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

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

- CoC Consolidated Application - CoC Project Listings

CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

Please Note:
- Review the FY2012 CoC Program NOFA in its entirety for specific application and program requirements. - Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the information in e-snaps. - As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

For Detailed Instructions click here.

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.

CoC Name and Number (From CoC Registration): (dropdown values will be changed)	MD-601 - Montgomery County CoC
Collaborative Applicant Name:	Montgomery County Maryland
CoC Designation:	CA

1B. Continuum of Care (CoC) Operations

Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

Name of CoC Structure:	Continuum of Care Governing Board
How often does the CoC conduct open meetings?	Never
Are the CoC meetings open to the public?	No
Is there an open invitation process for new members?	No

If 'Yes', what is the invitation process? (limit 750 characters)

The CoC will be developing governance by-laws and operating procedures that include semi-annual meetings open the public as well as an open invitation process for new members.

Are homeless or formerly homeless representatives members part of the CoC structure?	Yes

If formerly homeless, what is the connection to the community? Agency employee

Does the CoC provide

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	Yes
ESG monitoring?	Yes

**If 'No' to any of the above what processes does the CoC plan to implement in the next year?
(limit 1000 characters)**

The CoC provides written agendas of meeting, coordinated assessment, and ESG monitoring.

**Based on the selection made above, specifically describe each of the processes chosen
(limit 1000 characters)**

DHHS, CoC Collaborative Applicant, develops written agendas for CoC meetings. Agendas focus on CoC policy, planning, system needs, committee updates, and project specific concerns. Specific agenda items are added at the request of CoC members.

The CoC coordinated assessment system uses a common assessment tool to screen, assess and refer persons and families to all needed programs and services within the CoC. Intake workers at designated sites in the CoC assess need for housing, explore homelessness prevention options, refer to treatment providers &public benefits, and place in emergency shelter if needed. The CoC provides training and resource access to persons with limited English proficiency and has four outreach providers scattered throughout the County to engage unsheltered homeless persons and facilitate linkages to services.

DHHS is administering the ESG program and is responsible for day-to-day monitoring of activities. Funds were allocated with input from the CoC Governing Board and updates on implementation are provided at least annually to the CoC.

Does the CoC have the following written and approved documents:

Type of Governance	Yes/No
CoC policies and procedures	No
Code of conduct for the Board	No
Written process for board selection	No
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	Yes

1C. Continuum of Care (CoC) Committees

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, LGBT homeless issues, 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 meets less than quarterly, please explain.

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Continuum of Care Governing Board	The CoC Governing Board is the general policy decision making group for the CoC. Members have expertise in homeless and homelessness prevention programs; development of affordable housing; behavioral health and physical health services; and mainstream resources. The Board oversees CoC activities; monitors & approves the 10-Year Plan; identifies system needs; develops strategies to end and prevent homelessness; and aligns CoC activities with other programs such as ESG. The CoC Governing Board monitors and coordinates with the work of other committees and incorporates recommendations into CoC plans. The Governing Board also coordinates disaster planning with other systems such as Public Health and Behavioral Health and Crisis Services.	Bi-monthly
Adult and Family Provider Team	The Adult and Family Provider Teams meet monthly to promote coordination, improve access to services, and facilitate discharge planning. Members includes nonprofit housing providers, Health Care for the Homeless, Criminal Justice, Behavioral Health, Child Welfare Services, & Montgomery County Public Schools. The meeting is chaired by the CoC Collaborate Applicant, DHHS, who shares updates from the Governing Board, and information about new programs. The committee plans for the Point-in-Time, addresses HMIS issues and provides recommendations regarding policy to the CoC Governing Board. The Team biannually reviews the CoC disaster plans for managing scenarios such as contagious diseases, biological attacks, and storm power outages.	Monthly or more
Continuum of Care Allocation Committee	This unbiased decision-making panel is charged by the CoC Governing Board to approve & prioritize CoC project applicants for continued funding and CoC Permanent Housing Bonus projects for new funding. Members represent a range of disciplines including housing, behavioral health, veterans services, & physical health and have a solid understanding of CoC programs. Using established criteria, the panel reviews both project performance & the needs of the CoC to make funding decisions. The panel is updated via email throughout the year on the NOFA process by the CoC Collaborative Applicant and responds to questions raised by panel members. The committee also makes recommendations as to the re-allocation of funds for low performing providers.	semi-annually (twice a year)

Continuum of Care Performance Review Committee	The Performance Review Committee was established to systematically review performance and identify technical assistance needs of CoC projects. Current members have expertise in Coc programs and include a representative from the community, members from the CoC Governing Board, and a formerly homeless consumer representative. The committee evaluates the performance of each project utilizing APR and HMIS data, outcome measures, and contract monitoring reviews. The committee reviews progress quarterly, identifies consistently low performing projects for consideration for reallocation and identifies potential needs and gaps in the continuum.	quarterly (once each quarter)
Continuum of Care Strategic Planning Committee	The Strategic Planning Committee is responsible for developing, monitoring and updating the CoC's 10-Year Plan end to homelessness. The committee reviews the needs of the CoC and identifies strategies to both prevent and end homelessness. Members have experience in strategic planning and expertise in homeless and homelessness prevention strategies as well as mainstream programs. The Committee develops recommendations for review and approval by the CoC.	Monthly or more

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

The Allocation Committee convenes during the CoC Application process to select 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

Click on the icon to enter information for the CoC Member Organizations.

Membership Type
Private Sector
Public Sector
Individual

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

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Private Sector
Click Save after selection to view grids

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	1	14	1	8	28	0

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill	0	3	0	2	13	0
Substance abuse	0	2	0	0	8	0
Veterans	0	0	0	0	3	0
HIV/AIDS	0	0	0	0	0	0

Domestic violence	0	1	0	0	1	0
Children (under age 18)	0	0	0	0	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0	0	0	0

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group	1	13	0	8	21	0
Authoring agency for consolidated plan	0	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0	0	3	0
Attend Consolidated Plan focus groups/ public forums during past 12 months	0	0	0	0	3	0
Lead agency for 10-year plan	0	0	0	0	0	0
Attend 10-year planning meetings during past 12 months	0	5	0	0	4	0
Primary decision making group	0	6	0	0	8	0

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

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Public Sector
Click Save after selection to view grids

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Total Number	5	8	0	1	2	2	1

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill	3	1	0	1	0	1	1
Substance abuse	2	3	0	0	0	2	1
Veterans	0	2	0	1	0	0	1
HIV/AIDS	0	1	0	0	0	0	0
Domestic violence	1	1	0	1	0	1	0
Children (under age 18)	0	1	0	0	1	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0	0	1	0	0

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	3	5	1	1	1	1	1
Authoring agency for consolidated plan	0	1	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	2	0	1	0	0	1
Attend consolidated plan focus groups/ public forums during past 12 months	0	0	0	0	0	0	0

Lead agency for 10-year plan	0	1	0	0	0	0	0
Attend 10-year planning meetings during past 12 months	0	3	0	1	0	0	1
Primary decision making group	0	4	0	1	1	0	1

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

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Individual
Click Save after selection to view grids

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number	0	1	0

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill	0	0	0
Substance abuse	0	1	0

Veterans	0	0	0
HIV/AIDS	0	0	0
Domestic violence	0	0	0
Children (under age 18)	0	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0

Number of Individuals Participating in Each Role

	Homeless	Formerly Homeless	Other
Roles			
Committee/Sub-committee/Work Group	0	1	0
Authoring agency for consolidated plan	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0
Attend consolidated plan focus groups/ public forums during past 12 months	0	0	0
Lead agency for 10-year plan	0	0	0
Attend 10-year planning meetings during past 12 months	0	0	0
Primary decision making group	0	0	0

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

Instructions:

The CoC solicitation of project applications and the project application 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). Where applicable, describe how the process works.

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):	d. Outreach to Faith-Based Groups, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, f. Announcements at Other Meetings, e. Announcements at CoC Meetings
Rating and Performance Assessment Measure(s) (select all that apply):	m. Assess Provider Organization Capacity, g. Site Visit(s), h. Survey Clients, p. Review Match, o. Review CoC Membership Involvement, r. Review HMIS participation status, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, b. Review CoC Monitoring Findings, a. CoC Rating & Review Commitee Exists, e. Review HUD APR for Performance Results, c. Review HUD Monitoring Findings

Describe how the CoC uses the processes selected above in rating and ranking project applications.
(limit 750 characters)

The Allocation Committee rates & ranks project applications. Members cannot be an employee, board member or volunteer of a project applicant. The CoC Collaborative Applicant supports the committee but is not a voting member.

