Before Starting the CoC Application

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

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

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

1. The FY 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2023 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.
Answering Multi-Part Narrative Questions
Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments
Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.
- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
 - 24 CFR part 578;
  - FY 2023 CoC Application Navigational Guide;
 - Section 3 Resources;
 - PHA Crosswalk; and
  - Frequently Asked Questions

1A-1. CoC Name and Number: MD-505 - Baltimore County CoC

1A-2. Collaborative Applicant Name: Baltimore County Department of Housing and Community Development

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Baltimore County DHCD

1B. Coordination and Engagement–Inclusive Structure and Participation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	

	In the chart below for the period from May 1, 2022 to April 30, 2023:
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

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

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

1B-2.	Open Invitation for New Members.	
	NOFO Section V.B.1.a.(2)	

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

(limit 2,500 characters)

1 – Our CoC utilizes our county government website to update members of our community on how to participate in our CoC work and to announce meetings. Additionally, we present at partner resource fairs, provider meetings and other public forums where homelessness is discussed to solicit new membership and make connections for our work. We invite subject matter experts to attend our regular CoC meetings and participate in our committees and they are encouraged to solicit other members as well. Anyone may join our email contact list by notifying the lead agency and we share a weekly CoC update, similar to a newsletter that shares resources, reminders and requests of the general membership. This email can easily be shared with others.

2 – Our CoC has the ability to utilize TTY, TTD and other messaging apps to ensure our meetings and content are accessible to those with hearing impairment. We continue to adhere to ADA laws. Due to the preference of our CoC members, our meetings have remained virtual since the pandemic. Recordings are shared with members following each meeting by email. We also have the ability to include closed captioning during the meeting and when sharing meeting recordings with attendees. When we go back to in-person meetings, we will ensure accessibility, including access from public transportation, is a primary factor in choosing locations.

3 – Our CoC upholds the value of diverse voices in the work we do and continuously strives to encourage leaders of organizations serving diverse populations to join and participate in our meetings. Outreach providers consistently attend meetings and are vocal participants in our CoC discussions as are all of our provider agencies. We are consistently recruiting and inviting organizations and members of the community that represent differing and diverse voices. Finally, our providers that interface regularly with those experiencing homelessness are asked to invite consumers to our CoC meetings.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	

	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1 - The Baltimore County CoC solicits opinions from a representative body comprised of the following organizations: for-profit and non-profit, affordable housing developer, faith-based, public, private and community organizations, state and local government, individuals with lived experiences of homelessness, homeless service providers, advocates, public schools, Coordinated Entry (CE), public libraries. Most of these groups are also represented on the CoC's Governance Board. The Roundtable is invited to various trainings as well as the regular meetings with community partners. The lead agency interacts with members of the public who raise concerns, questions and give feedback regarding evidence of homelessness in their communities.

2 - This past year, our CoC worked in partnership with our lead agency to host two forums, open to the public to solicit feedback on the County's Annual Action Plan that informs the Five-year Consolidated Plan. Our CoC and Lead Agency held two additional public input sessions for the HOME-ARP funding to gather input from attendees about what projects our CoC should support with this new source of funding. Throughout the year, the CoC lead agency has attended a number of public input sessions, offered by the County Executive to solicit feedback on budget spending and other areas of concern such as homelessness. The CoC lead also presented at all Police Precinct Community meetings to discuss homeless services offered by the CoC.

3 - All notices of public input sessions were posted on the County website to ensure any interested individuals could access the events. Recordings of the meetings were available on the county website shortly after, along with directions for how to submit comments for those who could not attend in-person. When notices are posted on the county webpage, they are reviewed to ensure the language is accessible and that the layout is readable for individuals with reading devices.

4 - The information gathered through these public meetings and hearings as well as the open dialogue during our CoC meetings will continue to inform the priorities and work of our CoC and informs what is included in our CoC grant agreements. We have been dedicated to capturing real-time feedback on our newly expanded Coord. Entry (CE) process. Feedback from direct service providers is shared during bi-weekly CE by name list meetings to ensure dialogue remains open and system adjustments can be made expeditiously.

| | 1B-4. | Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding. | |
| | | NOFO Section V.B.1.a.(4) | |

		Describe in the field below how your CoC notified the public:
	1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
	2.	about how project applicants must submit their project applications–the process;
	3.	about how your CoC would determine which project applications it would submit to HUD for funding; and
	4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.

