

Before Starting the Project Listings for the CoC Priority Listing

Collaborative Applicants must rank or reject all Project Applications –new projects created through reallocation, renewal projects, CoC planning projects, and UFA Costs projects - submitted through e-snaps from project applicants prior to submitting the CoC Project Listings.

Additional training resources are available online on the CoC Training page of the OneCPD Resource Exchange at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/> .

Things to Remember

- There are four separate forms in e-snaps that make up the Priority Listings, which lists the new projects created through reallocation, renewal, CoC planning, and UFA Costs project applications that the Collaborative Applicant intends to submit on behalf of the CoC. The Priority Listing ranks the projects in order of priority and identifies any project applications rejected by the CoC. All renewal and new projects created through reallocation, CoC planning, and UFA Costs project applications must be accepted and ranked or rejected by the Collaborative Applicant. Ranking numbers must be unique for each project application submitted.
- Collaborative Applicants are strongly encouraged to list all project applications on the FY2013 CoC Ranking Tool located on the OneCPD Resource Exchange to ensure a ranking number is used only once. The FY 2013 CoC Ranking Tool will assist the Collaborative Applicant during the ranking process among the four Project Listings.
- Any project applications rejected by the Collaborative Applicant must select the reason for rejection.
- Collaborative Applicants are required to notify all project applicants no later than 15 days before the application deadline regarding whether their project applications would be included as part of the CoC Consolidated Application submission.
- If the Collaborative Applicant needs to amend a project for any reason after ranking has been completed, the ranking of other projects will not be affected; however, the Collaborative Applicant must be sure to rank the amended project once it is returned to the Project Listing and verify that the rank number assigned has not been assigned to another project on a different Project Listing.
- Only 1 CoC Planning project can be ranked on the CoC Planning Project Listing.
- Only 1 UFA cost project can be ranked on the UFA Cost Project Listing.

The Collaborative Applicant MUST submit both this CoC Project Listing AND the CoC Application by the HUD submission deadline in order for the CoC Consolidated Application submission to be considered complete

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 One CPD Resource Exchange Ask A Question at <https://www.onecpd.info/ask-a-question/>.

Collaborative Applicant Name: Montgomery County Maryland

Continuum of Care (CoC) New Project Listing

Instructions:

Prior to starting the CoC New Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Instructions" and the "CoC Project Listing" training module, both of which are available at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

To upload all new project applications that were created through reallocation and have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of new projects created through reallocation that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
This list contains no items						

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the CoC Renewal Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Instructions" and the "CoC Project Listing" training module, both of which are available at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

To upload all renewal project applications that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.

X

The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type ▲
Shelter Plus Care	2014-01-28 14:52:...	1 Year	Housing Opportuni...	\$647,958	W14	PH
Interfaith Homes	2014-01-26 08:43:...	1 Year	Interfaith Works	\$285,155	W7	PH
Chronically Homel...	2014-01-28 11:45:...	1 Year	The Dwelling Plac...	\$140,635	W8	PH
New Neighbors 1	2014-01-28 14:47:...	1 Year	Housing Opportuni...	\$259,971	W11	PH
Supportive Housin...	2014-01-28 11:22:...	1 Year	Housing Opportuni...	\$214,094	W5	PH
Supportive Housin...	2014-01-28 11:22:...	1 Year	Housing Opportuni...	\$81,048	W12	PH
Supportive Housin...	2014-01-29 10:19:...	1 Year	Housing Opportuni...	\$2,184,730	W15	PH

New Neighbors 2	2014-01-30 13:37:...	1 Year	Housing Opportuni...	\$60,972	W17	PH
Hope Housing	2014-01-30 13:57:...	1 Year	Montgomery County...	\$520,802	W4	PH
Personal Living Q...	2014-01-30 13:54:...	1 Year	Montgomery County...	\$366,075	W1	PH
Cordell	2014-01-30 14:16:...	1 Year	Montgomery County...	\$138,014	W2	PH
Home First I	2014-01-30 14:13:...	1 Year	Montgomery County...	\$136,998	W3	PH
Home First II	2014-01-30 14:11:...	1 Year	Montgomery County...	\$271,775	W6	PH
Safe Havens	2014-01-30 13:52:...	1 Year	Montgomery County...	\$842,321	W10	SH
Montgomery Avenue...	2014-01-27 10:25:...	1 Year	Montgomery Avenue...	\$140,815	W20	SSO
Rapid ReHousing P...	2014-01-24 12:52:...	1 Year	National Center f...	\$184,126	W9	TH
Family Stabilizat...	2014-01-24 12:55:...	1 Year	National Center f...	\$652,878	W16	TH
Wells-Robertson H...	2014-01-27 12:22:...	1 Year	City of Gaithersb...	\$130,690	W18	TH
Carroll House	2014-01-24 13:07:...	1 Year	Interfaith Works	\$240,396	W13	TH

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Instructions" and the "CoC Project Listing" training module, both of which are available at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

To upload the CoC planning project application that has been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes as the project will need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

If more than one CoC planning project was submitted, the Collaborative Applicant can only approve one CoC planning project (which must be submitted by the Collaborative Applicant) and reject all other CoC planning projects.

Project Name	Date Submitted	Project Type	Applicant Name	Budget Amount	Grant Term	Rank	Comp Type
MD-601 CoC Planni...	2014-01-24 09:22:...	--	Montgomery County MD	\$55,165	1 Year	C19	CoC Planning Proj...

Funding Summary

Instructions

For additional information, carefully review the "CoC Priority Listing Instructions" and the "CoC Priority Listing" training guide, both of which are available at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>.

This page contains the total budget summaries for each of the project listings for which the Collaborative Applicant approved and ranked or rejected project applications. The Collaborative Applicant must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount the Collaborative Applicant will submit to HUD for funding consideration. As stated previously, 1 UFA Cost project and only 1 CoC Planning project can be submitted and only the Collaborative Applicant is eligible to request these funds.

Title	Total Amount
Renewal Amount	\$7,499,453
New Amount	
Reallocated Amount	
CoC Planning Amount	\$55,165
UFA Costs	
Rejected Amount	\$0
TOTAL CoC REQUEST	\$7,554,618

Maximum CoC project planning amount: \$94,433

Submission Summary

Page	Last Updated
Before Starting	No Input Required
1A. Identification	01/28/2014
2A. CoC New Project Listing	No Input Required
2B. CoC Renewal Project Listing	01/30/2014
4A. CoC Planning Project Listing	01/30/2014
Submission Summary	No Input Required

Before Starting the CoC Application

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

- CoC Application
- Project Listing

Please Note:

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

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1 CoC Name and Number: MD-601 - Montgomery County CoC

1A-2 Collaborative Applicant Name: Montgomery County Maryland

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

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

1B-1 How often does the CoC conduct meetings of the full CoC membership? Semi-Annually

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Annually

1B-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Advisor
Select all that apply.