Members receive an analysis of CoC needs including the housing inventory, PIT data, federal priorities & service gaps. Projects are scored on bed utilization, APR performance results, provider capacity, provider experience, CoC participation, HMIS participation, $ cost effectiveness. CoC & HUD monitoring findings are also reviewed as are Project match & leveraging for compliance. Applications are scored individually with ranking priority determined by consensus. Project applicants are notified of the outcome no later than 15 days prior to CoC application deadline.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community?	Yes
Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds?	Yes
Voting/Decision-Making Method(s) (select all that apply):	d. One Vote per Organization, a. Unbiased Panel/Review Commitee
Is the CoC open to proposals from entities that have not previously received funds in the CoC process?	Yes

If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)

The Collaborative Applicant (CA) utilizes e-mail & meeting announcements to inform entities about funding availability. The announcement includes the NOFA criteria, Fair Market Rents, online links to resources, & timelines. Project applications must be submitted no later than 30 days prior to the CoC Collaborative Application deadline with funding notification made to project applicants no later than 15 days prior to the deadline. A technical assistance session is held 14 days before the project application deadline to explain the process, target population, key issues to address & to answer technical questions. Information about the CoC, current PIT, HIC, & subpopulations is provided. Interested parties must submit a letter of intent within 5 days after the TA session to the CA. The CA provides feedback & suggestions for improvement during the application process & reviews all project applications prior to submission in eSnaps for content, budget format, and general accuracy.

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. One occurred 9/2011 in response to termination from permanent supportive housing and the other occurred after termination from emergency shelter in 12/2011. The CoC contacted each service provider & terminations were delayed pending investigation. Investigation included meetings with the complainants, record reviews, staff & resident interviews, consultation with Landlord & Tenant Affairs, & legal. There was no finding of unfair treatment in either case. One investigation did indicate the need for written documentation for persons with limited English proficiency & project documents will be translated into Spanish. Complaints were resolved in 1/2012 & 6/2012.

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

Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

Emergency Shelter: Yes

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

Between 2011 and 2012 there was an increase of 51 emergency shelter beds, 49 for households with children and 2 for households without children This increase of households primarily can be attributed to long term overcrowding, lack of affordable housing, and household barriers such as poor credit, previous landlord debt, and low income. The CoC general policy is to ensure the safety of children which includes increasing capacity to avoid unsheltered households with children. The CoC utilizes hotel placements for overflow shelter for families and increases capacity based on need. For households without children, beds were created when winter overflow beds were reconfigured to maximize shelter capacity.

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 decreased from 110 in 2011 to 10 in 2012 as the program funding was ending. Participants in the rapid re-housing program continued to have case management as they matriculated out of the program.

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 2012

Transitional Housing: Yes

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

There was no change in transitional housing beds for households without children.

For households with dependent children, there was an overall decrease of 45 beds. This decrease is partially attributed to the loss of 19 beds when one CoC program closed due to funding issues. To address an increasing need for permanent supportive housing among single-headed households with multiple spells of homelessness but who did not meet the definition of chronically homeless, another program converted 26 transitional housing beds to permanent supportive housing.

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing? No

If yes, how many transitional housing units in the CoC are considered "transition in place":

Permanent Housing: Yes

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

In 2012 there was an increase of 123 permanent supportive housing beds from 1592 in 2011 to 1715 in 2012. This increase is attributed to expansion of beds by existing programs as well as the opening of several new programs including Lasko Manor, a 12 unit building for single adults operated by the local Public Housing Authority and the opening of the 2011 bonus project that created 26 beds for chronically homeless families. The CoC was also able to secure additional VASH subsidies for homeless veterans. An additional 26 beds were created when one provider converted their transitional program for families to permanent supportive housing.

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 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012?	Yes
If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (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, Updated prior housing inventory information, Training, Instructions, HMIS, Confirmation
Must specify other:	
Indicate the type of data or method(s) used to determine unmet need (select all that apply):	Other, Unsheltered count, HMIS data, Housing inventory, Stakeholder discussion

Specify "other" data types:

The CoC used the formula for projecting unmet need for permanent housing described in guidance issued by HUD in December 2011, "Calculating Unmet Need for Homeless Individuals and Families"

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 need for permanent supportive housing was determined using the HUD issued methodology described above. The stakeholders reviewed the amount of unmet need identified by this 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.

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 there a governance agreement in place with the CoC?	No
If yes, does the governance agreement include the most current HMIS requirements?	

If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)

The CoC Collaborative Applicant is the HMIS Lead Agency, therefore no written governance agreement is required. The CoC does have written policies and procedures for HMIS that are in compliance with the most recent HUD requirements.

Does the HMIS Lead Agency have the following plans in place?	Data Quality Plan, Privacy Plan, Security Plan
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 continues to increase training opportunities and provide technical support to HMIS providers. This year we instituted one-on-one help hours to address specific program need. Montgomery County Department of Health and Human Services (DHHS), the CoC Collaborative Applicant, continues to contract with Bowman Systems, the CoC's HMIS vendor, to provide a 0.8 Full-Time Equivalent position to provide ongoing training and support. This position continues to train agency HMIS administrators to generate and interpret reports, as well as to review monthly data quality reports to identify areas for improvement. In addition, DHHS IT staff executes 25 daily data quality queries and provides direct feedback to providers regarding data quality issues. This continues to lead to significant improvement in data quality, which enables the CoC to use the HMIS to conduct validation of homeless 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)

Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured?	Yes

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

In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:

Operating Start Month/Year	July	2012
Operating End Month/Year	June	2013

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	
ESG	$10,000
CDGB	
HOPWA	
HPRP	
Federal - HUD - Total Amount	$10,000

Funding Type: Other Federal

Funding Source	Funding Amount
Department of Education	
Department of Health and Human Services	
Department of Labor	
Department of Agriculture	
Department of Veterans Affairs	
Other Federal	
Other Federal - Total Amount	

Funding Type: State and Local

Funding Source	Funding Amount
City	
County	$145,500
State	
State and Local - Total Amount	$145,500

Funding Type: Private

Funding Source	Funding Amount
Individual	
Organization	
Private - Total Amount	

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	

Total Budget for Operating Year	$155,500

Is the funding listed above adequate to fully fund HMIS? Yes

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)

How was the HMIS Lead Agency selected by the CoC? Other

If Other, explain (limit 750 characters)

The CoC Collaborative Applicant serves as the HMIS Lead Agency. The CoC Collaborative Applicant took on and maintains this role due its capacity and expertise. An outside HMIS Lead Agency has not been selected via a competitive process or appointed by the CoC

2C. Homeless Management Information Systems (HMIS) Bed and Service Volume 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.

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%+
*** HPRP beds**	86%+
*** Safe Haven (SH) beds**	86%+
*** Transitional Housing (TH) beds**	86%+
*** Rapid Re-Housing (RRH) beds**	86%+
*** Permanent Housing (PH) beds**	86%+

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

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

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, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS? Yes

What is the HMIS service volume coverage rate for the CoC?

Types of Services	Volume coverage percentage
Outreach	12%
Rapid Re-Housing	0%
Supportive Services	6%

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	2
Transitional Housing	9
Safe Haven	6

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	0%	4%
Date of birth	0%	0%
Ethnicity	0%	0%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	0%	0%
Gender	0%	0%
Veteran status	0%	1%
Disabling condition	1%	4%
Residence prior to program entry	0%	2%
Zip Code of last permanent address	0%	9%
Housing status	1%	1%
Destination	0%	0%
Head of household	0%	0%

How frequently does the CoC review the quality of project level data, including ESG? 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)

Data quality reports are run daily & monthly for CoC & ESG projects to assist agency HMIS administrators to identify clients with null values in one or more of the eleven assessment based Universal Data Elements (UDEs) required by HUD. Reports are completed and reviewed with the CoC's HMIS Administrator. This review has resulted in resolving over 505 data quality issues in FY12, a decline from 599 in FY11.

Also on a monthly basis, agencies submit a data quality summary report that verifies HMIS data including UDE completion, HUD APR data, Client Served total, and any multiple duplication entry issues to the HMIS lead agency. This information is reviewed by each project's assigned program monitor and approved by the HMIS administrator.