(limit 2,500 characters)

1 - Our lead agency informed all CoC members of the NOFO, including those not currently receiving CoC funding. This was shared via email listserve and posted publicly on the lead agency's webpage. On 8/8/23, our CoC held an open meeting to all CoC members, attendees and other partners to provide an overview of funding available through the FY23 NOFO and that the competition was open and accepting project applications. Many of the CoC members are from organizations which do not receive CoC Program funding. Throughout the year we have added affordable housing and PSH developers to our email list ensuring they received the invitation as well. The information shared during this meeting was posted to the County website. During this overview meeting directions were provided to renewal and new applicants about the application process, submission requirements, deadlines and eSNAPS directions. Two new applicants submitted emails of intent to apply for funds, but then decided not to follow through on the application.

2 - During the 8/8/23 overview meeting, project applicants were informed they needed to submit a letter of intent to apply for funds by 8/15/23. After submitting the letter, new and renewal applications were due in eSNAPS by 8/25/23. The lead agency offered to meet with new applicants, interested in applying and provided support/TA for applicants who were unfamiliar with eSNAPS.

3 - After project applications are submitted by providers, each application was reviewed and scored by two members of the Rating and Ranking (R&R) Committee. The average between both scores received by the R&R reviewers determined which applications would be included in the final application to HUD. The R&R Committee policy was posted to the CoCs website and shared with applicants when final scores were sent.

4 - In addition to the overview meeting held virtually on 8/8/23, slides and a recording of the meeting were posted on our lead agency's website for those who could not attend. All deadlines were posted to the lead agency's website and weekly emails to all CoC members encouraged them to check the website for updates. Our CoC can utilize TTY, TTD, and other messaging apps for our hearing-impaired members and will continue to adhere to all ADA laws. Everything posted online is posted in a format that can be read by those with a reading device, making it accessible.

1C. Coordination and Engagement

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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    - FY 2023 CoC Application Navigational Guide;
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  - PHA Crosswalk; and
   - Frequently Asked Questions

1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.B.1.b.	

	In the chart below:	
1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Nonexistent
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.	Workforce Development Partners	Yes

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

		Describe in the field below how your CoC:
	1.	consulted with ESG Program recipients in planning and allocating ESG Program funds;
	2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
	3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
	4.	provided information to Consolidated Plan Jurisdictions to address homelessness within your CoC's geographic area so it could be addressed in the Consolidated Plan update.

(limit 2,500 characters)

1 - Baltimore county Dept. Of Housing and Community Development (DHCD) is the lead agency for the CoC as well as the lead for the Consolidated Plan and annual CAPER updates, therefore, both entities work very closely together to provide updates for the annual CAPER. ESG recipients have a dedicated seat on the newly established COC Governance Board and will provide more detailed input into the annual funding priorities and policies to meet the requirements of ESG funding. The CoC Governance Board will also be establishing a funding priorities committee so that funding priorities can be set throughout the year and align with annual ESG, CoC, State and county funding cycles to ensure all efforts are consistently aligned.

2 - The CoC lead and HMIS lead teams provide ESG funded program outcomes available through data entered in HMIS through APR's, CAPER reports and data submitted in SAGE to update the annual action plan, CAPER and 5-year Consolidated Plan.

3 - Within the updates provided to support our CoC's response to the CAPER and annual action plan updates, annual HIC and PIT count updates are included as well. Both outcome reports are shared with the person updating the narrative and trend data from year to year is included in the narrative. The CoC lead helps to author and update the CAPER Sections that pertain to homelessness, work of the COC, outcomes of funded providers and general trends in homelessness and funding priorities.

4 - With the newly established CoC Governance Board, we have a more formal CoC structure, ready to organize and provide formal input into the upcoming Consolidated Plan update, required to be finalized by June 30th, 2025. Prior to now, DHCD's grants team has organized a series of public review and input sessions on the Consolidated Plan and annual action plan updates. Updates to the most recent CAPER's have been drafted and placed in public libraries and on the DHCD webpage for public input. This has been shared with our CoC members.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section V.B.1.c.	