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

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

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

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

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Governing Board	The 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.	Monthly	Montgomery Cnty, Housing Auth, Amer Bar Fdn, Gaithersburg Cty, VA, Dwelling Place, MCCH, NCCF, PEP, Interfaith Works, Com Min Rockville, Mont Ave Women Ctr, Stepping Stones, Helping Hands, Cath Charities, Bethesda Cares, Rainbow Pl, Shepherds Table
1C-1.2	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	Bi-Monthly	MCDHHS, MCCH, NCCF, IFW, PEP, Bethesda Cares, Gaithersburg, MAWC, Child Welfare Services, Stepping Stones, Helping Hands, Catholic Charities, Rainbow Place,VA,Healthcare for Homeless, Dwelling Place, MC Schools, Housing Authority,

1C-1.3	Allocation Committee	The Continuum of Care Allocation Committee meets twice a year to reviews evaluation material such as program utilization, progress made on performance goals and recommendations from the Performance Committee. The Committee members rank the programs based on performance, priority to the CoC and alignment with HUD requirements.	Semi-Annually	Bethesda Cares, Dept of Housing and Community Affairs, Veterans Affairs, American Bar Foundation, Core Services Agency, Family Services
1C-1.4	Performance Review	The Performance Review Committee was established to systematically review performance and identify technical assistance needs of CoC projects. Current members have expertise in	Quarterly	MC Dept of Health and Human Services, formerly homeless representative, Montgomery County Coalition for Homeless, Interfaith Works, City of Gaithersburg, Stepping Stones, Dwelling Place,
1C-1.5	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	MC Dept of Housing and Community Affairs; MC Dept of Health and Human Services; Interfaith Works; Stepping Stones, Bethesda Cares; Montgomery County Coalition for Homeless, Housing Authority; Homeless Advisory Group

1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups. (limit 750 characters)

CoC membership is open to those with a knowledge and/or interest in preventing/ending homelessness. The Governing Board designates committees & solicits volunteers to participate. Committees also reach out to the community for additional input. For example, the Strategic Planning committee, which is comprised of housing/homeless service providers, County agencies & the local public housing authority, convened a group of formerly homeless persons and held two CoC-wide work sessions to solicit feedback. Work sessions were open to those with expertise in affordable housing, homeless services, youth, domestic violence, mainstream benefits, health, behavioral health, corrections, legal services, veterans services, employment and education.

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

Instructions:

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

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

The 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 using a standard ranking tool based on utilization, outcome performance, priority to CoC, alignment with HUD priorities, and compliance with HUD funding requirements. CoC & HUD monitoring findings are also reviewed as are Project match & leveraging for compliance. Each Project Application is scored individually with ranking priority determined by committee consensus. Project applicants are notified of the outcome no later than 15 days prior to CoC application deadline.

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

Project applicants are evaluated on utilization, length of time of current homeless episode, housing stability, percentage of exits to permanent housing, earned income at exit, increase in income, and access to mainstream benefits as part of the CoC ranking and review process. CoC Projects are required to submit monthly HMIS data quality reports including Universal Data Element completeness, Clients Served, and APRs to the HMIS Lead program monitors. Information is reviewed for data quality and accuracy. The Information is compiled quarterly together with a summary of specific barriers currently identified by CoC projects. Quarterly meetings are held with the CoC Performance Review Committee to evaluate the information outlined and each metric is scored to a program specific goal. The CoC Allocation Committee reviews the outcomes of each project over a one year period and assigns a score based on performance. Committee members rank the programs based on performance, priority to the CoC and alignment with HUD requirements.

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

When available, new funding opportunities are advertised via email, meeting announcements and on the Collaborative Applicant (CA) website. The announcement includes funding priorities, application requirements, and timelines. A technical assistance session is held at least 14 days prior to the project application deadline to review the process, target population, key issues to address & to answer questions. Information about the CoC, current PIT, HIC, & subpopulations is provided. Interested entities must submit a letter of intent within 7 days after the Technical assistance session to the CA. The CA provides feedback and technical assistance during the application process & reviews all project applications prior to submission in eSnaps for content, budget format, and general accuracy.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. 01/23/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes? Yes

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

The GIW was submitted during the CoC registration period

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

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

There were no written complaints received by the CoC

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

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

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

MCDHHS acts as both the Collaborative Applicant and HMIS Lead. The CoC HMIS system is designed to meet privacy requirements including one-to-one licensed access, audit trails, password protected data, and a time-out feature. MCDHHS provides licenses and training to all homeless service providers to collect the Universal Data Elements (UDE) and Program Specific Data Elements in conformance with the 2010 data standards. HMIS has been configured to ensure that a program enrollment record cannot be completed without a response to all UDEs. The HMIS Lead communicates via training and e-mail information regarding HUD published requirements including the interim rule and conducts monthly data quality review to assure that data is being entered timely, accurate and complete. The percentage of records with “Don’t Know” and “Refused” responses is monitored and providers with high numbers receive training on engaging clients to elicit information. Providers have access to the MCDHHS Information Technology assistance network to ensure that computers are properly configured to meet security and technical standards for maximum functionality of the software.

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

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

The Privacy and Security Plan is integrated into the HMIS Policy and Procedure Manual, Agency Participation and User Agreements. Both Plans were developed in March 2007 and last vetted in January 2014. Restricted information is clarified in the Participation Agreement which notes how information is to be used, shared, and who may have access. Security includes what measures are in place by the vendor and the CoC, regarding confidentiality, integrity, and requirements for technology on when, where and how to access the software. The Privacy & Security Plans are reviewed and updated annually by the HMIS Lead for approval by the CoC. Revisions are distributed to all stakeholders via email for comments, recommendations, and approval. The CoC Data Quality Plan is maintained by the HMIS Lead in conjunction with the County IT. Data Quality (DQ) reports are run weekly on all programs & users are notified for corrections. Each agency submits monthly reports related to data completion and accuracy. The DQ plan and monthly DQ reports were last promulgated to users Nov. 2013. The plan is reviewed annually and distributed to all stakeholders via email and integrated into training.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? Applicant will enter the HMIS software name (e.g., ABC Software). ServicePoint

2A-5 What is the name of the HMIS vendor? Applicant will enter the name of the vendor (e.g., ESG Systems). Bowman Systems

2A-6 Does the CoC plan to change the HMIS software within the next 18 months? No

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

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

2B-2 Select the CoC(s) covered by the HMIS: MD-601 - Montgomery County CoC
 (select all that apply)

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

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$0
ESG	\$45,000
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$45,000

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$150,109
State	\$0
State and Local - Total Amount	\$150,109

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-3.5 Funding Type: Other

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

2B-3.6 Total Budget for Operating Year	\$195,109
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2B-4 How was the HMIS Lead selected by the CoC? Agency was Appointed

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

NA

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

Instructions:

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

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

* Emergency shelter	86%+
* Safe Haven (SH) beds	86%+
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	86%+

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

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

NA. Bed coverage for all housing types is above 64%

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

NA. Bed coverage for all housing types is above 64%

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

Instructions:

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

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

Type of Housing	Average Length of Time in Housing
Emergency Shelter	45
Transitional Housing	11
Safe Haven	19
Permanent Supportive Housing	43
Rapid Re-housing	3

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

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

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

HMIS is used as the primary source for homeless data for the CoC geographic area. HMIS data is generated for HUD required reports such as Point-in-Time data collection, CoC-wide and Project Recipient APRs, CoC Annual Homeless Assessment Report, and CAPER reports. HMIS is also used to monitor ESG funded program activities and outcomes. Montgomery County Department of Health and Human Services, the Collaborative Applicant, collaborates with the Montgomery County Department of Housing and Community Affairs to provide data for the CAPER related to addressing progress toward County goals and identifying trends and gaps in the geographic area. Project Recipients use HMIS to produce APR and program outcome reports.