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

If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)

Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS? Yes

Indicate which reports the CoC submitted usable data (Select all that apply):	2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR
Indicate which reports the CoC plans to submit usable data (Select all that apply):	2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

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

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

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

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

Indicate if your HMIS software is able to generate program-level reporting:

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Yes
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security 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 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 and other HMIS Notices? At least Monthly

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', does the HMIS Policy and Procedures manual include governance for:

HMIS Lead Agency	X
Contributory HMIS Organizations (CHOs)	X

If 'Yes', indicate date of last review or update by CoC:	08/27/2012
If 'Yes', does the manual include a glossary of terms?	Yes
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.

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
*** Policy and procedures**	At least Monthly
*** Training**	At least Monthly
*** HMIS data collection requirements**	At least Monthly

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

Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

How frequently does the CoC conduct the its sheltered point-in-time count:	annually (every year)
Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy):	01/25/2012
If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012?	Not Applicable
Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012?	Yes

If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)

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

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	100%	90%	30%
Transitional Housing	0%	100%	30%	90%
Safe Havens	0%	100%	90%	90%

Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

Overall homelessness decreased to 982 in 2012 from 1,141 in 2011. This 13.3 percent decrease can primarily be attributed to an increase in permanent supportive housing that enabled persons to exit homelessness. Households without children experienced a 20.8 percent decrease from 758 in 2011 to 600 in 2012. The total number of homeless households with children remained almost unchanged from the 2011 enumeration. However, the number households with children in emergency shelter increased 25.5 percent from 55 in the 2011 enumeration to 69 in 2012 while the number in transitional housing decreased. This increase can be attributed to lack of housing that is affordable to low-wage working families and the households' exhaustion of its financial resources and social networks which previously provided temporary supports.

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

Need/Gap	Identified Need/Gap (limit 750 characters)
*** Housing**	The calculation of unmet need using Point-in-Time data shows that there is insufficient permanent supportive housing in the CoC for persons experiencing homelessness who need it. A total of 372 additional permanent supportive units are needed for singles and 55 additional permanent supportive housing units for families (156 beds) are needed to assure adequate housing in the CoC.
*** Services**	A review of income and employment participation identified a gap in the CoC related to employment readiness, job search assistance, vocational training, and employment coaching services. In 2012 only 17% of homeless single adults and 47% of homeless adults in families were employed. Looking at income for this same population, 80% of adults and 65% of adults in families had income at or below $18,000 per year which is well below 30% of area median income for the CoC. Low income and low employment rates are a significant barrier in helping households exit homelessness and prevent households from entering homelessness.
*** Mainstream Resources**	The CoC has a high rate of utilization of mainstream resources and has not identified any specific gap/need in this area. The CoC has four outreach providers that assist homeless persons in obtaining mainstream resources including one provider that is the designated SOAR special populations provider.

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

Instructions:

Accuracy of the data reported in the sheltered point-in-time count 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 sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count (Select all that apply):

Survey providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)

In compliance with the governing board, HUD requirements and nearby jurisdictions, an Excel spreadsheet was developed to obtain required information. The sheltered population count was then collected in two ways. First, emergency shelters interviewed clients and gathered information from HMIS that was entered into the Excel spreadsheet. The Excel form was forwarded to the CoC collaborative applicant (DHHS) 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 collaborative applicant for tabulation and was validated using HMIS data. 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, training on the data collection protocol including use of the Excel form and individual technical support. 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, DHHS 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.

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. Sheltered chronically homeless persons are those living in emergency shelters only.

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.

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

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

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected 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 collaborative applicant 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, and chronic health.

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 Collaborative Applicant 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.

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.

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

Instructions:	X
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	X
None:	
Other:	

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. All providers are required to identify twins or triplets via a comment on the excel form. The data collected from 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).

Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations
(limit 1500 characters)

The Montgomery County Department of Health and Human Services (DHHS), the CoC Collaborative Applicant, coordinates the PIT count and utilized multiple methods to assure accurate data. Prior to the PIT Count 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.

DHHS followed up with providers to assure that data was submitted using a standard Excel template and reviewed information for accuracy. 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.) In addition, data submitted by providers was compared to HMIS data as a benchmark to identify major discrepancies in the data.

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

Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

How frequently does the CoC conduct an unsheltered point-in-time count?	annually (every year)
Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy):	01/25/2012
If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012?	Not Applicable
Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012?	Yes

If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011 (limit 750 characters)

Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

The unsheltered population decreased to 130 in 2012 from 226 in 2011 resulting in a 42 percent reduction. The decrease can be partially attributed to an increase in permanent supportive housing for single adults as well as expanded outreach efforts and increased case management to engage unsheltered homeless persons to connect them with services and housing. The CoC held its first “Homeless Resource Day,” an innovative approach to reach out to persons experiencing homelessness and provide services. More than 300 people attended this highly successful event. The severe weather storm that affected the region during the 2011 enumeration may have contributed to data collection errors that led to over reporting.

2M. 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 and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):	
Public places count:	
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	X
HMIS:	
Other:	
None:	

If Other, specify:

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and 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 unsheltered populations and subpopulations (limit 1500 characters)

Montgomery County Dept. of Health & Human Services (DHHS), the CoC Collaborative Applicant, worked with local police districts to identify homeless encampments. Two weeks prior to the count, outreach providers distributed flyers explaining the purpose of the point-in-time. Prior notification of the PIT allowed outreach providers the opportunity to engage people, estimate the number of homeless persons, and recruit additional volunteers for the count. Three teams, each with at least one Spanish speaking person, conducted interviews and ensured 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 DHHS 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, DHHS 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).

2N. 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.

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:

Not applicable

2O. 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.

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

Training:	X
HMIS:	X
De-duplication techniques:	X
"Blitz" count:	
Unique identifier:	
Survey question:	X
Enumerator observation:	
Other:	

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. Agencies are required to include a comment or “t” to identify twins or triplets. 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 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 the previous evening. 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 standard operating procedure of the CoC is that households with dependent children are always assessed for emergency shelter. If emergency shelters are at full capacity, overflow shelter in hotel is explored. Outreach to unsheltered households occurs via the police, outreach providers, Child Welfare Services, Montgomery County Public School (MCPS), and the general public. Once identified, families are directed to the nearest designated assessment site or to the Montgomery County Crisis Center, which is staffed seven days a week, 24 hours a day. Coordination and collaboration with the MCPS Homeless Liaison and DHHS school based programs occur 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 ESG funding. In addition, the CoC Collaborative Applicant (DHHS) 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)

The CoC uses a range of strategies to identify & engage unsheltered homeless persons in the geographic area. Three day centers operated by Bethesda Cares, Montgomery Avenue Women's Center & Interfaith Works Community Visions provide meals, psychiatric services, pharmacy assistance, computer access, job readiness, vocational training, case management & linkages to shelter, housing, mainstream benefits & other resources.

Street outreach is conducted by People Encouraging People (PEP) county-wide, by Community Visions in Silver Spring, & by Bethesda Cares in Bethesda. The City of Gaithersburg in coordination with Lord's Table provides outreach to encampments. All provide case management & link to medical care, behavioral health treatment, mainstream benefits, shelter & housing. As the State designated special needs provider for SOAR, PEP also assists with benefit enrollment & obtaining identification.

Montgomery County Police use 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.

Other engagement includes food assistance & medical care. Food assistance is provided by Shepherd's Table, which operates an evening soup kitchen & provides mail service, transportation tokens, vision screening, & prescription assistance; and by Lord's Table, which operates a soup kitchen & conducts outreach services. Health Care for the Homeless provides medical care & referrals.

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.

CoCs will 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.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

How many permanent housing beds are currently in place for chronically homeless persons?	190
In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	211
In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	260
In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	320

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's plans to create permanent housing beds for chronically homeless persons include:
1. Interfaith Works will open its new permanent supportive housing program which created 14 beds for chronically homeless households without children.
2. The CoC will continue to apply for bonus funding. A new provider, People Encouraging People will apply for the Permanent Housing Bonus to create 13 beds for chronically homeless households without children with a priority on those that have been homeless the longest.
3. The Housing Initiative Program will prioritize 7 beds in its newly created medical vulnerable program for chronically homeless persons. This program addresses a gap in the CoC to engage street homeless and provide on-going medical support and case management services to maintain stabilization in permanent supportive housing.