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers.	Yes

1C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

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

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

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

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

(limit 2,500 characters)

Youth experiencing homelessness are a priority area of our County leadership and of the CoC and Lead Agency. The CoC has strong partnerships with the Local (county) School District. The county McKinney Vento Coordinator (MVC) coordinates the work of all school social workers and school pupil personnel workers (PPWs) in the schools. This person serves on a dedicated seat on our CoC Governance Board. She along with the various school social workers and PPWs, work closely with the Coordinated Entry (CE) team to prevent families with school-aged children from becoming homeless and/or ensuring they receive emergency services when needed. Emergency hotel funds are used until shelter or RRH funding can be secured by the CE team. Staff from the CoC lead Agency present annually, to county-wide PPW staff to ensure they are familiar with all emergency housing resources available within the county. Our shelter providers work closely with PPWs and the MVC to ensure families entering shelter with school-aged children receive continuity in educational services while in shelter and during their housing search. Lastly the CoC partners with the state of Maryland Education agency and the University of Maryland and the Youth Coalition (through the local management board), to facilitate an annual count of all school aged children and those 18-24, that meet the McKinney Vento definition of homelessness or those at risk of.

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

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The McKinney Vento Coordinator works closely with the staff of all family emergency shelters, to ensure parents understand their rights to educational services and how to access them. The CoC Governance Board passed a Standard Operating Policies (SOP) guide that outlines guidelines for maintaining access to education for school-aged children. Members of the Board will be presenting information from the SOP to CoC providers to ensure they are informed of requirements in the SOP and that they are informing clients of their rights. Families can call the Coordinated Entry (CE) line for connection to any homeless services provided by the county. If they inquire about educational resources, they are informed by CE staff of eligibility for educational services. The SOP dictates that all grantees and sub-grantees of CoC funds and homeless service providers must ensure continuity in education services for all school aged children in their care. The family shelter providers work with the homeless liaison or pupil personnel worker through the school to facilitate what is required to maintain access to their education and transportation to school. Baltimore county Public Schools has an MOU with Head Start to ensure children are enrolled in Head Start. Finally, the CoC also produces an annual "Street Card" that lists the contact information for the McKinney Vento Coord. For families seeking help.

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

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

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

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

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

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

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

	Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:
1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1 - The CoC lead agency hosts a quarterly meeting of all members of the CoC. The meetings consist of various service providers that participate in subcommittees to ensure the effectiveness and advancement of the CoC's work. There is an established CoC governance board for which the Domestic Violence Coordinated Entry (DVCE) is strategically a member of. The CoC received HUD TA to develop CoC Standard Operating Policies (SOP) document that the Governance Board approved. The DVCE policies are reviewed along with this document, to ensure consistency across programs. Updates to the COC SOP have been reviewed and updated by the county DV provider and leaders of the DVCE, to reflect trauma informed language and considerations.

2 - Housing and service provider staff within the DVCE are trained in trauma informed practices. Staff use tools and skills such as being certified in Mental Health First AID and certified case managers to assist clients in their journey to safe and stable housing. The DVCE system responds to callers in need of emergency housing and shelter as a result of Domestic Violence; DV related calls are referred to DVCE from Coordinated Entry (CE). The Family Crisis Center (FCC) is the lead DV provider and lead on the DVCE. Another agency, TurnAround is the primary lead responsible for responding to all trafficking cases in the county and is very involved in our CoC and are strong advocates and resources for our provider and client communities. FCC has provided Trauma informed training to members of our Coordinated Entry team to ensure callers receive trauma informed responses when calling the CoC for assistance. The CoC works with the DVCE team to provide training to members of the CoC on a regular basis.

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

		Describe in the field below how your CoC coordinates to provide training for:
	1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
	2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,500 characters)

1 - The CoC established an annual training for members of the CoC focused on best practices in serving survivors of domestic violence in a trauma-informed, victim-centered manner and methods to develop safety and planning protocols. The training was coordinated with our CoC lead and our DV service provider and walked members through steps to create individualized safety plans that reduce risks to survivors and their children.