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

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

Montgomery County Dept. of Health and Human Services (MCDHHS) acts as both the CoC Collaborative Applicant and the HMIS Lead Agency. MCDHHS employs an HMIS Specialist to provide provider training; create HMIS workflow guides specific to program type and population served to support data accuracy and consistency; and implement procedures for data monitoring and data quality (DQ) reporting. MCDHHS runs daily DQ reports and utilizes a ticketing system to communicate DQ issues to programs and track the progress of corrections. On a monthly basis, agencies are asked to examine the complete data set for their programs in HMIS and submit reports verifying its accuracy. Program Monitors utilize HMIS generated compliance reports to identify discrepancies between data in the HMIS and external records such as accounting and client rosters. In addition to the systemic approach described above, the HMIS Specialist provides dedicated office hours for individualized assistance in resolving DQ issues.

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

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

Instructions:

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

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

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

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

Instructions:

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

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

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

Information regarding accuracy of capturing participant entry/exits data is located on page 3 and 5. Additional information related to accuracy of entry/exit info is found in Attachment I on page 58

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

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

Instructions:

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

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/30/2013

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

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

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

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	60%	20%	20%
Transitional Housing	0%	60%	20%	20%
Safe Havens	0%	60%	20%	20%

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

The point-in-time survey was conducted on January 30, 2013. A total of 1004 sheltered and unsheltered homeless persons were counted that day. Overall homelessness increased 2 percent over 2012 when 982 persons were counted. This increase in overall homelessness can be attributed to the lack of affordable housing for low income households, the continued challenges with securing employment sufficient to cover rental costs, landlord's ability to reject clients due to bad credit, criminal background, and past evictions.

Households without children experienced a 6 percent increase from 600 in 2012 to 638 in 2013. This increase is primarily due to a rise in persons in need of transitional housing in order to resolve barriers to permanent housing. Family homelessness decreased 7 percent from 120 households in 2012 to 117 in 2013.

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

Instructions:

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

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

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

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

NA

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

Survey: The CoC developed an Excel survey template in collaboration with nearby jurisdictions in compliance with the Governing Board & HUD requirements. Shelter staff gathered and reviewed information from HMIS and interviewed clients to complete the survey. Transitional shelters, Safe Havens, and housing providers, completed the survey using HMIS data and case record information. The surveys were forwarded to the HMIS Lead for review and tabulation.

HMIS: HMIS was used by shelter providers to gather information for the completion of the Excel survey template. The HMIS Lead generated CoC-wide data to verify data submitted by providers and identify possible discrepancies.

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

Instructions:

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

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

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	<input checked="" type="checkbox"/>
Interviews:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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

NA

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

HMIS: Before the PIT, the HMIS Lead verified that subpopulation data was being entered in HMIS. Universal & Program data quality reports were run to ensure subpopulation categories were noted.

Provider expertise: Emergency shelters collected subpopulation data using HMIS, client interviews, and case records. All other housing providers collected subpopulation data from HMIS and case records. The HMIS lead utilized provider expertise to clarify any discrepancies and make necessary corrections.

Interviews: The CoC developed an Excel survey in collaboration with nearby jurisdictions in compliance with the Governing Board & HUD requirements. Shelter staff used information from HMIS and interviewed clients to complete the survey. The HMIS Lead verified that all agencies submitted documentation, reviewed and tabulated data.

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

Instructions:

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

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

Training:	<input checked="" type="checkbox"/>
Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication :	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

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

NA

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

Training: All providers received written instructions indicating the data elements to be collected and uniform subpopulation definitions. Training sessions were also held for providers on PIT data collection.

Follow up: The HMIS Lead sent e-mail reminders & was available for technical support. After the count, the HMIS lead verified that all providers submitted data & contacted agencies regarding any discrepancies.

HMIS: HMIS Lead ran data quality reports to ensure entry/exits dates were included and that no one person occupied two program beds.

Non-HMIS de-dup: Three data elements were collected from clients: first three letters of last name, date of birth, and gender. These variables allowed the CoC to de-duplicate the data using statistical software to identify those individuals who were counted more than once.

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

Instructions:

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

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

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

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

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

The unsheltered population increased to 143 in 2013 from 130 in 2012. This was a 10% increase from 2012, but a 37% decrease from 2011 when the count was 226. The 10% increase in 2013 can be attributed an expanded effort to reach the unsheltered population. The CoC held its second annual Homeless Resource Day which included public announcements and media coverage which allowed the CoC to provide services to over 300 households. During this event, homeless clients are encouraged to maintain contact with outreach providers, locations of encampments are obtained, and clients are encouraged to participate during the annual PIT count. Lastly, the increase can also be attributed to the continued lack of housing that is affordable to low-wage working persons and the exhaustion of family or friends that had provided temporary housing.

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

Instructions:

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

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

Public places count:	<input type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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

Not applicable

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

Public place count w/interviews on night of PIT: Four outreach providers collaborated with the local police districts to identify homeless encampments, 24-hr establishments, storage and abandoned buildings throughout the geographic area. Interview teams, each with a Spanish speaking member, conducted interviews using a standardized survey at these sites.

Service based count: Teams interviewed people using non-shelter services such as soup-kitchens, drop-in centers, and day programs. Coordinated teams conducted the interviews using a standard survey which included the question "where" did you sleep on _ " to determine homeless status or if they completed the survey at a shelter.

Information from interviews was entered into an Excel survey and HMIS. Data was forwarded to the HMIS Lead for de-duplication and tabulation.

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

Instructions:

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

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

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

Not applicable

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

Instructions:

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

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

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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

NA

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

Training: The CoC held training sessions for interviewers and provided written instructions on the data collection protocol including standard definitions for each subpopulation.

Unique Identifier: To avoid counting unsheltered homeless persons more than once, three identifying items were collected: first three letters of last name, date of birth, and gender. Providers included a comment or "t" for twin and triplet identification. This enabled the CoC to de-duplicate using statistical software.
Survey Questions: The CoC developed a standardized survey in English and Spanish. The survey protocol required volunteers to ask where the person slept the previous evening. If the response indicated that the person slept at a sheltered facility, or was not homeless, the individual was not included in the unsheltered survey.