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 Montgomery County Dept of Health & Human Services (DHHS), Collaborative Applicant will continue to work with the Department of Housing & Community Affairs, Housing Opportunities Commission, housing developers and other interested parties to explore ways to increase the supply of Personal Living Quarters.
2. DHHS, Housing Opportunities Commission, homeless outreach and homeless shelter providers will continue to collaborate with the Veterans Administration to obtain and utilize VASH vouchers.
3. DHHS 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.

Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015
(limit 1000 characters)

While not all homeless persons need permanent supportive housing (PSH), it is estimated that approximately one-half of chronically homeless persons will in order to achieve housing stability. Increasing the supply of PSH units for chronically homeless persons will help address a documented under supply in the CoC . The CoC will to pursue new funding for PSH for chronically homeless persons and explore designating existing PSH units for chronically homeless persons upon turnover.

The CoC is will also work to end chronic homelessness by enhancing supportive services that will enable chronically homeless persons to address barriers to self-sufficiency and housing stability such as income, employment, budgeting, and health/medical needs. Additionally the CoC will continue to provide financial assistance & supportive services to prevent entry into homelessness. Finally, the CoC will develop strategies to connect chronically homeless persons who do not need PSH to other housing programs including locally funded shallow and deep subsidy programs.

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 80 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 CoC-funded permanent housing 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 will indicate the current percentage of participants remaining in these projects, as indicted 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 for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then 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 80 percent.

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?	93%
In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	94%
In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	94%

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 80 percent or higher (limit 1000 characters)

The CoC exceeds this goal and will continue the following strategies:
1. Permanent Housing providers including Montgomery County Coalition for the Homeless, The 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. Montgomery County Dept of Health & Human Services (DHHS) will disseminate best practices on integrating property management and supportive services via CoC committees.
3. CoC Performance Review committee will review project performance at least quarterly;
4. DHHS 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 80 percent or higher
(limit 1000 characters)

Plans include:
1. Permanent Housing providers including Montgomery County Coalition for Homeless, The Dwelling Place, Interfaith Works & the Housing Opportunities Commission will: a) Continue to link participants to mental health, substance abuse, healthcare, 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, including case management models demonstrated to retain participants.
2. Montgomery County Dept of Health & Human Services (DHHS) will to disseminate best practices on integrating property management and supportive services to housing providers.
3. DHHS will provide access to accredited trainings on behavioral and somatic health issues.
4. Performance review committee will review HMIS data quality reports including APR to track & monitor progress quarterly.
5. DHHS to provide technical assistance.

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 transitional housing project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report h(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 will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on from 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 for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	79%
In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	80%
In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	81%
In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	81%

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)

The CoC exceeds this goal. Plans include:
1. Department of Health & Human Services (DHHS) will continue to utilize housing locators to help participants obtain permanent housing
2. DHHS will provide ESG Rapid Rehousing assistance as well as local/state financial assistance to help participants access and retain housing.
3. Montgomery County Coalition for Homeless will partner with Dept. of Housing & Community Affairs to utilize Moderately Priced Dwelling Units to expand permanent housing.
4. Catholic Charities, City of Gaithersburg, National Center for Children & Families, Interfaith Works, & the Mental Health Assn, will continue to provide case management to help participants increase their income, stabilize behavioral health issues, &obtain permanent housing
5. CoC Adult and Family Homeless Provider Team & Housing Provider Group will continue to identify barriers to obtaining permanent housing & develop strategies for approval by the CoC Governing Board.

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)

Plans include:
1. Montgomery County Dept of Health & Human Services (DHHS) will continue to implement the ESG Rapid Rehousing program, provide state/local funds and utilize housing locators to help participants obtain and retain housing.
2. DHHS will disseminate best practices on increasing income & financial stability of help participants.
3. Catholic Charities, City of Gaithersburg, National Center for Children & Families, Interfaith Works, and the Mental Health Association, will provide case management to help residents in their transitional programs obtain permanent housing
4. Interfaith Works will lead a workgroup to develop strategies to increase employment income for participants.
5. Performance Review Committee will monitor performance & DHHS will provide technical assistance as needed
6. DHHS will assist 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) Cash Income.

In this section, 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 (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then 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.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit?	25%
In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?	26%
In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?	27%
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)

The CoC exceeded this goal. Short-term strategies:
1. Montgomery County Coalition for Homeless, Montgomery Avenue Women's Center, & Interfaith works will offer job readiness, vocational & job training services.
2. Montgomery County Dept. of Health & Human Services (DHHS) will assist CoC projects such as Montgomery County Coalition for Homeless, Interfaith Works, Catholic Charities, City of Gaithersburg, National Center for Children & Families, & Mental Health Assn, to connect clients to local TANF employment programs, Maryland State Department of Rehabilitation Services, & mental health supported employment programs.
3. CoC Adult Team and Family Team will educate provider staff about vocational and job placement programs and facilitate linkages to programs.
4. CoC Performance Review Committee will review project performance & DHHS will provide technical assistance, as needed.
5. DHHS will share information about job employment announcements via email with CoC projects.

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 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. Department of Health & Human Services will explore private funding for financial literacy and vocational training programs for individuals;
4. Interfaith Works will develop a work experience program for participants.
5. Interfaith Works will lead a workgroup to develop strategies to increase employment income for participants.

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

Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:

Access to mainstream resources 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 who received mainstream resources by 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 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, 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 (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?	65%
in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	67%
in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	68%
in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	68%

Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

The CoC exceeds this goal. Short term plans include:
1. Montgomery County DHHS will continue operating procedures to ensure emergency, transitional, Safe Havens, and permanent supportive housing programs include case management services.
2. Outreach programs will provide on-going case management to engage clients and assist with application to mainstream benefits.
3. Housing program case managers will assist in compiling necessary documentation, provide transportation to appointments, and follow the homeless person through the application process.
4. DHHS will continue to have a State designated special needs provider for SOAR, which is currently People Encouraging People.
5. The CoC will hold a “Homeless Resource Day” as a way to reach out to persons experiencing homelessness and connect them with needed community resources, mainstream benefits and other community services.

Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

The CoC Plan includes:
1. Montgomery County Dept of Health & Human Services (DHHS) will continue to assess refer, and monitor homeless families for mainstream benefits.
2. DHHS will require all programs to provide case management services to assist homeless persons in applying and maintaining benefits.
3. DHHS will continue to coordinate with the state in providing SOAR training and will disseminate best practices on securing mainstream benefits to help participants.
4. The CoC will continue to hold a “Homeless Resource Day” as a way to reach out to persons experiencing homelessness and enroll them in needed mainstream benefits and other community services.
5. Performance Review Committee will monitor performance & DHHS will provide technical assistance as needed.

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

Objective 6: Decrease the number of homeless individuals and families:

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.

What is the current total number of homeless households with children as reported on the most recent point-in-time count?	127%
In 12 months, what will be the total number of homeless households with children?	117%
In 5 years, what will be the total number of homeless households with children?	80%
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 including case management, linkages to mainstream benefits, job readiness/employment help with goal to re-house families within 30 days.
2. Dept of Health & Human Services (DHHS) will implement ESG Rapid Rehousing program, provide state/local funds & use housing locators to help families exit homelessness.
4. DHHS will provide case management, emergency housing assistance & home energy assistance to help prevent family homelessness.
5. DHHS will assist emergency & transitional shelters serving families to connect clients to TANF employment programs, education, &vocational training.
6. Emergency Assistance Coalition groups will provide homelessness prevention grants including Emergency Food & Shelter Program funds
7. DHHS will add 10 PSH units to the Housing Initiative to serve families.
8. NCCF will add 2 transitional housing units to prepare families with head of household aged 18-24 for independent living.

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. DHHS 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 DHHS around provision of assistance
5. DHHS 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. DHHS & CoC Family Provider Team will increase collaboration with Montgomery County Public Schools to identify and support at-risk and homeless households.

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

Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

Instructions:

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year's competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocation it should enter '0' in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

Indicate the current number of projects submitted on the current application for reallocation:	0
Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013):	0
Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition):	0
Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition):	0

If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)

NA

**If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project
(limit 750 characters)**

NA

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

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.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

Montgomery County Dept of Health & Human Services (DHHS), the Collaborative Applicant, develops & and implements local discharge planning policies for youth aging out of foster care. Per Maryland law, DHHS 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 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 DHHS that provides youth an opportunity to practice independent living in an apartment setting. An exit plan, developed in concert with DHHS staff, the youth, & important individuals in the youth's life, is developed for all youth approaching discharge.