2 - The Coordinated Entry staff as well as the DV Coordinated Entry staff addresses safety by using best practices such as trauma informed care, a lethality assessment program and updating safety and planning protocols regularly. Staff are trained in best practices such as trauma informed care upon hire and receive refresher trainings every other month or as needed. The DV Coordinated Entry staff receive regular VAWA-compliant trainings.

1C-5c.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC's coordinated entry includes:
1.	safety planning protocols; and
2.	confidentiality protocols.

(limit 2,500 characters)

1- The Domestic Violence Coordinated Entry (DVCE) parallel system's triage tool includes a danger assessment, a validated measure to assess risk for domestic violence homicide and prioritizes emergency sheltering based on that risk. The goal of the initial assessment is to establish safety, ensure callers are engaged in safety planning and are offered follow-up by an advocate to further address their safety. The DVCE implemented a centralized assessment and referral process for all participating victim service providers to have a streamlined pathway to help their client's access housing resources. Case managers and advocates at four participating victim service agencies were trained to assess housing needs in varied environments such as court accompaniment for protective orders, support groups, helplines, and other common contexts to encounter housing vulnerabilities due to victimization. Members of the coordinated entry team work closely with the DV providers to honor our approved emergency transfer policy to ensure clients are safe, regardless of project location.

2 - Case managers in victim serving providers as well as non-DV providers, work closely with Coordinated Entry staff and the DV provider lead agency staff to ensure client housing plans are executed as anticipated. All staff review confidentiality policies on an annual basis. All DVCE staff are trained on confidentiality protocols and are required to sign a confidentiality agreement upon hiring. Staff review a confidentiality disclosure agreement with all callers at the start of every call. Prior to sharing any personally identifying information, informed consent is received from the client per VAWA requirements. Our CoC SOP included HMIS policies that outline steps the CoC follows for any potential Personal Identifying Information (PII) data breach.

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

	Describe in the field below:
1.	the de-identified aggregate data source(s) your CoC used for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.

(limit 2,500 characters)

1 - Our DVCE uses Apricot, a product of Bonterra Tech, which is a comparable HMIS database for DV data.

2 - The DVCE tracks every call and referral utilizing Apricot and works closely with HMIS staff to produce HUD and VAWA-compliant reports with de-identified aggregate data. Monthly and quarterly reports are submitted to ensure trends among this population are captured in broader consideration of priorities and needs for the CoC. The CoC uses de-identified aggregate data to assess and address specialized needs related to domestic violence and homelessness by collecting data on the demographics and needs of individuals accessing these services. The data allows us to identify trends in the population seeking assistance. This information gives insight into possibly increasing the types of resources provided, the effectiveness of existing programs, context for reviewing and revising policy decisions based on effectiveness of program evaluations. We use data to identify potential partners to help address the specialized needs of DV clients, use data to make informed decisions about resources, program effectiveness, policy development and partnerships to better address the specialized needs of those experiencing domestic violence and homelessness in the community.

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

	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:
1.	whether your CoC has policies and procedures that include an emergency transfer plan;
2.	the process for individuals and families to request an emergency transfer; and
3.	the process your CoC uses to respond to individuals' and families' emergency transfer requests.

(limit 2,500 characters)

1 - The DVCE supports the emergency transfer of individuals already in a housing resource dedicated to the victim population and supports the transfer of households to other homeless resources when victimization has occurred. As stated above, all DVCE staff are trained in confidentiality protocols and sign a confidentiality agreement upon hiring. Staff review a confidentiality disclosure agreement with all callers at the start of every call and prior to sharing any personally identifying information, informed consent is received from the client per VAWA requirements. The emergency transfer policy is outlined in the CoC SOP document.

2 - The process for individuals to request emergency transfers starts with the request being made to their case managers, who gathers all the information to report to the case management team manager. The manager works in conjunction with the program director and housing specialist reestablish safety and stability. This is outlined in the CoC SOP and all providers will receive training on this.