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

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

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

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

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		577	560	560
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	190	187	201	210
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		50	55	60
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		85%	85%	85%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		0	0	0

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

The CoC will increase the number of permanent supportive housing beds available for chronically homeless (CH) persons both by increasing the number of beds designated for CH homeless persons in new projects as well by prioritizing beds in programs that are not dedicated for CH persons. A minimum of 85% of CoC-funded beds which become available through turnover will be prioritized for chronically homeless persons. Non-CoC funded programs will also prioritize turnover beds for CH persons.

Reductions in funding including HUD CoC & Housing Choice Voucher funds make it increasingly difficult to identify resources for new housing programs. If available, the CoC will apply for funding to create programs dedicated to chronically homeless persons and will notify the CoC as resources become available.

New initiatives planned for 2014 and 2015 include: Montgomery County DHHS will partner with Montgomery County Coalition for the Homeless to create 9 new beds to serve chronically homeless persons; Montgomery County will begin development of a 21-bed Personal Living Quarter facility. The CoC Housing Committee will continue to explore resources to develop additional housing options.

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

Montgomery County Department of Health and Human Services, the Collaborative Applicant, will monitor HUD funding opportunities and notify community providers as they become available. MCDHHS, working with the Housing Committee, will continue to explore funding options to create new PSH housing. Permanent supportive housing providers including Montgomery County Coalition for the Homeless, Interfaith Works, Housing Opportunities Commission and Dwelling Place will prioritize turnover beds for CH persons.

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

Objective 2: Increase Housing Stability

Instructions:

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

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

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

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	485	498	498
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	454	467	467
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	94%	94%	94%

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

The CoC exceeded the HUD goal of 80% for housing stability. The CoC plans to maintain housing stability for those remaining in PSH or exiting to permanent housing at 94% for 2014 and 2015. Strategies include:

1. PSH providers will continue to link participants to mental health, substance abuse, healthcare, financial counseling, and education services.
2. PSH providers will continue to link participants to vocational training/employment to help them attain/maintain income.
3. PSH providers will conduct outreach to landlords to ensure monitoring of tenant based subsidy participants.
4. Montgomery County. DHHS will provide access to accredited trainings on behavioral and somatic health issues.
5. Performance review committee will review HMIS data quality reports including APR to track & monitor progress quarterly.

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

Permanent housing providers including Interfaith Works, Montgomery County Coalition for the Homeless, Housing Opportunities Commission and The Dwelling Place will continue to provide supportive services and subsidized housing.

Montgomery County DHHS will oversee coordinated assessment process and will collaborate with permanent housing providers listed above to facilitate movement among permanent housing programs when needed for housing stability

CoC Performance Review Committee will review housing stability quarterly.

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

Objective 3: Increase project participants income

Instructions:

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

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

3A-3.1 Number of adults who were in CoC- funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 835

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	17%	20%	20%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	30%	54%	54%

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

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1
Earned Income	202	24.19 %
Unemployment Insurance	14	1.68 %
SSI	230	27.54 %

SSDI	179	21.44	%
Veteran's disability	3	0.36	%
Private disability insurance	0		%
Worker's compensation	0		%
TANF or equivalent	45	5.39	%
General Assistance	41	4.91	%
Retirement (Social Security)	10	1.20	%
Veteran's pension	4	0.48	%
Pension from former job	10	1.20	%
Child support	21	2.51	%
Alimony (Spousal support)	3	0.36	%
Other Source	19	2.28	%
No sources	346	41.44	%

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

The CoC's two-year plan increase income from non-employment sources includes:

1. Montgomery County Dept of Health & Human Services (MCDHHS) will continue to assess, refer, and monitor homeless families for mainstream non-cash benefits including child support and TANF,
2. CoC projects will continue to provide case management services to assist homeless persons in applying for and maintaining cash benefits. Case managers will assist in compiling necessary documentation, provide transportation to appointments, and follow the homeless person through the application process.
3. MCDHHS will continue to coordinate with the State in providing SOAR training.
4. MCDHHS will continue to have a State designated special needs provider for SOAR, which is currently People Encouraging People.
5. Veterans Affairs will continue to train CoC providers on accessing VA benefits including pension and will work with veterans referred to the One Stop Center.
5. Performance Review Committee will monitor performance & DHHS will provide technical assistance as needed.
6. HMIS Lead Agency will train and monitor providers to ensure that information is updated in the CoC HMIS system.

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

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 (MCDHHS) will assist CoC projects to connect clients to local TANF employment programs, Maryland State Department of Rehabilitation Services, & mental health supported employment programs.
3. CoC Adult and Family Provider Teams 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.
6. CoC will establish an Employment Task Group to assess need and develop CoC-wide strategies.

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

CoC Employment Task Group will develop strategies, CoC Performance committee will monitor outcomes, MCDHHS, HMIS Lead Agency, will assure CoC projects maintain up-to-date information in HMIS.

CoC-funded agencies, Housing Opportunities Commission, Interfaith Works, Montgomery County Coalition for the Homeless, City of Gaithersburg, Dwelling Place, Montgomery Avenue Women’s Center and National Center for Children and Families and Veterans Affairs will assist participants to access benefits.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

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

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

3A-4.1 Number of adults who were in CoC- 835 funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

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

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	72%	72%	72%

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

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	413	49.46 %
MEDICAID health insurance	244	29.22 %
MEDICARE health insurance	105	12.57 %
State children's health insurance	1	0.12 %
WIC	5	0.60 %

VA medical services	1	0.12 %
TANF child care services	1	0.12 %
TANF transportation services	0	%
Other TANF-funded services	1	0.12 %
Temporary rental assistance	0	%
Section 8, public housing, rental assistance	10	1.20 %
Other Source	37	4.43 %
No sources	266	31.86 %

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

The CoC continues to exceed the HUD goal of 56 percent. The CoC will continue its efforts to increase access to mainstream benefits as follows:

1. Montgomery County DHHS (MCDHHS) 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. 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.
5. Performance Review committee will monitor outcomes quarterly and provide feedback to the CoC and providers.

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

MCDHHS will monitor programs to assure case management services are provided and conduct SOAR training. Outreach programs including Bethesda Cares, PEP, City of Gaithersburg and Interfaith Works (IFW) will assist with connections to mainstream benefits. Housing providers including IFW, Montgomery County Coalition for the Homeless, Dwelling Place, City of Gaithersburg, Housing Opportunities Commission and National Center for Children and Families will connect participants to benefits. The Performance Review Committee will monitor outcomes and MCDHHS will provide technical assistance.

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

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

Instructions:

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

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

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

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	0
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	0	5	12
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	0	0	10

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

The Department of Health and Human Services is administering the ESG grant on behalf of Montgomery County. DHHS in collaboration with the CoC has agreed to prioritize ESG funds for rapid re-housing activities. In FY14, it is anticipated that 5 households will be served with ESG funds and in FY15, 12 families will be served.