If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

The CoC does have a discharge plan in place for foster care.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

Stakeholders and collaborating agencies that work together to assure youth are not discharged to homelessness include DHHS(local government), the Housing Opportunities Commission (local public housing authority) as well as non-profit behavioral health, employment, education, life skills & child welfare agencies such as the National Center for Children and Families, Guide Youth Services, and other licensed specialized foster care programs under contract with DHHS child welfare services.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

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. To expand housing options, DHHS in partnership with the local public housing authority has developed an 11-bed program that combines a housing subsidy with supportive services for youth that have exited foster care.

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

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.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? CoC Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

Montgomery County Department of Health & Human Services (DHHS), the Collaborative Applicant, operates Health Care for the Homeless (HCH) to address the needs of the homeless and prevent discharge into homelessness. 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 with hospital staff to identify an appropriate discharge option including private market housing, family, friends, skilled nursing facilities, assisted living or other housing prior to hospital discharge and permanent supportive housing programs. Financial assistance is available in the form of security deposit and first month's rent if needed to help obtain housing at exit.

If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

The CoC has a discharge plan in place for health care.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

Stakeholders include Montgomery County Department of Health & Human Services (DHHS); local private and non-profit hospitals including Shady Grove Adventist, Suburban Hospital, Montgomery General, Adventist Behavioral Health; skilled nursing facilities including Bel Pre and Potomac Valley; assisted living facilities such as Calvary Care; and non-profit housing providers within the CoC geographic area including Elizabeth House, Montgomery County Coalition for the Homeless.

The CoC's Adult Homeless Team provides a forum for CoC providers to discuss trends and issues related to hospital discharge that need to be addressed.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

HCH nurses work collaboratively with hospital staff to identify an appropriate discharge option prior to hospital discharge including private market rental housing, family, friends, skilled nursing facilities, and assisted living options. CoC permanent supportive housing is another option that is considered for persons who were hospitalized for less than 90 days and were homeless prior to admission.

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

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.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

Maryland State Law prohibits the discharge of patients from state mental health facilities to homelessness. Montgomery County Department of Health & Human Services (DHHS), the CoC Collaborative Applicant, 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.

If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

The CoC has implemented a discharge plan for mental health.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

Stakeholders include Montgomery County Department of Health and Human Services; public and private mental health treatment providers including St. Lukes, Threshold, Vesta, & Family Services Inc; co-occurring residential treatment programs such Avery Road Combined Care; residential rehabilitation programs such as St. Lukes and Threshold; People Employing People Assertive Community Treatment Team; and state mental health hospitals including Spring Grove Hospital Center and Thomas B. Finan Center. The CoC's Adult Homeless Team provides a forum for CoC providers to discuss trends and issues related to discharge that need to be addressed.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

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. CoC permanent supportive housing is another option that is considered for persons who were hospitalized for less than 90 days and were homeless prior to admission.

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

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.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? CoC Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The Montgomery County Department of Criminal Justice & Department of Health & Human Services (DHHS), the CoC collaborative applicant) 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.

If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

The CoC has a discharge plan in place for corrections.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

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 Montgomery County Dept. of Criminal Justice, Montgomery County Department of Health & Human Services, Housing Opportunities Commission (local housing authority), State Attorneys Office; Public Defenders Offices, Probation and Parole Office, Drug Court, People Encouraging People Assertive Community Treatment program, and local public behavioral health providers such as Access to Behavioral Health and Community Re-entry Programs.

Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

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.

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.

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:	The CoC Goals and Objectives have been incorporated into the Consolidated Plan. Over arching goals include: 1. Prevention of homelessness through early intervention, coordinated case management, emergency financial assistance and rental subsidies for low-income vulnerable residents. 2. Provision of permanent supportive housing and transitional housing to homeless persons 3. Reduction of homelessness through expansion of permanent supportive housing for homeless housing and increase in affordable housing options.

Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s)
(limit 1000 characters)

The CoC continues to assist households who would have been eligible for the HPRP program. Montgomery County Department of Health & Human Services (DHHS) has dedicated more than $3.5 million dollars of local and state funds for rental utility arrears as well as short-term rent subsidies to help households prevent homelessness. In addition, households at imminent risk of homelessness with a history of housing instability can receive up to three months of case management services from DHHS to help address their housing instability. DHHS coordinates its efforts with other community groups that provide homelessness prevention assistance to assure that the right amount of assistance is provided at the right time and from the right source.

To help households rapidly exit homelessness, Emergency Solutions Grant funds are available in the form short-term rent subsidies and deposits to assist homeless households obtain permanent housing. Case management is also provided to help stabilize households. ESG funds are administered by DHHS, the CoC collaborative applicant.

**Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG?
(limit 2500 characters)**

The CoC coordinates with Veterans Affairs around 65 vouchers awarded to the jurisdiction by the HUD VASH program. VASH vouchers are administered by the Housing Opportunities Commission with eligible households identified by the Washington, DC Veterans Affairs Medical Center. The VA homeless outreach coordinator is a member of the CoC Governing Board and regularly attends the Adult Homeless Team Meeting. He disseminates information about the program and trains providers on the referral procedures. CoC provider agencies and the VA collaborate to identify eligible veterans, both singles and families. Priority is given to veterans of the Gulf War, Iraq, and Afghanistan.

Montgomery County Department of Health & Human Services (DHHS) is administering $530,585 of funds awarded for FY12 and FY13 under the Emergency Solutions Grant. As the CoC Collaborative Applicant, DHHS is able to coordinate ESG activities with activities of the CoC. The CoC Governing Board reviewed and provided input on how best to use ESG funds. In addition, Rapid Rehousing assistance is discussed at the Adult and Family Provider Team to share information and solicit referrals.

Montgomery County in partnership with the Housing Opportunities Commission (HOC), the local public housing authority, purchased 23 homes using $6,288,325 of Neighborhood Stabilization Program funds and $815,000 in CDBG funds. Managed by HOC, these homes are being rented to households with income below 50% of the HUD Area Median Income. The 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. HOC 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 and enable participants residing in permanent supportive housing programs who have rental barriers in the private market to rent from HOC.

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', describe the established policies that are in currently in place:	The CoC & Montgomery County Public School (MCPS) have a Memorandum of Agreement to provide comprehensive services to homeless children & youth; ensure access to appropriate educational services & eliminate barriers; develop a network of personnel to serve homeless children & youth; and monitor/develop procedures to improve services. Emergency & transitional shelters work with the MCPS Homeless Liaison to ensure children are enrolled in school & connected to needed services. At shelter admission, educational needs are assessed & information is obtained from the home school. If children are not enrolled, staff assist parents to complete enrollment. Staff also coordinate transportation to the home school with MCPS so that children can continue without interruption. "In-home" tutoring is provided by MCPS at shelters to ensure that children are meeting their educational plans. DHHS Program Monitors review shelter case records, to ensure educational needs are met.

Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services (limit 1500 characters)

The MC Public School Homeless Liaison is a member of the CoC Adult and Family Homeless Provider Team, which meets monthly to review & discuss CoC policy. The MCPS Liaison works with homeless providers to ensure that they are aware of the eligibility of individuals and families for educational services.

In addition, MCPS has developed a brochure, "Homeless Children in the Montgomery County Public Schools: Responsibilities, Rights, & Resources," that is provided at all CoC designated access points for homeless households. Montgomery County Department of Health & Human Services 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.

Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)

The CoC has developed a range of housing and shelter options to accommodate families of all configurations. Families with children under the age of 18 are not denied admission or separated when entering shelter or housing. Montgomery County Department of Health & Human Services (DHHS), the Collaborative Applicant, has collaborated with CoC family providers to assure that admission and discharge policies do not include discriminatory or exclusionary language.

All families applying for shelter or housing receive a comprehensive assessment that includes household composition and explores all options to ensure families are not separated. DHHS acts as the central point of admission for families entering emergency shelter and families in need of shelter are referred to a program that can accommodate their needs. If family shelters have reached full capacity or the household configuration does not match available shelter options, DHHS utilizes hotel placements as overflow.

As with emergency shelter, there are no restrictions on the age of children for transitional or permanent housing programs that would lead to denial or separation. While some housing programs have limitations on family size due to the limitations of their facilities, many housing programs in the CoC utilize a scattered site approach whereby a subsidy is provided that enables a family to rent an appropriate unit in the community.