3 - The CoC's DVCE lead has an established process and pathway that identifies how individuals are able to request the transfer, who the request is sent to and the steps that are taken after the request is made. When emergency transfer requests are made, depending on where individuals are they can be brought back into shelter, where they would then be placed back into the housing search, for new housing. Some individuals are placed in hotels and reassessed for housing needs. This process is outlined in the COC SOP and Coordinated Entry works with DVCE to successfully execute and emergency transfer when necessary.

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

		Describe in the field below how your CoC:
	1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and
	2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.

(limit 2,500 characters)

1 - As stated above, in order to ensure safe access to housing and services, the DVCE has implemented a centralized assessment and referral process for all participating victim service providers. This allows for a streamlined pathway to help their clients access housing resources. Staff received training on referral submissions to the DVCE for a client's assessment for bridge housing, such as TH, RRH or PSH. A DVCE Housing Specialist meets with each client to discuss housing resources based on needs, goals, program eligibility and connects them to all resources via a VAWA compliant referral. Our CoC and DVCE service providers have worked collaboratively to establish processes that improve the DVCE system for all who are serviced within the system.

2 - The CoC works closely with our DVCE lead Family Crisis Center (FCC) and other providers to identify barriers for survivors of domestic violence to obtain safe housing. DVCE providers conduct assessments, such as Housing Barrier Assessment, Danger Assessment, and various other self-report assessments to be able to forecast barriers survivors may face when searching for housing. Case management services are offered to provide survivors with additional resources to address barriers to obtaining housing.

	1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
		NOFO Section V.B.1.e.	

	Describe in the field below how your CoC:	
	1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and
	2.	accounted for the unique and complex needs of survivors.

(limit 2,500 characters)

1 - CoC and DVCE service providers, center survivor voices by providing them with opportunities to give feedback and information to influence different policies such as requirements for program enrollment and program processes. Compensation for feedback is provided in the form of cash or gift card. DVCE service providers receive updates from survivors about their experiences during their time in crisis which provides insight to DVCE services providers in improving processes and policies. Feedback is specifically sought out regarding the survivor's transition from shelter to housing. Now that the CoC Governance Board has been established, more work will be put into recruiting more consumer voice into the Lived Experience Committee in addition to the 2 members of the Board with lived experience.

2 - The CoC DVCE service provider is currently working on ways to engage survivors safely with live experience that can positively impact the CoC by developing a process that is trauma informed, adheres to VAWA confidentiality regulations and is safe for survivors to engage in.

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

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

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

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

(limit 2,500 characters)

1 - While our COC has not received grievances regarding the Equal Access Rule and anti-discrimination policy, we are working diligently to ensure provider staff are familiar with the requirements and are versed in how to follow the policy. We offer equal access training annually to our CoC providers. Our CoC has identified an agency which specializes in LGBTQ+ healthcare and advocacy who we plan to coordinate services with in the coming year.

2 - The lead agency and DHCD grant teams require copies and verification from all funded organizations that they have anti-discrimination policies in place to receive funding. The CoC Standard Operating Policies (SOP) document provides guidance as to the CoC standard for anti-discrimination policies at the provider level. The CoC has received training during a meeting on Fair Housing practices. The Governance Board will regularly review the SOP document including anti-discrimination policies to ensure they are up to date. These policies are also reviewed during grantee monitoring visits.

3 - The CoC has a policy to receive any concerns from clients or staff about unfair treatment, termination or refusal of admission to programs. Any grievances pertaining to unfair treatment would be presented to the oversight entity of each shelter for follow up with staff and additional education or training. Grievances are discussed during regular monitoring visits of each funded provider. If the grievance process or monitoring visit unveiled an issue in a provider policy or practice that requires adjusting, the agency with funding oversight for that program will refer to the CoC SOP document to ensure the provider policy meets outlined requirements.

4 - Any provider found to be acting in violation of the CoC Anti-Discrimination policy will first be notified of the violation by the funding agency in writing and given a specific timeframe to rectify the situation. If the issue requires an update to the provider's policy, that will be provided in writing by the funding agency with a co-signature by a member of the CoC Governance Board. The organization will be required to update their policy within 30-45 days and will be required to share that updated policy with the funding agency. If the policy change is not addressed within the set timeframe, the provider may lose their voting privileges on the CoC Governance Board or their individual member voting privileges on the CoC general membership.

