" list the name of the product:** ServicePoint
- What is the name of the HMIS software company?** Bowman Systems
- Does the CoC plan to change HMIS software within the next 18 months?** No
- Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)** 10/16/2006
- Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):** None
- If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).**

The CoC has made great strides in increasing training and providing technical support to HMIS providers. Montgomery County Department of Health and Human Services (MCDHHS), the CoC Lead Agency, continues to contract with Bowman Systems, Inc., the CoC's HMIS vendor, to provide a 0.8 Full-Time Equivalent position to provide ongoing training and support. This position has trained agency HMIS administrators to generate and interpret reports, as well as to review monthly provider reports in order to identify areas for improvement. In addition, Department IT staff executes 25 daily data quality queries and provides direct feedback to providers as to missing or incorrect information. This continues to lead to significant improvement in data quality, which enables the CoC to use the HMIS to conduct validation of the 2011 point-in-time data.

**If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).**

## 2B. Homeless Management Information System (HMIS) Lead Agency

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

**Organization Name** Montgomery County Department of Health and Human Services

**Street Address 1** 401 Hungerford Drive

**Street Address 2** 5th Floor

**City** Rockville

**State** Maryland

**Zip Code** 20850

**Format:** xxxxx or xxxxx-xxxx

**Organization Type** State or Local Government

**If "Other" please specify**

**Is this organization the HMIS Lead Agency in more than one CoC?** No

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

### Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

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

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

**How often does the CoC review or assess its HMIS bed coverage?** At least Quarterly

**If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:**

N/A

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

**Instructions:**

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2010 and 2011 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2012.

For additional instructions, refer to the Exhibit 1 Detailed Instructions, which can be accessed on the left-hand menu bar.

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2011.**

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	5%
* Date of Birth	1%	0%
* Ethnicity	1%	1%
* Race	1%	1%
* Gender	1%	0%
* Veteran Status	1%	1%
* Disabling Condition	1%	5%
* Residence Prior to Program Entry	1%	2%
* Zip Code of Last Permanent Address	1%	9%
* Name	0%	0%

**How frequently does the CoC review the quality of program level data?** At least Monthly

**Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):**

Daily and monthly data quality reports are generated which are designed to assist HMIS administrators in identifying clients with null values in one or more of the eleven assessment based Universal Data Elements (UDEs) required by HUD for programs which serve the homeless. The reports are completed and reviewed with the CoC's HMIS Administrator. This review has resulted in resolving over 599 data quality issues during 2011. On a monthly basis, program sites send a year-to-date HUD APR and Client Served reports generated from the HMIS application to the HMIS contractor for review and approval by the HMIS administrator.

**Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):**

On a monthly basis all participating program sites must send a year-to-date HUD APR generated from the HMIS application to the HMIS contractor for review and approval by the CoC HMIS Administrator. The report is reviewed by staff and anomalies with the reports are identified and the data corrected. This report is compared to the Client Served report for data consistency.

**Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply)** 2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR, 2010 PULSE

**Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply)** 2011 AHAR, 2011 AHAR Supplemental Report on Homeless Veterans, 2011 PULSE

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

### Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**Indicate the frequency in which the CoC uses HMIS data for each of the following:**

<b>Integrating or warehousing data to generate unduplicated counts:</b>	Never
<b>Point-in-time count of sheltered persons:</b>	At least Monthly
<b>Point-in-time count of unsheltered persons:</b>	At least Quarterly
<b>Measuring the performance of participating housing and service providers:</b>	At least Quarterly
<b>Using data for program management:</b>	At least Monthly
<b>Integration of HMIS data with data from mainstream resources:</b>	Never

## 2F. Homeless Management Information System (HMIS) Data and Technical Standards

**Instructions:**

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:**

* Unique user name and password	At least Monthly
* Secure location for equipment	At least Monthly
* Locking screen savers	At least Monthly
* Virus protection with auto update	At least Monthly
* Individual or network firewalls	Never
* Restrictions on access to HMIS via public forums	At least Monthly
* Compliance with HMIS Policy and Procedures manual	At least Monthly
* Validation of off-site storage of HMIS data	At least Monthly

**How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards?** At least Quarterly

**How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)?** At least Monthly

**Does the CoC have an HMIS Policy and Procedures manual?** Yes

**If 'Yes' indicate date of last review or update by CoC:** 10/13/2011

**If 'No' indicate when development of manual will be completed (mm/dd/yyyy):**



## 2G. Homeless Management Information System (HMIS) Training

**Instructions:**

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:**

* Privacy/Ethics training	At least Monthly
* Data Security training	At least Monthly
* Data Quality training	At least Monthly
* Using Data Locally	At least Monthly
* Using HMIS data for assessing program performance	At least Monthly
* Basic computer skills training	Never
* HMIS software training	At least Monthly

## 2H. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

### Instructions:

The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Although CoCs are only required to conduct a point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually.

CoCs are to indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participated. CoCs will also describe if there was an increase, decrease, or no change between the most recent point-in-time count and the one prior. CoCs are to indicate in the narrative which years are being compared.

**How frequently does the CoC conduct a point-in-time count?** annually (every year)

**\*Indicate the date of the most recent point-in-time count (mm/dd/yyyy):** 01/27/2011

**If the CoC conducted the point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011?** No

**Did the CoC submit the point-in-time count data in HDX by May 31, 2011?** Yes

**If no, briefly explain why the point-in-time data was not submitted by May 31, 2011 (limit 750 characters).**

**Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy)** 01/25/2012

**Indicate the percentage of homeless service providers supplying population and subpopulation data for the point-in-time count that was collected via survey, interview, and/or HMIS.**

**Emergency Shelter:** 100%  
**Transitional Housing:** 100%

**Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).**

Overall, homelessness increased 7.2% from 1,064 persons in 2010 to 1,141 persons in 2011. The number of homeless sheltered individuals increased by 4% from 511 in 2010 to 532 in 2011 while the number of homeless households with dependent children increased 3% from 124 households in 2010 to 128 households in 2011. The unsheltered homeless individual population saw the largest rise, increasing approximately 25% from 181 in 2010 to 226 in 2011. There were no unsheltered households with dependent children in 2011.