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)

Reducing homelessness among veterans is consistent with the CoC's strategic plan. The CoC's strategies described below address veterans' needs now and in the future.

VASH vouchers have been a key tool in ending veteran homelessness & the CoC will pursue additional vouchers. In addition, Montgomery County Dept. of Health & Human Services (DHHS), and Veterans Affairs (VA) have developed a one-stop center to improve access to services for veterans with a focus on homeless veterans. Also at the one-stop center are staff from Maryland's Commitment to Veterans who coordinate behavioral health services and provide linkages to employment, education, housing & VA resources.

The CoC Adult Provider 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, veteran status has been included in the CoC's common assessment tool and this information is entered into HMIS.

Montgomery County's Veteran Collaborative Committee works to address local needs & align activities with State & CoC efforts. Members include VA, County government including DHHS, & Dept. of Corrections, and private partners such as Columbia Lighthouse for the Blind, Gold Star Mother, Pro-Bono Counseling Project, Dept. of Labor, Mental Hygiene Administration, Montgomery College & Montgomery Works.

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)

Preventing and addressing youth homelessness is a priority for the CoC and is consistent with the strategic goals to prevent and end homelessness. DHHS has a memorandum of agreement with MCPS to provide comprehensive, integrated, and rapid-response services for youth in homeless situations. In keeping with the operating standard that no youth/dependent children should reside on the streets, the CoC collaborates with 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. The CoC 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. The CoC collaborates with Conflict Resolution Center, to assist extended families resolve household concerns and prevent them from entering the homeless system. The CoC developed a work group to coordinate services and develop best practice standards around assessment, service delivery and coordination to address the unique needs of transition-age youth (ages 16-24).

Has the CoC established a centralized or coordinated assessment system? Yes

If 'Yes', describe based on ESG rule 576.400 (limit 1000 characters)

The CoC implemented a coordinated assessment system in 2009 that uses a common assessment tool for screening, assessment & referral to all emergency shelter, transitional & permanent housing programs in the CoC area. Montgomery County Dept. of Health & Human Services (DHHS) oversees the system and supports it with local funding.

Emergency shelter is available 24/7 for homeless families & single adults at designated sites throughout the CoC and are assessed for diversion and shelter placement. Families & single adults at-risk of homelessness can also apply for help. At-risk households are assessed for emergency financial assistance, & are linked to needed mainstream resources.

DHHS monitors emergency shelter availability & placement. The CoC's Adult & Family Teams meet regularly to identify program vacancies and facilitate referrals to housing programs. DHHS monitors outcomes to assure that persons are placed based on need. To assure coordination among all providers working with a client, the assessment tool is uploaded into the CoC's HMIS.

Describe how the CoC consults with the ESG jurisdiction(s) to determine how ESG funds are allocated each program year (limit 1000 characters)

Montgomery County Dept of Health and Human Services, the CoC Collaborative Applicant, administers the ESG grant. The CoC Governing Board working with the Collaborative Applicant identifies gaps and needs in the CoC to determine how to best use ESG funds to enhance the services already provided by the CoC.

Allocation of ESG funds and the program design for Rapid Rehousing and Homelessness Prevention activities were determined based on recommendations of the CoC Governing Board. This was an effective mechanism for assuring ESG funds are integrated into the CoC and will continue annually.

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

The CoC uses a range of strategies to market to persons who are least likely to request assistance including the following: 1) Four street outreach providers market resources to unsheltered homeless persons and make referrals to housing & supportive services;2)CoC Collaborative Applicant, working with community providers, has established non-traditional access points in the CoC that employ community members to market housing & services to under-served residents who might not otherwise come forward; 3) Coordinated assessment sites provide materials in multiple languages and provide interpretation services to residents with limited English proficiency; 3) Providers are encouraged to have a diverse staff and be able to serve clients with limited English proficiency; and 4) CoC holds an annual Homeless Resource Day, a one-day, one-stop event for residents to learn about and apply for housing and supportive services.

3D. Continuum of Care (CoC) Strategic Planning Coordination

Instructions:

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, “Opening Doors,” and coordination with Emergency Solutions Grants within the CoC jurisdiction.

Has the CoC developed a strategic plan? Yes

Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)

Yes. The CoC coordinates an integrated system including prevention, emergency, transitional and permanent housing options in addition to outreach, case management, and other supportive services with the goal of reducing homelessness.

The Dept of Health & Human Services (DHHS), the Collaborative Applicant, coordinate activities on a daily basis including implementation of the coordinated assessment system, monitoring of shelter and housing vacancies, promoting access to mainstream programs and providing technical assistance to providers. The CoC Governing Board identifies needs and oversees the design of the system. The CoC Adult and Family Provider Team committees, which are comprised of providers and stakeholders directly involved in service provision, meet monthly to promote coordination, share information, address difficult situations, and develop policy recommendations.

To assure the system is addressing needs, the CoC reviews HMIS and PIT data including demographic information, program utilization and length of stay in homelessness. In addition, the Performance Review Committee monitors outcomes for program quality.

Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)

The Consolidated Plan for Montgomery County is developed by the Montgomery County Department of Housing and Community Affairs (DHCA). Each year DHCA works with the CoC Collaborative Applicant, Montgomery County Department of Health and Human Services (DHHS), around the development of the Consolidated Plan. DHHS provides Point-in-Time Count information as well as the CoC Collaborative Application (formerly Exhibit 1) to DHCA for incorporation into the Consolidated Plan.

DHCA is a member of the CoC Governing Board and serves on the CoC's Strategic Planning Committee. This has fostered strong collaboration in planning for the needs of Montgomery County and has ensured good communication and flow of information for planning activities.

Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)

The CoC and its jurisdictional partners created its first 10-year plan in 2002 and are currently in the process of updating this plan. The CoC strategic planning committee is taking the lead in updating the plan which will be reviewed by the full CoC and approved by the CoC Governing Board. Strategic Planning Committee Members include the Montgomery County Dept of Health and Human Services (CoC Collaborative Applicant); Housing Opportunities Commission (local Housing Authority); Montgomery County Dept of Housing and Community Affairs (developer of Consolidated Plan); as well as housing and service providers serving homeless families and individuals. Once implemented, the 10-year plan will guide the work of the CoC and progress will be reviewed annually.

Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)

The CoC's 10-year plan is currently being reviewed and updated to reflect the current priorities and needs of the CoC. As part of this process, the Strategic Planning Committee has reviewed the Federal Strategic Plan and will be incorporating the main goals and relevant strategies into the revised 10-Year Plan.

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG):	Determines how to allocate ESG grant for eligible activities, Develop standards for evaluating the outcomes of activities assisted by ESG funds, Develop performance standards for activities assisted by ESG funds, Develop funding policies and procedures for the operation and administration of HMIS for ESG funded projects

Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)

In order to facilitate coordination between the CoC and local ESG funding and activities, the CoC Collaborative Applicant, Montgomery County Dept. of Health and Human Services (DHHS), is administering the ESG Grant under a memorandum of agreement with the Department of Housing & Community Affairs. With input from with the CoC Governing Board, DHHS determined how to allocate funds to meet gaps in the CoC system, designed program policies and procedures, and aligned activities. DHHS also developed performance standards and standards for evaluating outcomes that are in alignment with CoC standards.

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes?	No
If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?	

If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

NA

If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living (limit 1500 characters)

NA

3E. Reallocation

Instructions:

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system?	No

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

In the FY2011 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 FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 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 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, 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.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	14	**Beds**	26	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	92	**%**	92	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	74	**%**	76	**%**
Increase the percentage of homeless persons employed at exit to at least 20%	20	**%**	23	**%**
Decrease the number of homeless households with children	118	**Households**	127	**Households**

Did the CoC submit an Exhibit 1 application in FY2011? Yes

If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

The CoC did not meet the goal for decreasing the number of homeless families due to the slow economic recovery and lack of affordable housing options for low-income families. In Montgomery County a family with one adult, one preschooler, and one school-age needs to earn $77,933 annually or $36.90 per hour in order to be able to afford to live in the County without any type of government assistance. This is more than 4 times the Federal Poverty Level, which is beyond the reach of many homeless families who have limited work experience, and physical/behavioral health issues. Families unable to afford their own housing or that lost housing due to foreclosure have moved in with extended family/friends but due to the slow economic recovery, families are being "put out" from these arrangements due over-crowding and the drain on financial resources. Issues such as poor credit, previous landlord debt, and low income remain barriers to obtaining permanent housing.