Legislative restrictions prohibiting non-profit organizations from administering rental assistance have created a barrier to the reallocation of CoC funds to rapid re-housing activities. If a legislative change is made that will allow nonprofits to administer rapid re-housing activities, then the CoC will work to reallocate funds currently being used for transitional housing for families to rapid re-housing.

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

Montgomery County DHHS will continue to prioritize the use of ESG funds for rapid re-housing activities for families. Allocation decisions will be made in consultation with the CoC Governing Board.

National Center for Children in Families will voluntarily reallocate funding from the Family Stabilization Program to create a CoC-Funded Rapid Re-housing project once a legislation allows nonprofits to administer rapid re-housing funds.

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

The CoC has written policies and procedures for ESG Rapid Re-housing assistance. Eligibility and prioritization includes: Living in emergency shelter or in a place not meant for human habitation, lack resources/supports to resolve own emergency, and a reasonable likelihood that households will be able to maintain housing when assistance ends. Referrals are made to the ESG program via the CoC Coordinated Assessment System and the CoC's common assessment tool is completed for all families.

All families receive case management assistance as well up to 12 months of rental assistance. To expedite exit from homelessness, families are eligible for financial assistance with security deposit, not exceed twice the monthly rent, as well as first month's rent. From month two through month twelve families receive a flat subsidy in the amount \$600 per month with the remainder of the rent being the responsibility of the family.

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

Households meet with a case manager face to face for an initial assessment and then at least one time per month for a home visit while in the program. In addition, the case manager maintains weekly contact by phone, email or in-person. As a time-limited program activities are focused on housing stabilization, linking program participants to community resources and mainstream benefits, opportunities to increase income, financial management and helping households develop a plan to preventing future housing instability. Households are reassessed every three months to review program participation, housing stability, and ongoing need for assistance.

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

The ESG Rapid Re-housing provider will contact participants exiting the ESG Rapid Re-housing program 6 months after exit to assess housing stability and assess need. If the household is at risk of homelessness or is need of assistance, the case manager will refer the family to mainstream benefits programs and/or to the CoC's homelessness prevention resources.

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

Instructions:

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

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

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

NA

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

Montgomery County DHHS, the Collaborative Applicant, implements local discharge planning policies that prohibit the discharge of foster care youth into homelessness. To prepare for discharge, youth receive independent living skills training starting at age 14. Semi-independent living is open to youth aged 16-21 who are in school or working. As discharge nears, an individualized exit plan is developed for each youth to link him/her to housing, employment, education, & life skills help.

Youth exit to private market housing such as apartment shares, room rentals or their own apartments. Those at college move into dormitories while others 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 & independent living skills support. To expand options, DHHS has partnered with the local public housing authority to develop an 10-bed program that combines a housing subsidy with supportive services for youth that have exited care.

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

Montgomery County Department of Health and Human Services (DHHS) through Child Welfare Services works with a variety of non-profit behavioral health, housing, employment, education, life skills & child welfare agencies to prepare youth to transition from foster care and assure youth are not discharged to homelessness. Partners include DHHS School Based Integrated Services/Community Support network that prepares youth with a range of developmental disabilities for exit; the Housing Opportunities Commission (local public housing authority) that has partnered with DHHS to provide supportive housing to youth exiting the system; and non-profit providers that offer a range of independent living and supportive housing programs for youth including National Center for Children and Families, Transition Living Services, Catholic Charities, Youth in Transition and Guide Residential Rehabilitation programs.

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

Instructions:

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

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

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

NA

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

Montgomery County DHHS, the Collaborative Applicant, through the Health Care for the Homeless (HCH) program 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 has nowhere 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. 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. Financial assistance is available in the form of security deposit and first month's rent from DHHS if needed to help obtain housing at exit.

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

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, but not limited to, 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.

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

Instructions:

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

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

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

NA

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

Montgomery County DHHS, the CoC Collaborative Applicant, develops and implements discharge policies through its Core Services Agency (CSA). Prior to discharge, the inpatient hospital social worker/treatment provider must complete an assessment and develop an aftercare plan to address all mental health, substance abuse, co-occurring disorder, housing, health, and vocational needs. The aftercare plan is required before release and must be provided to the Core Service Agency and any aftercare provider. CSA assures that clients are linked to community-based treatment and supportive services, as well as housing.

Persons leaving publicly-funded mental health institutions are not routinely discharged to 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, & private market housing. CoC permanent supportive housing is an option for persons who were hospitalized for less than 90 days and were homeless prior to admission.

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

Stakeholders include Montgomery County Department of Health and Human Services; public and private mental health treatment providers including Cornerstone Montgomery, Vesta, & Family Services Inc; co-occurring residential treatment programs such as Avery Road Combined Care; residential rehabilitation programs such as Cornerstone Montgomery; 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.

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

Instructions:

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

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

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

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

The 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.

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.

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

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.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

The CoC goals and objectives have been incorporated into the Consolidated Plan. Overarching goals include: 1) prevention of homelessness, 2)reduction of time spent in homelessness, 3)decreased recidivism

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

Montgomery County is the only recipient of Emergency Solutions Grant (ESG) funds in the MD-601 geographic area. The Montgomery County Department of Health & Human Services (DHHS) is administering the ESG grant via a Memorandum of Agreement with the Department of Housing and Community Affairs. As the CoC Collaborative Applicant, DHHS is able to coordinate ESG activities with the activities of the CoC. 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 Re-housing activities was determined based on recommendations of the CoC and was approved by the CoC governing board. This was an effective mechanism for assuring ESG funds are integrated into the CoC. DHHS evaluates performance of the ESG program and reports to the CoC Governing Board annually.

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

At the recommendation of the CoC Governing Board, ESG funds have been prioritized for Rapid Re-housing activities including housing stabilization and relocation activities such as case management assistance and deposits, as well as for medium term rental assistance. The federal HPRP program demonstrated that not all households need a permanent subsidy to exit homelessness and that the rapid re-housing program was an effective approach for families and singles without high barriers. Approximately 76% of 2012 ESG funds and 80% of 2013 ESG funds have been allocated to rapid re-housing activities.

No ESG funds were allocated to homelessness prevention activities because the CoC determined that the expansion of permanent housing options was the highest need within the CoC, given the availability of State and Local resources for homelessness prevention efforts. More than \$3.5 million dollars is available in financial assistance for homelessness prevention from TANF and local resources each year.

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

CoC efforts to prevent homelessness align with Montgomery County's Con Plan. Lack of both affordable housing & awareness of fair housing issues are major impediments cited in the plan. Montgomery County DHHS, the ESG recipient, coordinates a system of emergency assistance to prevent homelessness. Financial assistance is available from DHHS & Emergency Assistance Coalition providers for rental/utility assistance. At-risk households with a history of housing instability receive case management to address barriers & link to mainstream resources such as SNAP, TANF, SSI and mainstream rental assistance programs. DHHS provides energy assistance to help low-income residents pay their utility costs & operates the County Rental Assistance Program, a shallow rent subsidy program for low-income families, seniors & the disabled. No ESG funds are allocated for prevention.