The economic recession and high housing costs continue to contribute to the rise in homelessness as people struggle to obtain income that makes housing affordable. The sharp rise in homelessness among unsheltered homeless individuals can also be attributed to an aggressive outreach effort in 2011 that utilized multi-lingual staff to locate non-English speaking homeless people living in local encampments and encourage them to seek services.

## 2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

### Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:  
(Select all that apply):**

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**If Other, specify:**

**Describe the methods used by the CoC, as indicated by the above selected method(s), to collect data on the sheltered homeless population during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data (limit 1500 characters):**

The sheltered population count was collected in two ways. First, for emergency shelters, clients were interviewed and information was entered into an Excel form and HMIS. The Excel form was forwarded to the CoC lead agency (MCDHHS) for tabulation. Second, transitional shelter, safe havens, and housing providers entered information into the Excel form using HMIS and case record information. The Excel form was forwarded to the CoC lead agency for tabulation and validated by HMIS. Discrepancies were resolved at the agency level to match Excel and HMIS counts.

To assure the accuracy of data collected, emergency, transitional, safe havens, and permanent housing providers were provided written instructions and training on the data collection protocol including use of the Excel form. Reminders were sent via email and the upcoming count was discussed at meetings to assure that survey providers were prepared to conduct the count on the designated date. After the count, the CoC lead agency followed up with providers to assure that data was submitted. In addition, de-duplication techniques were utilized to merge data from all providers to identify those individuals who might have been counted twice or as both sheltered and street homeless (i.e. Individuals who were counted both in shelter and on the street would be considered sheltered).

## 2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

**Instructions:**

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons and, with the exception of chronically homeless and veterans, optional for unsheltered persons. Sheltered chronically homeless persons are those living in emergency shelters only.

The definition of chronically homeless persons is an unaccompanied individual with a disabling condition, or an adult member of a family with a disabling condition, who meets all other requirements for chronic homeless designation. CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

**Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):**

<b>HMIS</b>	X
<b>HMIS plus extrapolation:</b>	
<b>Sample of PIT interviews plus extrapolation:</b>	
<b>Sample strategy:</b>	
<b>Provider expertise:</b>	X
<b>Interviews:</b>	X
<b>Non-HMIS client level information:</b>	X
<b>None:</b>	
<b>Other:</b>	

**If Other, specify:**

**Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):**

Subpopulation data was collected in two ways. First, for emergency shelters, clients were interviewed and information was entered into an Excel form and HMIS. Subpopulation data was derived from client interviews, case records, HMIS information, and input from case managers. The Excel form was forwarded to the CoC lead agency for tabulation. Second, transitional shelters, safe havens and housing providers entered subpopulation data into the Excel form using HMIS, case record information, and case manager input. Using these data sources, the CoC gathered information about client characteristics including chronic homelessness, serious mental illness, substance abuse, veteran status, HIV/AIDS, domestic violence, unaccompanied youth and others.

To assure the accuracy of data collected all providers were given written instructions and training on the data collection protocol including the definitions for each subpopulation. Reminders were sent via email and the count was discussed during meetings to assure that survey providers were prepared to conduct the count on the designated date. After the count, the CoC lead agency followed up with providers to assure that data was submitted. In addition, de-duplication techniques were utilized to merge data from all providers to identify those individuals who might have been counted twice or as both sheltered and street homeless (i.e. Individuals who were counted both in shelter and on the street would be considered sheltered).

## 2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

### Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

**Indicate the method(s) used to verify the data quality of sheltered homeless persons: (select all that apply)**

<b>Instructions:</b>	<input checked="" type="checkbox"/>
<b>Training:</b>	<input checked="" type="checkbox"/>
<b>Remind/Follow-up</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input checked="" type="checkbox"/>
<b>Non-HMIS de-duplication techniques:</b>	<input checked="" type="checkbox"/>
<b>None:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

**If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters).**

During the point-in-time count, three items of identifying information were collected from clients: first three letters of the last name, date of birth, and gender. The data collected at all provider agencies were merged using these identifying variables. These variables allowed the CoC to de-duplicate the data using statistical software as well as to identify those individuals who were sheltered rather than street homeless (i.e., individuals who were counted in both a shelter and on the street would be considered sheltered rather than unsheltered).

**Describe the methods used by the CoC, based on the selections above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response is to indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters):**



Subpopulation data was collected in two ways. First, for emergency shelters, clients were interviewed and information was entered into an Excel form and HMIS. Subpopulation data was derived from client interviews, case records, HMIS information, and input from case managers. The Excel form was forwarded to the CoC lead agency for tabulation. Second, transitional shelters, safe havens and housing providers entered subpopulation data into the Excel form using HMIS, case record information, and case manager input. Using these data sources, the CoC gathered information about client characteristics including chronic homelessness, serious mental illness, substance abuse, veteran status, HIV/AIDS, domestic violence, unaccompanied youth and others.

To assure the accuracy of data collected all providers were given written instructions and training on the data collection protocol including the definitions for each subpopulation. Reminders were sent via email and the count was discussed during meetings to assure that survey providers were prepared to conduct the count on the designated date. After the count, the CoC lead agency followed up with providers to assure that data was submitted. In addition, de-duplication techniques were utilized to merge data from all providers to identify those individuals who might have been counted twice or as both sheltered and street homeless (i.e. Individuals who were counted both in shelter and on the street would be considered sheltered).

## 2L. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

### Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

Indicate the method(s) used during the most recent point-in-time count of unsheltered homeless persons:  
(select all that apply)

Public places count:	<input type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the method(s) used by the CoC based on the selections above, to count unsheltered homeless populations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to obtain accurate data (limit 1500 characters).

The CoC lead agency collaborated with local police districts to identify homeless encampments and utilized three teams, each with at least one Spanish speaking person, to conduct interviews and ensure coverage throughout the County. In addition, homeless day providers, local soup kitchens and street outreach programs conducted client interviews. Information from interviews was entered into an Excel form and HMIS. The Excel form was forwarded to the CoC lead agency (MCDHHS) for tabulation.

To assure the accuracy of data collected all providers were given written instructions and training on the data collection protocol including the definitions for each subpopulation. Reminders were sent via email and the count was discussed during meetings to assure that survey providers were prepared to conduct the count on the designated date. After the count, the CoC lead agency followed up with providers to assure that data was submitted. In addition, de-duplication techniques were utilized to merge data from all providers to identify those individuals who might have been counted twice or as both sheltered and street homeless (i.e. Individuals who were counted both in shelter and on the street would be considered sheltered).