How does the CoC monitor recipients' performance? (limit 750 characters)

The CoC monitors recipients' performance utilizing several strategies. The Performance Review Committee was established to systematically review performance and identify technical assistance needs of CoC projects. The committee evaluates the performance of each project utilizing APR and HMIS data, outcome measures, and program monitor feedback. The committee reviews progress quarterly. Project recipients submit monthly data quality reports to the HMIS administrator and Collaborative Applicant program monitors to ensure compliance with program outcomes, admissions and discharges and other specific criteria. In addition, bi-monthly monitoring is provided by CoC Collaborative Applicant program monitors to review emergency shelter capacity and length of stay.

How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)

The Collaborative Applicant program monitors work with project applicants to assure that they reach performance goals. Program monitors conduct site visits to review case records, policy and procedures, review project level HMIS performance data, and provide individual technical assistance. The Adult and Family Providers meet monthly to promote coordination, improve access to services, discuss barriers to achieving performance goals and identify strategies to assure success. The CoC also provides training opportunities to improve quality of care and support project applicants to implement best practices.

How does the CoC assist poor performers to increase capacity? (limit 750 characters)

The CoC has few poor performers, but when identified program applicants are provided one to one technical assistance and are required to develop a corrective plan of action that includes specific criteria and a timeline to resolve any issues. Program monitors track progress and report finds and recommendations to the Performance Review Committee.

Does the CoC have any unexecuted grants awarded prior to FY2011? No

If 'Yes', list the grants with awarded amount:

Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
NA	NA	$0
NA	NA	$0
NA	NA	$0
NA	NA	$0
NA	NA	$0
	Total	$0

What steps has the CoC taken to track the length of time individuals and families remain homeless? (limit 1000 characters)

The Collaborative Applicant tracks length of stay for each homeless program using HMIS data. However, because many persons participate in several programs (emergency shelter, transitional shelter, supportive services) during one spell of homelessness, tracking length of stay by individual program underestimates the total length of homelessness. Therefore, the Collaborative Applicant is working with its HMIS vendor to develop a report that can track length of stay across all homeless programs to identify the total length a specific homeless spell. The CoC has defined a spell as the length of time from admission date to the first homeless program to the discharge date of the last homeless program For persons using multiple programs, any gap between programs must be less than 90 days. If a gap between discharge and readmission is 90 days or longer, then a new spell of homelessness is considered to have occurred.

What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography? (limit 1000 characters)

The CoC is working with its HMIS vendor to develop a report that can track and identify multiple spells of homelessness based on data aggregated across all homeless CoC providers. At the client level, staff use the common assessment tool to document housing and homeless history to identify individuals and families who have had a prior spell of homelessness. Additionally, because the CoC has chosen to use an open HMIS system, staff can also use HMIS to track homeless history within the Montgomery County CoC.

**What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1500 characters)**

Montgomery County Department of Health & Human Services (DHHS), the Collaborative Applicant, is the primary funder of outreach services within the CoC. Working with the CoC Adult and Family Provider Teams, DHHS has developed a standard scope of services for all homeless outreach providers including outreach strategies to engage homeless individuals and procedures to refer, link, and provide a “warm” transfer to other services or housing providers. The Collaborative Applicant has also established standard protocols to collaborate with other DHHS providers working in Montgomery County Public Schools including the Linkages to Learning program and the Kennedy Cluster project, which serve low-income, at-risk families in targeted neighborhoods. The Collaborative Applicant also requires that providers maintain policies to access resources to serve limited English proficiency clients and recruit diverse staff to engage the population.

The CoC Adult and Family Provider Teams are used as a forum for providers to discuss outreach efforts, share information and promote coordination, and develop procedures. Training is also provided on best practices.

**What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans?
(limit 1500 characters)**

The CoC's strategy to prevent homelessness is outlined in its 10-year plan and in the Consolidated Plan. Key elements are also included in Montgomery County’s Housing Policy. Steps include:

1. Dept of Health & Human Services (DHHS) coordinates a system of emergency assistance for residents. Individuals & families at-risk of homelessness apply for assistance at 6 locations throughout the CoC. Applicants are assessed for emergency financial assistance available from DHHS & community providers to prevent eviction, obtain affordable housing, & prevent utility disconnect/restore services.
2, DHHS also provides case management services to help stabilize at-risk households including financial education, linkages to public benefits such as TANF, SNAP, Home Energy Assistance, & social security. Case managers also link households to mainstream rental assistance programs, employment & vocational programs.
3, Emergency Assistance Coalition meets regularly to coordinate emergency assistance. Members include government, faith-based, and nonprofit providers.
4. DHHS coordinates with the public school system (MCPS) to identify at-risk students and provide assistance before loss of housing.
5. DHHS operates a locally funded rental assistance program which provides a shallow rent subsidy to low-income families, elderly, and disabled individuals.
6. CoC members including HOC and DHCA continue to work to increase affordable housing for low and very-low income residents.

Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

NA

If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living (limit 1500 characters)

NA

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

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 FY2010, FY2011, and FY2012 (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 FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

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 FY2010, FY2011, and FY2012:

Year	Number of CH Persons	Number of PH beds for the CH
2010	184	116
2011	344	149
2012	199	190

What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)

The CoC determines chronic homeless eligibility in accordance with the definition most recently issued by HUD. Using the CoC's common assessment tool each person is interviewed to obtain information about current housing situation, history of homelessness as well as behavioral health and medical conditions that may indicate a disability. Providers work with homeless persons to obtain verification to document status. Montgomery County uses a formal protocol to identify street homeless persons and to assess needs. The outreach providers, emergency, transitional, and permanent supportive housing programs all enter data into the HMIS system to assist in identifying persons who are chronically homeless. In addition, the CoC is working with its HMIS vendor to develop reports to monitor data collection for this population.

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012: 40

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 2011 to 2012, the number of chronically homeless adults identified through the annual Point-in-Time count decreased from 344 to 199. This can be attributed to increased collaboration and coordination with outreach providers to engage and refer homeless persons to transitional and permanent supportive housing. In addition, the CoC increased its number of permanent supportive housing beds by opening a program for chronically homeless families and the acquisition of additional VASH vouchers which made it possible to move chronically homeless persons out of homelessness.

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, 2011 and January 31, 2012:

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	$242,385	$171,528		$6,072	$26,880
Total	$242,385	$171,528	$0	$6,072	$26,880

4C. Continuum of Care (CoC) Housing Performance

Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR 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 on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing 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 permanent housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any permanent housing projects 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)	81
b. Number of participants who did not leave the project(s)	491
c. Number of participants who exited after staying 6 months or longer	71
d. Number of participants who did not exit after staying 6 months or longer	457
e. Number of participants who did not exit and were enrolled for less than 6 months	34
TOTAL PH (%)	92

Instructions:

HUD will assess CoC performance in moving participants from transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR 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 on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing 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 the CoC have any transitional housing projects for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	151
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	120
TOTAL TH (%)	79

4D. Continuum of Care (CoC) Cash Income Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will 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 cash income. Once the total number of exiting adults has 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 the CoC that should have submitted an APR.

Total Number of Exiting Adults: 353

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	88	25%
Unemployment insurance	6	2%
SSI	46	13%
SSDI	32	9%
Veteran's disability	0	0%
Private disability insurance	0	0%
Worker's compensation	1	0%
TANF or equivalent	21	6%
General assistance	10	3%
Retirement (Social Security)	4	1%
Veteran's pension	1	0%
Pension from former job	1	0%
Child support	9	3%
Alimony (Spousal support)	0	0%
Other source	7	2%
No sources (from Q25a2.)	139	39%

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) Non-Cash Benefits

Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will 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 non-cash benefits. Once the total number of exiting adults has 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 the CoC that should have submitted an APR.

Total Number of Exiting Adults: 353

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	107	30%
MEDICAID health insurance	110	31%
MEDICARE health insurance	26	7%
State children's health insurance	3	1%
WIC	6	2%
VA medical services	1	0%
TANF child care services	6	2%
TANF transportation services	0	0%
Other TANF-funded services	0	0%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	2	1%
Other source	18	5%
No sources (from Q26a2.)	124	35%

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

4F. 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: 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

If 'Yes' to above question, click save to provide activities

If yes, are the projects requesting $200,000 or more?	