County DHCA funds the development & acquisition of affordable units through it Housing Initiative Fund. HOC, the local PHA, continues work to increase affordable housing. Landlord-Tenant Affairs counsels tenants & the Office of Human Rights provides citizen education/outreach.

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

The CoC is structured to promote coordinated planning & operations among its members, who include federal, state, local & privately funded entities that serve homeless and at-risk residents. The Governing Board identifies needs & oversees the design of the system. The CoC Adult & Family Provider Teams meet monthly to coordinate service provision, share information, & develop policy recommendations. The Emergency Assistance Coalition (EAC), whose members include Head Start, focus their efforts on homelessness prevention. The philanthropic community has been engaged in the CoC's 100k Homes campaign, and the HOPWA program is working with the CoC to prioritize those identified as most vulnerable for housing. There is no RHY program in the CoC.

DHHS, the Collaborative Applicant, coordinates activities including the coordinated assessment system, monitoring of shelter & housing vacancies, & promoting access to mainstream programs. As the central point of contact for those at-risk, DHHS has aligned policies to utilize both local & State TANF funds to prevent homelessness and coordinates with the EAC for additional supports.

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

Housing Opportunities Commission (HOC), the local PHA serving Montgomery County, is an active member of the CoC. HOC is a member of the CoC's Governing Board and a member of the Strategic Planning Committee. Additionally, HOC is a sponsoring partner of the CoC's 100K Campaign, which is focusing efforts to end chronic homelessness.

HOC receives HUD CoC program funds for 6 permanent supportive housing projects that provide 217 units of housing for homeless individuals and families. Additionally, HOC is working with the CoC to explore a homeless priority in its public housing and housing choice voucher programs. Via contracts with the Dept of Health and Human Services, HOC provides housing locator services to help rapidly re-house homeless persons and families and provides housing stabilization services to residents who live in HOC programs to help resolve housing emergencies and prevent homelessness.

HOC also partnered with Montgomery County to purchase homes with Neighborhood Stabilization & CDBG funds for rental to low-income households. These homes, which have 3-4 bedrooms, increase the supply of housing for larger families who often struggle to find housing.

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

The CoC has adopted a Housing First model and has minimized barriers to entry to CoC and ESG programs except those imposed by external requirements. MCDHHS has worked with providers to eliminate the requirement for clean time, and move to a harm reduction model. This included educating providers regarding substance dependence, mental health and co-occurring disorders. The CoC's common assessment tool is utilized to reduce screening by programs and/or eliminate interviews prior to acceptance.

Though some programs require minimal income, this is not seen as a barrier, but necessary for participants to be able to provide for their basic personal needs. Persons without income are linked to housing programs that can address this issue.

Bad credit and criminal background remain a challenge to identifying rental units, but providers are developing relationships with private landlords to accept homeless persons with supportive services. Shallow and deep subsidies programs are also an incentive to landlords to accept clients with limited income/bad credit.

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

Montgomery County CoC adopted the Housing First Model in 2008 which included a shift in philosophy and procedure. The philosophical shift included educating all providers that housing was not contingent on compliance with behavioral health treatment or service participation. The CoC Housing First Model centers on providing housing as rapidly as possible and securing and providing wrap around services to ensure housing stability. The CoC established a standard uniform assessment tool so that specific program criteria was eliminated. The CoC coordinated activities to provide training, develop case management resources, and improve access to behavioral health providers. The CoC contracted with the local housing authority to obtain housing locators to develop a housing "pool" and relationships with landlord to accept homeless clients with multiple housing barriers. The CoC's entire geographic area reinforces the Housing First's critical elements to rapidly house the chronically homeless and hard to serve client, deliver support services to promote housing stability, improve individual well-being, and increase skills toward self-sufficiency.

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

The coordinated assessment system serves the entire CoC area. Emergency shelter is available 24/7. Individuals & families access help at designated locations where they are assessed for diversion/shelter and referred to shelter as needed. Help is also provided to those at-risk of homelessness to preserve housing.

A common assessment tool is used to screen, assess & refer households to all emergency, transitional & permanent housing programs. The tool covers housing history, financial/social supports, health status, service needs & barriers to housing. Providers enter the assessment into HMIS to promote coordination.

DHHS tracks and coordinates shelter openings for the CoC. Single & Family Housing Teams meet regularly to identify vacancies, prioritize persons for housing, & facilitate referrals. DHHS monitors outcomes to assure that persons are placed based on need.

The system is advertised via the County's 311 phone line, DHHS website, community events, & training for service providers.

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

The CoC uses demographic data about the community, HMIS data, Con Plan information and feedback from service/housing providers to identify underserved populations. Based on this, the CoC has prioritized outreach to unsheltered homeless with disabilities and immigrant communities.

Activities include the following: 1) Four street outreach providers market resources to unsheltered homeless persons & make referrals; 2) Montgomery County DHHS partners with community groups to operate non-traditional access points. These Neighborhood Opportunity Network sites employ community members to reach residents who might be fearful of coming forward; 3) Coordinated assessment sites provide materials in multiple languages & 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; 4) CoC providers conduct outreach to religious institutions and groups serving immigrants; 5) CoC holds an annual Homeless Resource Day, a one-day, one-stop event for homeless residents to learn about and apply for housing/services.

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

CoC policy requires that all homeless service providers, including those receiving ESG & CoC funds, work with families to ensure children are enrolled in school & connected to needed services such as early childhood education. At admission, educational and early childhood education needs are assessed & information is obtained from the home school. A brochure developed by Montgomery County Public Schools (MCPS) is provided to all homeless households and unaccompanied youth regarding their rights.

If children are not enrolled, staff to assist parents to complete enrollment in school or an early childhood program. Staff work with the MCPS Homeless Liaison to coordinate transportation to the home school 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 case records to ensure educational needs are met.

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

Montgomery County Public Schools (MCPS) participates in planning for the CoC. MCPS is a member of the CoC Family Provider Team, which reviews & discusses CoC policy.

DHHS, on behalf of the CoC, has a Memorandum of Agreement with MCPS to provide services to homeless children, ensure access to education, develop a network of personnel to serve homeless children and develop procedures to improve services. DHHS trains MCPS Pupil Personnel Workers, Principals, and school based counselors about resources available to homeless families & how to refer families for emergency shelter & assistance. The MCPS Liaison works with CoC & ESG homeless providers to ensure that they are aware of the eligibility of individuals and families for educational services. In addition, MCPS 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

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

Families with children under age 18 are not denied admission or separated when entering shelter or housing. DHHS, the Collaborative Applicant, has worked with CoC & ESG providers to assure that admission & discharge policies do not include discriminatory or exclusionary language. Families of all types are served, including one-parent, two-parent, same sex and multi-generational.

As the central point of entry to emergency shelter for families, DHHS refers families to a program that can accommodate their needs. If family shelters are full or the household configuration does not match available options, DHHS utilizes hotel placements as overflow.