## 2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

### Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count:** A Combination of Locations  
**If Other, specify:**

## 2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

**Instructions:**

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count: (select all that apply)**

<b>Training:</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input checked="" type="checkbox"/>
<b>De-duplication techniques:</b>	<input checked="" type="checkbox"/>
<b>"Blitz" Count:</b>	<input type="checkbox"/>
<b>Unique Identifier:</b>	<input type="checkbox"/>
<b>Survey Question:</b>	<input type="checkbox"/>
<b>Enumerator Observation:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

**Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters):**

To reduce the occurrence of counting unsheltered homeless persons more than once during the point-in-time count, three items of identifying information were collected from clients: first three letters of the last name, date of birth, and gender. The data collected from all provider agencies was then merged using these identifying variables. These variables allowed the CoC to de-duplicate the data using statistical software to ensure that unsheltered individuals were not counted more than once as well as to identify those individuals who were sheltered rather than street homeless (i.e., individuals who were counted in both a shelter and on the street would be considered sheltered rather than unsheltered).

To assure the accuracy of data, the CoC lead agency trained all providers participating in the count of unsheltered homeless persons on the data collection protocol including the importance of collecting identifying information. In addition, the survey protocol required providers to ask where the person being interviewed slept. If the response indicated that the person slept at an emergency shelter, transitional shelter, safe haven, permanent supportive housing program or was not homeless, the individual was not included in the unsheltered survey.

**Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):**

The unofficial standard operating procedure of the CoC is that households with dependent children are always offered emergency shelter. Identification of unsheltered households can occur via the police, outreach providers, Child Welfare Services, Montgomery County Public School (MCPS), and the general public. Once identified, families are directed to the CoC central point of intake within the Montgomery County Dept. of Health and Human Services, which is staffed seven days a week, 24 hours a day to assure to emergency shelter. Coordination and collaboration efforts are made with the MCPS Homeless Liaison to ensure the education needs of homeless children are addressed.

Prevention of homelessness continues to be an important strategy to reduce the number of unsheltered households with dependent children. The CoC implemented a variety of initiatives designed to prevent eviction and help families preserve their housing including emergency grants, rental and home energy subsidies, as well as case management services to improve budgeting, increase vocational skills, and access needed services. The programs are supported with state, local, and federal HPRP funding. In addition, the CoC lead agency has also partnered with MCPS to provide outreach services to families identified by the schools as at-risk of homelessness and connect them to needed services.

**Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):**

Efforts include:

1. People Encouraging People provides county-wide street outreach and engagement; linkages to emergency and transitional shelters, and permanent supportive housing; assistance obtaining mainstream benefits, and behavioral health services.
2. Bethesda Cares operates a daytime center that provides meals, counseling, outreach, computer access, and linkages to shelter and other resources.
3. Montgomery Avenue Women's Center operates a daytime center for homeless women that provides meals, computer access, resume writing, and linkages to shelter and other services.
4. Community Vision operates a homeless day center that provides meals, vocational training, case management, linkages to behavioral health providers, referrals to shelters, housing, and street outreach in Silver Spring.
5. Shepherd's Table, Inc. provides an evening soup kitchen, mail service, transportation tokens, vision screening, and prescription assistance.
6. Lord's Table in Gaithersburg provides a soup kitchen and outreach services in partnership with the City of Gaithersburg.
7. The City of Gaithersburg in coordination with the Lord's Table and Wells Robertson House, provides outreach to encampments throughout the city to link to treatment, entitlements, and shelter.
8. Montgomery County Police has a formal protocol to report street homeless persons to outreach teams for follow-up. During severe weather, the police will bring homeless persons to shelters.

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

#### Objective 1: Create new permanent housing beds for chronically homeless persons.

##### Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the FY2010 NOFA, chronically homeless persons were defined as an unaccompanied homeless individual with a disabling condition, or a family where at least one adult member had a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless persons who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the FY2011 Housing Inventory Count (HIC) and enter into the Homeless Data Exchange (HDX). CoCs will then enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

- How many permanent housing beds are currently in place for chronically homeless persons?** 149
- In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 163
- In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 205
- In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 285

**Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):**

The CoC will take the following steps to create new beds for the chronically homeless:

1. The Dwelling Place will open its new permanent supportive housing program to create 18 beds for chronically homeless families.
2. Interfaith Works will apply for the Permanent Housing Bonus to create 14 beds for chronically homeless individuals
3. The Veterans Affairs Medical Center in Washington, DC will collaborate with the Housing Opportunities Commission as well as homeless outreach providers and emergency shelter providers to utilize 25 VASH vouchers for chronically homeless households.

**Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters):**

The CoC long term goals to create new beds for the chronically homeless include:

1. The CoC Lead Agency will convene the Personal Living Quarters Development Task force to explore ways to increase the supply of housing in Montgomery County. Participants will include the Department of Housing & Community Affairs, Housing Opportunities Commission, housing developers and other interested parties.
2. The CoC Lead Agency, Housing Opportunities Commission, homeless outreach and homeless shelter providers will continue to collaborate with the Veterans Administration to obtain and utilize VASH vouchers.
3. The CoC Lead Agency will continue to assist permanent supportive housing providers to apply for federal, state, local and private funding to create additional chronically homeless beds.
4. CoC permanent supportive housing providers including MCCH, Interfaith Works, Dwelling Place, NCCF, and others will continue to apply for the HUD CoC Permanent Supportive Housing Bonus.



## **3A. Continuum of Care (CoC) Strategic Planning Objectives**

**Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.**

### **Instructions:**

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each SHP-PH and S+C project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects (SHP-PH or S+C) for which an APR was required should indicate this by entering "0" in the numeric fields and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months?** 92

**In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 92

**In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 93

**In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 93

**Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):**

The CoC exceeds this goal and will continue the following strategies:

1. Permanent Supportive Housing and Shelter Plus Care providers including Montgomery County Coalition for the Homeless, Dwelling Place, Interfaith Works and the Housing Opportunities Commission will:

a. link participants to mental health, substance abuse, health care, financial counseling, emergency rent/utility assistance, education and parenting assistance.

b. conduct outreach to landlords to ensure that tenant-based subsidy participants are closely monitored;

c. Implement best practices demonstrated to retain project participants;

2. CoC Lead Agency will disseminate best practices on integrating property management & supportive services via CoC committees and work groups.