4G. 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 program monitors on a monthly basis. Data is not only reviewed for accuracy, but to assess the outcome progress toward goals. Recommendations are made to the CoC Performance Review Committee which also 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. 25, 2012
Feb. 22, 2012
March 28, 2012
April 25, 2012
May 23, 2012
June 27, 2012
July 25, 2012
October 24, 2012
November 28, 2012

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

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 Supplment Nutritional Assistance Programs, TANF, Social Security, Medical Assistance, local emergency assistance, and other benefits, if eligible.

Has the CoC participated in SOAR training?	Yes

If 'Yes', indicate training date(s):

Jan. 17 & Jan. 18, 2012
Feb. 2, 2012
April 19, 2012
June 11 & June 12, 2012
October 23 & October 24, 2012

4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

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

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

4I. Unified Funding Agency

Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area?	No
Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area?	No

**What experience does the CoC have with managing federal funding, excluding HMIS experience?
(limit 1500 characters)**

NA

Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)

NA

Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)

NA

**What is the CoC's process for issuing concerns and/or findings to HUD-funded projects?
(limit 1500 characters)**

NA

**Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD.
(limit 1500 characters)**

NA

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	MD-601 Certificat...	01/08/2013
CoC-HMIS Governance Agreement	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		

Attachment Details

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

Attachment Details

Document Description:

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Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/13/2013
1C. Committees	01/17/2013
1D. Member Organizations	01/10/2013
1E. Project Review and Selection	01/17/2013
1F. e-HIC Change in Beds	01/17/2013
1G. e-HIC Sources and Methods	12/27/2012
2A. HMIS Implementation	01/14/2013
2B. HMIS Funding Sources	12/27/2012
2C. HMIS Bed Coverage	01/14/2013
2D. HMIS Data Quality	01/15/2013
2E. HMIS Data Usage	01/17/2013
2F. HMIS Data and Technical Standards	01/09/2013
2G. HMIS Training	12/11/2012
2H. Sheltered PIT	01/17/2013
2I. Sheltered Data - Methods	01/17/2013
2J. Sheltered Data - Collections	01/14/2013
2K. Sheltered Data - Quality	01/17/2013
2L. Unsheltered PIT	01/14/2013
2M. Unsheltered Data - Methods	01/17/2013
2N. Unsheltered Data - Coverage	01/12/2013
2O. Unsheltered Data - Quality	01/17/2013
Objective 1	01/17/2013
Objective 2	01/14/2013
Objective 3	01/15/2013
Objective 4	01/17/2013

Objective 5	01/17/2013
Objective 6	01/17/2013
Objective 7	01/17/2013
3B. Discharge Planning: Foster Care	01/18/2013
3B. CoC Discharge Planning: Health Care	01/18/2013
3B. CoC Discharge Planning: Mental Health	01/18/2013
3B. CoC Discharge Planning: Corrections	01/18/2013
3C. CoC Coordination	01/18/2013
3D. CoC Strategic Planning Coordination	01/17/2013
3E. Reallocation	01/06/2013
4A. FY2011 CoC Achievements	01/18/2013
4B. Chronic Homeless Progress	01/17/2013
4C. Housing Performance	01/14/2013
4D. CoC Cash Income Information	01/16/2013
4E. CoC Non-Cash Benefits	01/16/2013
4F. Section 3 Employment Policy Detail	01/06/2013
4G. CoC Enrollment and Participation in Mainstream Programs	01/17/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/17/2013
4I. Unified Funding Agency	No Input Required
Attachments	01/08/2013
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: Montgomery County Continuum of Care - MD-601

Project Name: See Attached List

Location of the Project: See Attached List

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: Montgomery County, MD

Certifying Official of the Jurisdiction Name: Luann Korona

Title: Chief, Community Development Division - DHCA

Signature:

Date: 12 · 31 · 2012

Attachment to Certification of Consistency with the Consolidated Plan

Applicant Name: Continuum of Care MD-601

Name of Certifying Jurisdiction: Montgomery County, Maryland

Project Name	Location	Federal Program
Interfaith Works Inc.: Carroll House	9625 Dewitt Drive Silver Spring, MD 20910	CoC Program: Transitional
City of Gaithersburg: Wells/Robertson House	31 S. Summit Avenue Gaithersburg, MD 20877	CoC Program: Transitional
The Dwelling Place	610 East Diamond Ave #300 Gaithersburg, MD 20877 scattered sites in Montgomery County	CoC Program: Permanent
Housing Opportunities Commission: Permanent Supportive Housing McKinney 3	10400 Detrick Avenue Kensington, MD 20895 scattered sites in Montgomery County	CoC Program: Permanent
Housing Opportunities Commission: Permanent Supportive Housing McKinney 10	10400 Detrick Avenue Kensington, MD 20895 scattered sites in Montgomery County	CoC Program: Permanent
Housing Opportunities Commission: Permanent Supportive Housing McKinney 12	10400 Detrick Avenue Kensington, MD 20895 scattered sites in Montgomery County	CoC Program: Permanent
Housing Opportunities Commission: Shelter Plus Care	10400 Detrick Avenue Kensington, MD 20895 scattered sites in Montgomery County	CoC Program: Permanent
Housing Opportunities Commission: New Neighbors (Shelter Plus Care 2)	10400 Detrick Avenue Kensington, MD 20895 scattered sites in Montgomery County	CoC Program: Permanent
Housing Opportunities Commission: New Neighbors II (Shelter Plus Care 3)	10400 Detrick Avenue Kensington, MD 20895 scattered sites in Montgomery County	CoC Program: Permanent
Interfaith Works Inc.: Interfaith Homes (New Project)	114 West Montgomery Avenue Rockville, MD 20850 scattered sites in Montgomery County	CoC Program: Permanent
Montgomery Avenue Women's Center	12250-C Wilkins Avenue, Rockville, MD 20850	CoC Program: Supportive Services Only
Montgomery County Coalition for the Homeless: Safe Havens	600 B East Gude Drive Rockville, MD 20850 in four locations in Montgomery County	CoC Program: Safe Haven
Montgomery County Coalition for the Homeless: Personal Living Quarters/Seneca Heights Apartments	18715 North Frederick Ave, Gaithersburg, MD	CoC Program: Permanent
Montgomery County Coalition for the Homeless: Home First I	600 B East Gude Drive Rockville, MD 20850 scattered sites in Montgomery County	CoC Program: Permanent
Montgomery County Coalition for the Homeless: Home First II	600 B East Gude Drive Rockville, MD 20850 scattered	CoC Program: Permanent

	sites in Montgomery County	
Montgomery County Coalition for the Homeless: Home First III	600 B East Gude Drive Rockville, MD 20850 scattered sites in Montgomery County	CoC Program: Permanent
Montgomery County Coalition for the Homeless: Cordell	4715 Cordell Avenue Bethesda MD 20814	CoC Program: Permanent
Montgomery County Coalition for the Homeless: Hope Housing	600 B East Gude Drive Rockville, MD 20850 scattered sites in Montgomery County	CoC Program: Permanent
National Center for Children and Families: Family Stabilization Program	6301 Greentree Road Bethesda, MD 20817 scattered sites in Montgomery County	CoC Program: Transitional
People Encouraging People, Inc.	255 N. Stonestreet Avenue, Rockville, MD 20850 scattered sites in Montgomery County	CoC Program: Permanent
Montgomery County Department of Health & Human Services	401 Hungerford Drive Rockville, MD 20850	CoC Program: Planning Grant

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: Montgomery County Continuum of Care - MD-601

Project Name: See Attached List

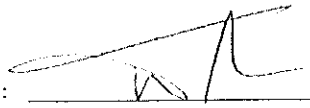
Location of the Project: See Attached List

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care

Name of Certifying Jurisdiction: City of Gaithersburg

Certifying Official of the Jurisdiction Name: Tony Tomasello

Title: City Manager

Signature: 

Date: 12/27/12

Attachment to Certification of Consistency with the Consolidated Plan

Applicant Name: Montgomery County Department of Health and Human Services

Name of Certifying Jurisdiction: City of Gaithersburg

Project Name	Location	Federal Program
City of Gaithersburg: Wells/Robertson House	1 Wells Avenue Gaithersburg, MD 20877	CoC Program: Transitional
Dwelling Place	610 East Diamond Ave #300 Gaithersburg, MD 20877 Scattered sites	CoC Program: Permanent
Montgomery County Coalition for the Homeless: Personal Living Quarters/Seneca Heights Apartments	18715 North Frederick Ave Gaithersburg 20879	CoC Program: Permanent