Like emergency shelter, there are no age or family configuration restrictions for transitional or permanent housing. While some housing programs have limitations on family size due to facility limitations, many programs utilize a scattered site approach whereby a subsidy is provided that enables a family to rent an appropriate unit in the community.

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

The CoC uses HMIS to monitor individuals and families returning to homelessness including those who exit from rapid re-housing. Individuals and families applying for assistance are screened in HMIS to identify previous spells of homelessness. In addition, CoC utilizes HMIS entry/exit data to identify those with multiple spells.

To reduce returns to homelessness and improve housing stability, the CoC has implemented procedures to link homeless individuals and families to mainstream benefits, employment and services that will provide ongoing support upon exit from homelessness. Individuals and families at-risk of homelessness are eligible for homelessness prevention assistance to resolve housing emergencies. At-risk households with a history of homelessness are connected to 90-day prevention case management services to stabilize housing and prevent returns to homelessness.

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

**3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan.
(limit 1000 characters)**

N/A

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition? No

**3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD.
(limit 1500 characters)**

N/A

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

Instructions:

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

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

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

The CoC undertook a community-wide planning process over the past year to update its 10-year plan. The CoC has reviewed and adopted the goals of Opening doors into its local plan, identified strategies and is now refining specific action steps to prevent and end homelessness for veterans, families, youth and persons experiencing chronic homelessness. The CoC is implementing a strategy to prioritize housing for chronically homeless and vulnerable persons; is exploring housing options such as rapid re-housing and transitional housing to best meet the needs of families, particularly youth headed households; and continues to work with Veterans Affairs, and the Housing Opportunities Commission to utilize VASH vouchers to assist veterans. To break down barriers and promote collaboration, Montgomery County has established a local Interagency Council. Local resources continue to play a critical role in the community's efforts and are becoming increasingly important as federal resources decline.

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

There are no unsheltered homeless families in the CoC. The CoC works with Child Welfare Services, Montgomery County Public School (MCPS), and outreach providers to identify homeless families and connect them to a designated assessment site.

To prevent entry to homelessness, families are linked to emergency financial assistance, rental and utility subsidies & case management to improve budgeting, increase income, & access services. Montgomery County DHHS also partners with MCPS to work with at-risk families identified by the schools.

To help families exit homelessness, HOC provides housing location help. Families unable to exit on their own are referred to: rapid re-housing, permanent supportive housing, or mainstream rent subsidy programs. Families in need of time-limited intensive support are referred to transitional housing.

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

There are a range of services available to victims of domestic violence and their families within the CoC. The Family Justice Center is a one-stop site where victims of domestic violence can obtain protective orders, legal services, counseling, investigative services & emergency assistance including shelter and relocation assistance. The DHHS Abused Persons program provides specialized counseling and advocacy services. Family Services, a member of the CoC, operates a 54-bed domestic violence shelter for women and children. In accordance with policy, the shelter location is kept confidential and client information is not entered into the HMIS system.

Victims of domestic violence and their families are eligible for all emergency shelter, transitional and permanent housing programs. Domestic violence is evaluated as part of the CoC coordinated assessment process. If identified, providers working with a client are notified so that safety can be assured, adequate precautions taken and referrals made to services. In the event that the best option is to relocate out of the area, emergency financial assistance is available.

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

To assure that no minor youth resides on the streets, the CoC works with Montgomery County Public Schools & Child Welfare Services to identify and connect homeless and at-risk students aged 16 to 21 to resources including housing. The CoC collaborates with DHHS Behavioral Health and Crisis Services to connect youth aged 16-23 to their residential services for youth in transition. Youth in these programs are provided behavioral health treatment, independent living skills, and educational or employment opportunities. DHHS, the front door for the emergency shelter system, collaborates with the Conflict Resolution Center to help youth of all ages who have been put out by family to resolve household concerns enabling them to return home. For unaccompanied youth aged 18-24 the NCCF FutureBound program provides transitional housing and the MCCH men’s emergency shelter has developed specialized programming. NCCF’s CoC-funded ARISE program serves families with a youth head of household aged 18-24.

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

Montgomery County Department of Health & Human Services (MCDHHS) 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 unsheltered homeless persons and procedures to refer, link, and provide a “warm” transfer to other services or housing providers. The CoC has also developed a referral protocol between local Police and outreach providers.

Four outreach providers serve the entire CoC geographic area. The CoC has identified 115 “hot spots” in the CoC including encampments in the woods, storage bins and 24hr establishments that are targeted for outreach.

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

HUD VASH continues to play a key role for veterans with 119 vouchers in the CoC. Veterans needing prevention and rapid re-housing assistance are referred to the US Vets Initiative SSVF program. MCCH will be opening a VA-funded Safe Haven program for hard-to-engage homeless veterans. Easter Seals provides employment services through the Homeless Veteran Reintegration Program, funded by the US Dept of Labor.

The VA is a member of the CoC governing board & educates members about VA resources. Veteran status is collected as part of the CoC common assessment & entered into HMIS to assist with identification and referral to services. In partnership with the VA, Montgomery County DHHS operates a one-stop center for veterans, with a focus on homeless veterans, that assesses need, helps with access to VA services, and links to community resources. By connecting eligible veterans to VA resources, CoC, ESG, and locally funded housing and services can be targeted to veterans not eligible for VA programs.

3E. Reallocation

Instructions:

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

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

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families? No

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

nA

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

4A. Continuum of Care (CoC) Project Performance

Instructions

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

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

Montgomery County DHHS, monitors recipients' performance in collaboration with the Performance Review Committee. The Performance Review Committee meets quarterly to review project performance against HUD established performance goals utilizing APR and HMIS data, outcome measures, and DHHS program monitor feedback. Projects submit monthly data reports to DHHS program monitors related to performance goals, admissions and discharges and other program outcomes. In addition, bi-monthly monitoring is provided by DHHS program monitors to review emergency shelter capacity and length of stay. Program monitors conduct annual site visits to review case records, policy and procedures, project level HMIS performance data, and provide individual technical assistance. Annually, DHHS utilizes APR, HMIS, Point in Time and Housing Inventory information to assess the overall performance of the CoC. This information is used as part of CoC strategic planning and grant allocation activities.

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

Montgomery County DHHS, the Collaborative Applicants, provides individualized support to assure that recipients reach performance goals. DHHS program monitors conduct annual site visits to review case records, policy and procedures, project level HMIS performance data, and provide one-to-one technical assistance. The Adult and Family Provider Teams 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 to support project applicants to implement best practices.

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

The CoC has few poor performers but, when identified, program applicants are provided one to one technical assistance to address capacity issues. Annually, project recipients submit the following documentation to the Collaborative Applicant, Montgomery County DHHS: 1) HUD monitoring reports, 2) Corrective Action taken in response, 3) documentation of status of expenditures including explanation for any circumstances contributing to expenditure delays. DHHS reviews this information, together with performance outcomes to identify any underperforming recipients. If an issue is identified, the project recipient is required to develop a corrective plan of action that includes specific criteria and a timeline to resolve any issues. DHHS program monitors work with recipients to implement the changes, track progress and report findings and recommendations to the Performance Review Committee.