3. CoC Performance Review committee will review project performance at least quarterly.

4. CoC Lead Agency will provide technical assistance to project(s) having problems retaining participants.

**Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters):**

Long-term plans include:

1. Permanent Supportive Housing and Shelter Plus Care providers including Montgomery County Coalition for the Homeless, Dwelling Place, Interfaith Works and the Housing Opportunities Commission will:

a. Continue to link participants to mental health, substance abuse, health care, financial counseling, emergency rent and utility assistance, education and parenting services;

b. Continue to conduct outreach to landlords to ensure monitoring of tenant-based subsidy participants;

c. implement best practices demonstrated to retain project participants.

2. CoC Lead Agency will continue to disseminate best practices on integrating property management and supportive services to housing providers;

3. CoC Lead Agency will provide accredited trainings on behavioral and somatic health issues;

4. Performance review committee will review progress at least quarterly.

5. CoC Lead Agency to provide technical assistance as needed.

### **3A. Continuum of Care (CoC) Strategic Planning Objectives**

**Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.**

**Instructions:**

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants who move from SHP-TH projects into permanent housing to at least 65 percent or more. CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 74

**In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 74

**In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 75

**In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 76

**Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).**

1. Montgomery County Dept of Health & Human Services (MCDHHS) will use housing locators to help participants obtain permanent housing
2. MCDHHS will provide financial assistance to help participants move into housing
3. CoC will increase permanent supportive housing including:
  - a. Montgomery County Coalition for Homeless (MCCH) will convert 17 family, transitional units at Seneca Heights to permanent supportive housing
  - b. MCCH will open 2 units at Flower Avenue for individuals
  - c. Housing Opportunities Commission will open Lasko Manor to serve 12 individuals
4. Catholic Charities, City of Gaithersburg, National Center for Children & Families, Interfaith Works, Mental Health Assn, & Village of Friendship Heights will provide case management to help participants in their transitional programs obtain permanent housing
5. CoC Adult Homeless Team, Family Homeless Provider Team & Housing Provider Group will facilitate referrals to permanent supportive housing

**Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters):**

1. CoC Committees will disseminate best practices on improving income & financial stability to help participants secure permanent housing
2. Catholic Charities, City of Gaithersburg, National Center for Children & Families, Interfaith Works, Community Ministries of Rockville, Mental Health Assn, & Friendship Heights will provide case management to help residents in their transitional programs obtain permanent housing
3. MCDHHS will provide financial assistance to help participants move into permanent housing
4. Performance Review Committee will monitor performance & CoC lead agency will provide technical assistance
5. CoC Lead Agency will convene Personal Living Quarters Task Force to explore how to increase the supply of housing. Members to include: Dept of Housing & Community Affairs, Housing Opportunities Commission, other interested parties
6. CoC Lead Agency will help permanent housing providers to apply for federal, state, local, and private funding to create new PSH beds

### **3A. Continuum of Care (CoC) Strategic Planning Objectives**

**Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.**

**Instructions:**

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

In this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more. CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or Sac TRA/SRA/PRA/SRO) for which an APR was required should enter "0" in the numeric fields below and note in the narratives.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**What is the current percentage of participants in all CoC-funded projects that are employed at program exit?** 17

**In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?** 20

**In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?** 25

**In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit?** 27

**Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).**

Short-term plans include:

1. CoC Lead Agency will assist CoC funded providers such as Montgomery County Coalition for Homeless, Interfaith Works, Catholic Charities, City of Gaithersburg, National Center for Children & Families, Community Ministries of Rockville, Mental Health Assn, & Friendship Heights to increase access of their clients to the local TANF employment support and training programs, Maryland State Department of Rehabilitation Services, and mental health supported employment programs.
2. Montgomery County Coalition for Homeless, Montgomery Avenue Women's Center, and Interfaith works will offer vocational training and job placement programs for homeless adults.
3. CoC Adult Homeless Team and Family Homeless Provider Committees will educate provider staff about vocational and job placement programs and facilitate linkages to programs.
4. CoC Performance Review Committee will review project performance & CoC lead agency will provide technical assistance, as needed.

**Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit to 1000 characters):**

Long-term plans include:

1. The CoC Allocation Committee will assess needs of CoC and performance of projects and reallocate funds of low performing programs to build capacity of CoC to improve employment outcomes
2. Montgomery County Coalition for Homeless, Montgomery Avenue Women's Center, Community Vision, Outpatient Addiction Services, MC Commission for Women, and Montgomery Works will continue to offer vocational training programs.
3. The CoC Lead Agency will explore private funding for financial literacy and vocational training programs for individuals; and
4. Interfaith Works will develop a work experience program for participants at its Clothing Center.
5. CoC will convene an employment committee to development additional training and work opportunities through Montgomery College, Red Wigglers, and Career Catchers

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

#### Objective 5: Decrease the number of homeless households with children.

##### Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**What is the current total number of homeless households with children as reported on the most recent point-in-time count?** 128

**In 12 months, what will be the total number of homeless households with children?** 118

**In 5 years, what will be the total number of homeless households with children?** 95

**In 10 years, what will be the total number of homeless households with children?** 60

**Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters):**

1. Emergency shelters will continue to use rapid re-housing model with goal to re-house families within 30 days
2. Montgomery County Dept of Health & Human Services (MCDHHS) will use housing locators to help families obtain housing
2. MCCH to convert Seneca Heights from transitional to 17 permanent housing units
3. MCDHHS will continue Homelessness Prevention & Rapid Re-housing Program
4. MCDHHS will provide \$2.3 million in local & \$835,000 in state assistance to prevent homelessness, & provide state/federally funded utility assistance to prevent utility cutoffs/restore service
5. Emergency Assistance Coalition groups will provide homelessness prevention grants including Emergency Food & Shelter Program funds
6. Neighborhood Opportunity Network (NON), a nonprofit/MCDHHS partnership, will conduct outreach to high risk neighborhoods
7. MCDHHS will coordinate with the public school system (MCPS) to connect homeless and at-risk families identified by the school system with help.

**Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters):**

1. CoC Governing Board will refine the rapid re-housing model to reduce length of shelter stay & improve permanent housing outcomes
2. NON will continue to conduct outreach to neighborhoods shown to have a high rate of eviction
3. MCDHHS will continue to provide federal, local & state funded homelessness prevention assistance, as well as federal & state utility assistance programs to prevent utility cutoffs/restore service
4. Emergency Assistance Coalition members will continue to provide homelessness prevention assistance & collaborate with MCDHHS around provision of assistance
5. MCDHHS will partner with County agencies including Dept of Housing & Community Affairs & Housing Opportunities Commission to increase affordable housing for low-income households and to improve access for homeless families.
6. MCDHHS & CoC Family Provider Team will increase collaboration with Montgomery County Public Schools to identify and support at-risk and homeless households.



### 3B. Continuum of Care (CoC) Discharge Planning

**Instructions:**

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs (SHP, S+C, SRO). For each system of care, CoCs are to address the following:

**What:** Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. In the case of Foster Care, CoCs should specifically address the discharge of youth ageing out from the foster care system. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, that does not include homelessness, indicate this in the narrative.

**Where:** Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, emergency homeless shelters, and/or McKinney-Vento homeless assistance programs.

**Who:** Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from system of care are not routinely discharged into homelessness.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**For each system of care identified below describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance housing programs. Review ALL instructions to ensure that each narrative is fully responsive (limit 1500 characters).**

**Foster Care (Youth Aging Out):**

Montgomery County Department of Health & Human Services (MCDHHS), the CoC lead agency, develops & implements local discharge planning policies for youth aging out of foster care. Per Maryland law, MCDHHS supports youth in foster care up to the age of 21 and it is against policy to discharge youth into homelessness. Starting at age 14, youth begin to receive independent living skills training including housekeeping, budgeting, and housing options to prepare them for a successful transition to adulthood. Youth between the ages of 16-21 who are in school or working are also eligible for semi-independent living, a supervised program operated by MCDHHS that provides youth an opportunity to practice independent living in an apartment setting. An exit plan, developed in concert with MCDHHS staff, the youth, and important individuals in the youth's life, is developed for all youth approaching discharge.

Youth are typically discharged to private market housing such as apartment shares, room rentals or their own apartments. Those attending college often move into school dormitories while other youth return to live with their families of origin or with former foster parents. Youth in need of additional support are referred to nonprofit housing programs offering mental health services and independent living skills support.

MCDHHS works closely with behavioral health, employment, education, life skills & child welfare agencies to assure youth do not exit to homelessness.

**Health Care:**

Montgomery County Department of Health & Human Services (MCDHHS), the CoC lead agency, operates Health Care for the Homeless (HCH) through its Public Health Services to address the needs of the homeless. This initiative developed discharge protocols in collaboration with local hospitals within the CoC (no state hospitals are located within the CoC) to prevent the routine discharge of patients into homelessness.

Hospital staff contact HCH nurses for each patient who reports he/she does not have an address to which to return. HCH nurses work collaboratively with hospital staff to identify an appropriate discharge option including private market housing, family, friends, skilled nursing facilities, and assisted living options prior to hospital discharge. If no suitable housing option is available, HCH nurses will evaluate the patient for placement into shelter including assessing the ability to complete daily living skills, coordinating medical aftercare, and discharge medications. Those with ongoing medical needs are placed in designated, medically-monitored shelter beds to receive ongoing medical support until a more suitable alternative is identified. HCH nurses work with homeless services staff to locate more suitable housing in the community for those with special medical needs.

Stakeholders include MCDHHS, local private and non-profit hospitals, skilled nursing facilities, assisted living facilities, and non-profit homeless shelter providers.

**Mental Health:**

Maryland State Law prohibits the discharge of patients from state mental health facilities to homelessness. Montgomery County Department of Health & Human Services (MCDHHS), the CoC lead agency, is responsible for developing and implementing discharge policies through its Core Services Agency (CSA). Prior to discharge, the inpatient hospital social worker/treatment provider must complete an assessment and develop an aftercare plan to address all mental health, substance abuse, co-occurring disorder, housing, health, and vocational needs. The aftercare plan is required before release and must be provided to the Core Service Agency and any aftercare provider. CSA assures that clients are linked to community-based treatment and supportive services, as well as housing.

Persons leaving publicly-funded mental health institutions are not routinely discharged to McKinney-Vento programs or homelessness. Typical destinations include moving in with family/friends, residential rehabilitation programs, housing programs such as Housing Unlimited that offer housing in addition to supportive services, and private market housing.

Stakeholders include MCDHHS, public and private mental health treatment providers, residential rehabilitation programs, intensive case management providers, and state mental health hospitals.

**Corrections:**

The Montgomery County Department of Criminal Justice & Department of Health & Human Services (MCDHHS, the CoC lead agency) have developed a comprehensive system that prepares inmates for release to reduce recidivism by assuring stable housing, and psychiatric stability. Work begins at the correction center where the Community Re-Entry program and Projects for Assistance to Transition from Homelessness program assess needs & make referrals to treatment and housing options. The Pre-Release Center then works with inmates for several months prior to release by providing employment and vocational counseling in a minimum security setting. Inmates are not routinely discharged to homelessness; instead they exit the correctional system with employment and housing. Typical destinations include private market housing such as room rentals or apartments, moving in with family or friends, halfway houses, sober houses such as Oxford House, and non-McKinney Vento transitional housing programs.

Montgomery County's Criminal Justice and Behavioral Health Initiative brings together an array of stakeholders who plan for and coordinate discharge planning policies. Members include Dept. of Criminal Justice, MCDHHS, Housing Opportunities Commission, State Attorneys Office; Public Defenders Offices, Probation and Parole Office, Drug Court, Assertive Community Treatment, and public behavioral health providers.

### 3C. Continuum of Care (CoC) Coordination

**Instructions:**

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

**Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?** Yes

**If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:**

1. Prevent homelessness through early intervention, coordinated case management, and financial assistance.
2. Provide long-term transitional and permanent housing to homeless persons.
3. Increase supply of affordable housing.

**Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):**

The Montgomery County Department of Health and Human Services (CoC Lead Agency) is the Prime Recipient to administer the \$2,104,743 HPRP grant over a 3 year grant period. Homeless households residing in emergency shelters or graduating from transitional shelter are eligible to receive up to 18 months of rapid re-housing services including rental assistance and case management services. Prevention services are provided to households threatened with loss of permanent housing so they do not enter the homeless system. Financial assistance is available for rental and utility arrears as well as short-term rent subsidies to help households to prevent homelessness. In addition, households at risk of homelessness receive three months of case management to provide linkages to community resources and help stabilize the household.

As the CoC Lead Agency, MCDHHS is able to coordinate HPRP activities with other prevention and rapid re-housing resources in the CoC. HPRP is regularly discussed at the Adult Homeless Teaming Group and Family Homeless Provider Team to share information and solicit referrals. As the primary provider of homelessness prevention assistance in the CoC, MCDHHS has been able to coordinate HPRP prevention efforts with existing efforts to assure that at-risk households receive the right amount of assistance at the right time and from the right source.

**Describe how the CoC is participating in or coordinating with any of the following: Neighborhood Stabilization Program (NSP) initiative, HUD VASH, or other HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?**

Under the Neighborhood Stabilization Program, the Housing Opportunities Commission (HOC), the local public housing authority, has purchased 21 homes that are available for rent by low-income households. These homes, most of which have 3 to 4 bedrooms, increase the supply of housing for larger families who often struggle to find affordable rental homes. The Housing Opportunities is a member of the CoC Governing Board and works closely with other members of the CoC to provide affordable housing options to vulnerable households. These homes will help to stabilize low-income households at risk of homelessness as well as to enable participants residing in permanent supportive housing programs who have rental barriers in the private market to rent from HOC.

The CoC coordinates with Veterans Affairs around the HUD VASH program. Last year, 25 VASH vouchers were designated for Montgomery County veterans and an additional 25 were designated for this year. These vouchers are administered by the Housing Opportunities Commission with eligible households identified by the Washington, DC Veterans Affairs Hospital. The VA homeless outreach coordinator from the D.C. VA hospital is a member of the CoC and regularly attends the Adult Homeless Teaming Meeting. He disseminates information about the program and trains providers on the referral procedures. Working together, the CoC provider agencies and the VA identify eligible veterans, both singles and families. Priority is given to veterans of the Gulf War, Iraq, and Afghanistan.

**Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?** Yes

**If yes, please describe the established policies that are in currently in place.**

**Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)**

The CoC lead agency, Montgomery County Dept. of Health & Human Services (MCDHHS), has signed a memorandum of agreement with the Montgomery County Public School System (MCPS) to provide comprehensive, rapid-response services to homeless children & their families; ensure access to educational services to meet the needs of at-risk children; & eliminate barriers to the education of homeless children. In addition, MCDHHS has formed a workgroup to develop best practices for serving youth in transition (ages 16 - 24) including establishing standard assessment procedures and identification of departmental responsibilities to meet their needs.

MCPS has a Homeless Family Liaison who identifies homeless families, provides support services, makes linkages to community resources & coordinates school transportation. This Liaison is a member of the CoC Family Homeless Provider Team, which meets monthly to review & discuss CoC policy, update resource information, and present challenging cases. The Homeless Liaison also identifies & refers homeless families that have not yet sought assistance to the CoC. Information about educational resources is provided via a brochure, "Homeless Children in the Montgomery County Public Schools: Responsibilities, Rights, & Resources". MCDHHS also works with MCPS to train MCPS Pupil Personnel Workers, Principals, and school based counselors about resources available to homeless families & how to refer families for emergency shelter & assistance.

**Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)**

CoC emergency and transitional shelter providers collaborate with the Montgomery County Public School (MCPS) Homeless Liaison to consider the educational needs of children. Upon admission to shelter, a comprehensive assessment is completed that identifies any special educational needs of children and collects information from the home school. "In-home" tutoring is provided by MCPS in the shelters to ensure that children are maintaining their educational plan. If children are not enrolled in schools, staff will assist parent(s) to obtain any necessary requirements to complete enrollment. Staff also work with each family to coordinate with MCPS to arrange transportation so that children can continue to attend their home school without interruption. The MCPS Homeless Liaison, MCPS Pupil Personnel Worker, and shelter case managers collaborate to maintain existing Individual Educational Plans (IEP) or coordinate the development a new one to meet the need. In addition, Montgomery County DHHS Contract Monitors review case records of emergency and transitional shelters, to ensure educational needs are met. Monitoring includes case reviews, site visits, and provision of technical assistance, if necessary.

Future plans to meet the educational needs of school-aged children include continuing to strengthen the partnership with the MCPS Homeless Liaison to provide support to homeless families in resolving barriers to school and to obtaining specialized services.

**Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future.(limit 1500 characters)**

The CoC combats homelessness among veterans in several ways. The CoC lead agency, Montgomery County Dept. of Health & Human Services (MCDHHS), and Veterans Affairs (VA) have a Memorandum of Understanding to develop a pilot program to increase outreach & improve access to services for veterans. The CoC Adult Homeless Team, of which the VA Homeless Outreach Program Coordinator is a member, discusses ways to identify homeless veterans, shares information about resources, & strategizes about how to serve difficult cases. To assure that veterans are identified when seeking services, MCDHHS includes an assessment of veteran status as part of its intake process. Veteran status is also a required field within HMIS. Additionally, VASH vouchers continue to be a key tool in ending homelessness among veterans.

Montgomery County's Veteran Collaborative Committee meets regularly to address local needs & align activities with efforts undertaken by the State & the CoC. Members include VA, County government including MCDHHS, and Dept. of Corrections; and private partners such as Columbia Lighthouse for the Blind, Gold Star Mother, Pro-Bono Counseling Project, Dept. of Labor Veterans Employment Training, Mental Hygiene Administration Traumatic Brain Injury Coordinator, Montgomery College & Montgomery Works.

Reducing homelessness among veterans is consistent with the CoC's strategic plan. Veterans needs will be included in the CoC's ten year plan which will be updated this year.

**Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters):**

During the Point-in-Time count Montgomery County CoC did not identify any homeless youth. However, preventing and addressing youth homelessness continues to be a priority for the CoC and is consistent with the strategic goals to prevent and end homelessness. MCDHHS (CoC lead agency) has a memorandum of agreement with MCPS to provide comprehensive, integrated, and rapid-response services for youth in homeless situations and their families. In keeping with the unofficial operating standard that no youth/dependent children should reside on the streets, the CoC collaborates with Montgomery County Public Schools (MCPS) and Child Welfare Services to assure that homeless youth and youth at-risk of homeless are identified and connected to appropriate resources including housing. In addition, the CoC lead agency collaborates with DHHS Behavioral Health and Crisis Services in regards to their residential services for Youth in Transition which serves individuals ages 16-23. Youth in these programs are provided behavioral health treatment, independent living skills, and educational or employment opportunities. To continue to address this issue in the future, the CoC lead agency has developed a workgroup to develop best practice standards around assessment, service delivery and coordination to address the unique needs of transition-age youth (ages 16-24).

### 3D. Hold Harmless Need (HHN) Reallocation

**Instructions:**

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use HHN Reallocation if its Final Pro Rata Need (FPRN) is based on its HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the FY2011 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in Fy2011 into a new project. New reallocated permanent housing projects may apply under SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two, or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)?** No

**Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process?** Yes

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.



## 4A. Continuum of Care (CoC) 2010 Achievements

### Instructions:

In the FY2010 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2010 versus the proposed accomplishments.

In the column labeled FY2010 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2010 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 in FY2010. If a CoC did not submit an Exhibit 1 in FY2010, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

Objective	FY2010 Proposed Numeric Achievement:		Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless.	33	Beds	33	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.	91	%	92	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%.	67	%	74	%
Increase the percentage of homeless persons employed at exit to at least 20%	20	%	17	%
Decrease the number of homeless households with children.	112	Households	128	H o u s e h o l d s

**Did the CoC submit an Exhibit 1 application in Yes  
FY2010?**

**If the CoC was unable to reach its FY2010 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)**

The CoC did not meet the goal for increasing the percentage of homeless persons employed at exit. One reason for this is the ongoing economic crisis, which has made it difficult for participants, many of whom have limited work experience, criminal justice involvement, or physical/behavioral health issues, to compete against more experienced job seekers. In addition, due to a delays by HUD in the ability to submit of APRs, data from several projects was more than one year old and did not reflect efforts over the past year to increase employment.

The CoC did not meet the goal for decreasing the number of homeless families due the continued economic downturn and a lack of affordable housing options. The 2011 HUD Fair Market Rent for Montgomery County was \$1,461 for a two bedroom apartment. To afford this level of rent without paying more than 30 percent of income on housing, a family would need an income of \$58,440 annually, which is beyond the reach of many homeless families who have limited work experience, and physical/behavioral health issues. Historically, families unable to afford their own housing have moved in with extended family/friends but due to the extended length of the economic crisis, families are being "put out" from these arrangements due over-crowding and the drain on financial resources.

## 4B. Continuum of Care (CoC) Chronic Homeless Progress

**Instructions:**

HUD tracks each CoCs progress toward ending chronic homelessness. In the FY2011 CoC NOFA, chronically homeless is defined as an unaccompanied homeless individual with a disabling condition, or a family with at least one adult member who has a disabling condition, who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the last three (3) years.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2009, FY2010, and FY2011 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2009 and FY2010, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2011, this number should match the number entered on the Homeless Data Exchange (HDX).

**Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2009, FY2010, and FY2011.**

Year	Number of CH Persons	Number of PH beds for the CH
2009	173	90
2010	184	116
2011	344	149

**Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2010 and January 31, 2011.** 33

**Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2010 and January 31, 2011.**

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$209,671	\$0	\$0	\$329,681	\$1,454
<b>Total</b>	<b>\$209,671</b>	<b>\$0</b>	<b>\$0</b>	<b>\$329,681</b>	<b>\$1,454</b>

**If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):**

From 2010 to 2011, the number of chronically homeless adults identified through the annual Point-in-Time count increased from 184 to 344. This can be attributed to a collaborative effort with local police districts to identify homeless encampments and then utilization of three teams, each with at least one Spanish speaking person, to identify unsheltered homeless throughout the County. Once identified, the CoC lead agency oversaw intensive outreach by community providers to identify chronically homeless individuals and engage them in services.

## 4C. Continuum of Care (CoC) Housing Performance

**Instructions:**

All CoC funded non-HMIS projects are required to submit an Annual Performance Report (APR), or Transition APR (TAPR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table using data entered for Question 12(a) and 12(b) for the most recent submitted APR, Q27 from the TAPR, for all permanent housing projects (SHP-PH, or Sac TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in fields a-e. The Total PH percent will auto-calculate by selecting "Save." The percentage is calculated as: c+d, divided by a+b, multiplied by 100. the last field, e., is excluded from the calculation.

CoCs that do not have SHP-PH or S+C projects for which and APR, or TAPR, was required should select "No" if the CoC did not have ANY CoC-funded permanent housing projects operating within their CoC that should have submitted an APR, or TAPR.

For additional instructions, refer to the "Exhibit 1 Detailed Instructions" which can be accessed on the left-hand menu bar.

**Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted?** Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	57
b. Number of participants who did not leave the project(s)	455
c. Number of participants who exited after staying 6 months or longer	50
d. Number of participants who did not exit after staying 6 months or longer	421
e. Number of participants who did not exit and were enrolled for less than 6 months	35
<b>TOTAL PH (%)</b>	<b>92</b>

**Instructions:**

HUD will also assess CoC performance in moving participants in SHP transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR, or TAPR, for the most recent operating year. Projects that did not submit an APR, or TAPR, on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recent submitted APR, Q29 on the TAPR, for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a. and b. selection "Save." The Total TH will auto-calculate. The percentage is auto-calculated as: b. divided by a, multiplied by 100. CoCs that do not have SHP-TH projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

**Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted?** Yes

<b>Participants in Transitional Housing (TH)</b>	
<b>a. Number of participants who exited TH project(s), including unknown destination</b>	144
<b>b. Number of SHP transitional housing participants that moved to permanent housing upon exit</b>	107
<b>TOTAL TH (%)</b>	74

## 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

**Instructions:**

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR (either the HUD-40118 or the HUD APR in e-snaps) for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for question 11 on the most recent submitted HUD-40118 APR or Q26 for the HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of income. Once amounts have been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**Total Number of Exiting Adults: 366**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	58	16	%
SSDI	41	11	%
Social Security	3	1	%
General Public Assistance	17	5	%
TANF	13	4	%
SCHIP	0	0	%
Veterans Benefits	1	0	%
Employment Income	62	17	%
Unemployment Benefits	13	4	%
Veterans Health Care	1	0	%
Medicaid	76	21	%
Food Stamps	75	20	%
Other (Please specify below)	44	12	%
Medicare, Child Support			
No Financial Resources	75	20	%

**The percentage values will be calculated by the system when you click the "save" button.**

**Does the CoC have any non-HMIS projects for which an APR was required to be submitted?** Yes



## 4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

### Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on the Energy Star Initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are Section 3 residents of the area of services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; or within three years of their date of hire with the business concern were Section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The Section 3 clause can be found at 24 CFR Part 135.