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

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.
Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Baltimore County Office of Housing (MD-033)	23%	No	No
Housing Authority of Baltimore City	0%		

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

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

(limit 2,500 characters)

1 - CoC MD-505 only works with the Baltimore County Office of Housing, although the Baltimore City Housing Authority is listed on the Crosswalk. This past year, the CoC successfully partnered with our County PHA and homeless providers to utilize all 62 Emergency Housing Vouchers. 20% were allocated to families moving out of domestic violence, nearly 40% were allocated to chronically street homeless clients and the remaining 40% were allocated to families moving out of shelter with long histories of homelessness. This was an extremely successful example of what coordinated work with our PHA and the CoC can be. The CoC has made incredible progress in establishing an Ending Veterans Homelessness Committee and through that collaborative work, with the PHA attending those bi-weekly case conference meetings with our VA partners, the CoC has as system to refer homeless veterans to the VASH program and 270 of the 318 allocated VASH vouchers to Baltimore County, were filled during County FY23.

Additionally, the referrals to our FYI and FUP vouchers happen in coordination with our homeless providers, coordinated entry team and our county Dept. Of Social Services. Of the 74 FUP vouchers allocated to Baltimore County, we are utilizing 50 with a wait list of 42. Of the 25 FYI vouchers allocated to our county, we are utilizing 19 with a wait list of 66.

Unfortunately, our PHA is not enrolled in the Moving to Work program, so they attribute our challenges to include homeless preferences in our voucher administrative plan to that. They are willing to create homeless set-asides for existing voucher programs and to create homeless preferences but have not had the staffing time available to update the administrative plan. However, the success we've had with the EHV's, VASH, FUP and FYI voucher programs has created the political will necessary to keep the effort moving along to that ultimate goal. We are very proud of the work we have done in collaboration with our PHA and our providers to house some of the most vulnerable and long-standing homeless households with EHVs. We know there is more to do.

2 - We have been working with our PHA on this per the answer above.

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

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

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

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

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

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

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

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes	
			Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	EHV, FUP, FYI	

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

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes

1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored–For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	

PHA
This list contains no items

1D. Coordination and Engagement Cont'd

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	15
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition that have adopted the Housing First approach.	15
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

	Describe in the field below:
1.	how your CoC evaluates every project--where the applicant checks Housing First on their project application--to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1 - As part of the CoC NOFO application process, the lead agency required providers to answer supplemental questions about their understanding of, compliance in meeting and ability to address barriers to Housing First (H1). Responses were scored by rating and ranking (R&R) committee using a scoring rubric which ensured the R&R committee was objective in their scoring. Additionally, the CoC lead agency monitors funded projects, across all funding streams. When monitoring we utilize the required monitoring tools dictated by CoC or ESG regulations, or we utilize a state funding tool that follows the same standards. A copy of a completed monitoring tool and Low Barrier Checklist is the upload we added to this application. As part of every monitoring, the CoC reviews policies and procedures for each project as well as client case files and case notes to ensure all required standards are being met.

2 - During the R&R process, scoring includes APR factors such as percentage of participants with zero income at entry, clients served with two or more disabling conditions, clients prior location not meant for human habitation and a commitment to take referrals from coordinated entry (CE). When we monitor programs we ensure projects are not requiring sobriety or the commitment to be substance free, are not requiring to take medication for mental health, does not require participation in religious services or drug treatment, not requiring proof of citizenship or ID at entry, not requiring a referral and not requiring payment for services. We ensure projects uphold clients identification of gender or sexual identity and family composition without requiring proof and that families are not split up. All of these requirements are also outlined in detail in our newly developed CoC Standard Operating Policies (SOP) guide.