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

The CoC is continuing to work to reduce length of stay in homelessness. The CoC uses a coordinated housing referral process to refer, prioritize & match participants to CoC housing. LOS is one factor considered when prioritizing.

Individuals and families experiencing homelessness have access to case management to help link them to services and housing resources. Housing Locators work with adults and families in shelter to identify housing options and help them move more quickly into permanent housing. In addition, MCDHHS has developed an intensive integrated team process that brings together participants with multiple service needs & serious housing barriers with service providers.

HMIS data is used to track LOS for HUD & non-HUD funded programs. Emergency shelter (ES) is the main benchmark used to track LOS. The average LOS in ES is 39 days for families and 52 days for single adults. The Performance Review Committee reviews LOS to identify issues/trends. MCDHHS, the Collaborative Applicant/HMIS Lead, works with individual programs to improve performance. The Strategic Planning committee uses data to identify unmet needs & recommend action steps.

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

Homeless providers assist participants to develop independent living skills, increase income & access services to reduce returns to homelessness. Those existing homelessness who are unable to maintain housing on their own are linked to PSH housing, subsidized housing or family/friends with whom they can live. Homelessness prevention assistance including financial assistance & case management is provided to those who are at risk of returning to homelessness. Program participants with multiple service needs & significant housing instability are referred to MCDHHS to participate in an intensive integrated teaming that brings to together the participant with service providers to identify needed supports.

Returns to homelessness are tracked at the client & the program level. At the client level, the common assessment tool documents housing history and identifies those with a prior spell of homelessness. In addition, the CoC's open HMIS system is used to verify previous spells within the CoC.

HMIS is also used to track returns at the program level. Across the CoC, 4% of individuals and families who exited PSH, RR and TH programs return to homelessness within 12 months.

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

The CoC's outreach procedures focus on engaging individuals and families to refer, link, and provide a "warm" transfer to services and housing providers. Four outreach providers work throughout the CoC to engage unsheltered persons and connect them to services. MCDHHS collaborates with Montgomery County Public School programs including Linkages to Learning and the Kennedy Cluster project, to engage homeless and at-risk families. Homeless providers are required to maintain policies that enable access to resources to serve persons with limited English proficiency and recruit diverse staff to engage the population. MCDHHS. Neighborhood Opportunity Network sites employ community members to reach residents and homeless providers work with the faith-based community to reach underserved groups.

The CoC Adult and Family Provider Teams serve as a forum for providers to discuss outreach efforts, share information and promote coordination. Training is also provided by the CoC on working with persons with disabilities including SOAR training.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

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

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

NA

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

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

4C. Accessing Mainstream Resources

Instructions:

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

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

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

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

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

4C-3.1 If yes, indicate the most recent training date: 09/12/2013

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

The CoC has been very involved in planning for the Maryland (MD) implementation of the ACA. During the summer and fall of 2013, the CoC conducted training for CoC providers about the ACA and the enrollment process. Because adults registered in MD's Primary Adult Care program were to be automatically rolled over to expanded Medicaid, CoC providers did aggressive outreach to enroll eligible persons into that program.

MCDHHS, the Collaborative Applicant, was awarded a Connector grant by Maryland to coordinate enrollment activities for the Capital Region. Interfaith Works (IFW), a project recipient, was selected as a navigator entity specifically to assist individuals and families experiencing homelessness to sign up for health coverage. IFW educated providers and program participants about the ACA and provided on-site enrollment at outreach, shelter, and housing program sites. Outreach and enrollment activities were also provided at the CoC's annual Homeless Resource Day. These activities are ongoing.

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

Montgomery County Dept. of Health and Human Services provides funding to CoC projects for supportive services. In addition, CoC projects leverage mainstream resources including federal, state and locally funded health, behavioral health, employment, education, day care, employment, and other social services. To maximize access, MCDHHS sponsors training for project recipients about mainstream resources and how to access them. Project staff are trained in basic entitlement eligibility criteria and will refer clients to the appropriate mainstream resources such as Supplemental Nutritional Assistance Programs, TANF, Social Security, Medical Assistance, local emergency assistance, and other benefits, if eligible. Resources are discussed at the Adult and Family Provider Teams.

MCDHHS circulates announcements to CoC providers regarding funding opportunities when they become available including non-HUD funded grant opportunities, County community grant programs, State funds, and philanthropic opportunities. The CoC strategic planning committee has prioritized identification of other resources for inclusion into the Ten Year Plan.

Attachment Details

Document Description: FY2013 Con Plan Certification

Attachment Details

Document Description: Governance Agreement - MD-601

Attachment Details

Document Description: MD-601 HMIS Governance Agreement

Attachment Details

Document Description: MD-601 Ranking Process

Attachment Details

Document Description:

Attachment Details

Document Description: Bed Prioritization - MD-601 2013

Attachment Details

Document Description: MD-601 HUD approved GIW

Attachment Details

Document Description:

Attachment Details

Document Description: MD-601 - 2013 Project Ranking Notification

Attachment Details

Document Description: HMIS Policies and Procedures - MD-601

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Public Solicitation - MD601- FY2013

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/29/2014
1C. Committees	01/30/2014
1D. Project Review	01/30/2014
1E. Housing Inventory	01/22/2014
2A. HMIS Implementation	01/30/2014
2B. HMIS Funding Sources	01/30/2014
2C. HMIS Beds	01/27/2014
2D. HMIS Data Quality	01/30/2014
2E. HMIS Data Usage	01/24/2014
2F. HMIS Policies and Procedures	01/28/2014
2G. Sheltered PIT	01/30/2014
2H. Sheltered Data - Methods	01/30/2014
2I. Sheltered Data - Collection	01/29/2014
2J. Sheltered Data - Quality	01/29/2014
2K. Unsheltered PIT	01/30/2014
2L. Unsheltered Data - Methods	01/30/2014
2M. Unsheltered Data - Coverage	01/28/2014
2N. Unsheltered Data - Quality	01/29/2014
Objective 1	01/30/2014
Objective 2	01/30/2014
Objective 3	01/30/2014
Objective 4	01/27/2014
Objective 5	01/30/2014
3B. CoC Discharge Planning: Foster Care	01/27/2014
3B. CoC Discharge Planning: Health Care	01/22/2014

3B. CoC Discharge Planning: Mental Health	01/30/2014
3B. CoC Discharge Planning: Corrections	01/27/2014
3C. CoC Coordination	01/30/2014
3D. Strategic Plan Goals	01/30/2014
3E. Reallocation	01/22/2014
4A. Project Performance	01/30/2014
4B. Employment Policy	01/22/2014
4C. Resources	01/28/2014
Attachments	01/29/2014
Submission Summary	No Input Required