**Has the CoC notified its members of the Energy Star Initiative?** Yes

**Are any projects within the CoC requesting funds for housing rehabilitation or new construction?** No

## 4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

**Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?** Yes

If 'Yes', describe the process and the frequency that it occurs.

APRs and other HMIS data quality reports are sent to the CoC contract monitors on a monthly basis. The CoC Performance Review Committee utilizes this information to review projects' performance.

**Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?** Yes

If "Yes", indicate all meeting dates in the past 12 months.

Jan. 12, 2011  
Feb. 2, 2011  
March 23, 2011  
April 27, 2011  
May 25, 2011  
June 22, 2011  
July 27, 2011  
Aug. 31, 2011  
Sept. 19, 2011

**Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?** Not Applicable

**Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?** Yes

If yes, identify these staff members Both

**Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.** Yes

If "Yes", specify the frequency of the training. Bi-monthly

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

If "Yes", indicate for which mainstream programs HMIS completes screening.

CoC homeless providers routinely assess clients using HMIS assessment screening tool that includes information regarding income, assets, debts, benefit entitlement application status, health status, disabilities, family, and other demographic variables. Staff is trained in basic entitlement eligibility criteria and will refer clients to the appropriate mainstream resources such as Supplemental Nutritional Assistance Programs, TANF, Social Security, Medical Assistance, emergency assistance, and other benefits, if eligible.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

- February 2, 2011 Workgroup
- March 23, 2011 Workgroup
- May 9, 2011 Training
- May 10, 2011 Training
- July 13, 2011 Workgroup
- Sept. 21, 2011 Workgroup

## 4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

**Indicate the percentage of homeless assistance providers that are implementing the following activities:**

Activity	Percentage
<b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b> <b>1a. Describe how service is generally provided:</b>	100%
All projects within the CoC have case managers who assess eligibility for mainstream benefits. Case managers work with clients to obtain necessary documentation, complete and submit applications.	
<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>	100%
<b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b> <b>3.a Indicate for which mainstream programs the form applies:</b>	100%
Food Stamps, Medicaid, TANF, TDAP (state-funded cash assistance for single adults)	
<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>	100%
<b>4a. Describe the follow-up process:</b>	
Case managers work with clients to obtain necessary documentation, complete and submit applications for mainstream benefits. Once submitted, case managers help to track application status, submit additional required information and help clients navigate the appeals process, if needed.	

## Continuum of Care (CoC) Project Listing

**Instructions:**

IMPORTANT: Prior to starting the CoC Project Listing, CoCs should carefully review the "CoC Project Listing Instructions" and the "CoC Project Listing" training module, both of which are available at [www.hudhre.info/esnaps](http://www.hudhre.info/esnaps).

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Interfaith Homes	2011-10-18 14:32:...	1 Year	Interfaith Works	279,825	New Project	SHP	PH	P1
Permanent Support...	2011-10-17 15:53:...	1 Year	Housing Opportuni..	2,307,775	Renewal Project	SHP	PH	F
Carroll House	2011-10-18 14:08:...	1 Year	Interfaith Works	235,903	Renewal Project	SHP	TH	F
New Neighbors 1	2011-10-18 09:54:...	1 Year	Housing Opportuni..	262,956	Renewal Project	S+C	TRA	U
Home First I	2011-10-18 18:41:...	1 Year	Montgomery County...	134,433	Renewal Project	SHP	PH	F
Safe Havens	2011-10-18 19:06:...	1 Year	Montgomery County...	826,569	Renewal Project	SHP	SH	F
Cordell	2011-10-18 18:35:...	1 Year	Montgomery County...	135,434	Renewal Project	SHP	PH	F
Personal Living Q...	2011-10-18 19:01:...	1 Year	Montgomery County...	359,232	Renewal Project	SHP	PH	F
Home First II	2011-10-18 18:48:...	1 Year	Montgomery County...	131,260	Renewal Project	SHP	PH	F
Permanent Support...	2011-10-17 14:47:...	1 Year	Housing Opportuni..	217,406	Renewal Project	SHP	PH	F
Montgomery Avenue...	2011-10-18 07:32:...	1 Year	Montgomery Avenue...	138,183	Renewal Project	SHP	SSO	F
Supportive Housin...	2011-10-19 11:04:...	1 Year	National Center f...	640,658	Renewal Project	SHP	TH	F

Wells/Robertson H...	2011-10-19 11:49:...	1 Year	City of Gaithersb..	128,247	Renewal Project	SHP	SH	F
Shelter Plus Care	2011-10-18 09:49:...	1 Year	Housing Opportuni..	653,784	Renewal Project	S+C	TRA	U
Home First III	2011-10-18 18:53:...	1 Year	Montgomery County...	135,435	Renewal Project	SHP	PH	F
Hope Housing	2011-10-18 18:57:...	1 Year	Montgomery County...	511,058	Renewal Project	SHP	PH	F
Permanent Support...	2011-10-18 16:49:...	1 Year	Housing Opportuni..	79,533	Renewal Project	SHP	PH	F

## Budget Summary

<b>FPRN</b>	\$5,981,126
<b>Permanent Housing Bonus</b>	\$279,825
<b>SPC Renewal</b>	\$916,740
<b>Rejected</b>	\$0

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	MD-601 Certificat...	10/18/2011



## Attachment Details

**Document Description:** MD-601 Certification of Consistency with Consolidated Plan