3 - Understanding of and compliance with H1 is verified through grantee monitoring as well as provider or client refusals that may arise during the referral process from CE, to all programs. All funded projects are required to accept blind referrals from CE, this language is in the grant agreement. Additional discussion happens during the bi-weekly PH, convened by the CE team and lead agency. If providers of RRH or PSH are doing things that violate H1 principals, they are discussed at length and serve as a case study for other providers. Ex: a PSH referral form, used by a provider asking about mental health, found and eliminated.

1D-3.	Street Outreach–Scope.	
	NOFO Section V.B.1.j.	

	Describe in the field below:
1.	your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;
3.	how often your CoC conducts street outreach; and

4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.	

(limit 2,500 characters)

1 - The CoC works to reach all unsheltered and unstably housed people by ensuring anyone identified by police, fire, EMS, crisis response, parks and rec., community members or business owners, are connected with a homeless outreach provider. The CoC began funding a 2nd team to ensure better coverage across the county. The CoC has maintained this funding for FY24. The majority of our county's unsheltered live in wooded areas or green space on public or private property. The lead agency receives all reports of those unsheltered, an outreach team is assigned to make contact or to confirm an existing relationship with the person within 5 business days. If services are refused the other outreach team is sent out to make, contact with the person. Outreach visits "hot spot" areas on a regular basis, offering service and shelter referrals. The lead agency has started an initiative in partnership with EMS and county STAT teams to create heat maps based on frequent utilizers of EMS, that are presumed to be homeless. This will allow the CoC to establish a proactive unsheltered outreach strategy. The county also offers a no-barrier drop-in center for anyone staying unsheltered.

2 - The two County funded outreach providers cover 100% of the county land (598 square miles).

3 - Outreach occurs daily throughout our CoC, both teams have a hotline that people in need can call directly. Emails are also sent regularly to follow up on new cases of unsheltered that arise. Teams reach people within 24-48 hours depending on location and staffing availability. The CoC lead has worked with the two outreach teams to outline a response strategy for the county.

4 - If someone refuses to work with one team, the other is sent to offer services. The teams meet monthly to discuss shared clients and review caseloads. Outreach teams can get people into shelter, through the approved "streamline" process, outside of the formal hours of Coordinated Entry (CE). If someone calls CE and refuses shelter, they are referred to a street outreach provider. Both outreach teams work hard to build trust over time, with those living unsheltered. They do not participate in any enforcement actions, so relationships can be preserved. Outreach providers use language translation tools to communicate with those with language, vision or hearing impairment, to remove barriers to accepting services.

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

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

	Your CoC's Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	No
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	Yes	No
5.	Other:(limit 500 characters)		

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

		HIC Longitudinal HMIS Data	2022	2023
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	136	146

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

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

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

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

	Describe in the field below how your CoC:
1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, SSDI, TANF, substance abuse programs) within your CoC's geographic area;

2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and	
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.	

(limit 2,500 characters)

1 - The CoC has a Mainstream Benefits Committee that conducts 2-3 benefit resources fairs open and advertised to clients and providers each year. The last one held for our CoC was in June 2023 and there is another one being planned for the fall. The Department of Social Services (DSS) presents periodic refresher trainings at quarterly CoC meetings. The CoC lead agency sends out weekly CoC emails that include updates and reminders for various benefit deadlines or changing policies. Also, since our Coord. Entry (CE) team is under the DSS umbrella, they can connect callers with benefit specialists to help in real time.

2 - The CoC collaborates with healthcare organizations to assist program participants with enrolling in health insurance and receiving services. The CoC partners with Harm Reduction providers on our PIT and in our response to the unsheltered. The county Health Dept. Has a shelter nurse program that offers a nurse in each of our largest single and family shelters, that connect people in shelter with health services. The outreach teams coordinate healthcare referrals to Health Care For the Homeless, until the person has formal coverage. Several healthcare providers attend our CoC meetings and the CoC Lead Agency convenes a health care/hospital partnership committee to discuss challenges they might have in discharging clients that have no housing. CE has taken hospital feedback and built out a direct line option for social work staff at hospitals to use to bypass the normal CE wait times, to reduce the numbers of those being discharged to homelessness.

3 - Case managers throughout our CoC are SOAR certified, to help expedite SSI/SSDI applications. Both street outreach providers have access to or employ a full-time SOAR certified case manager. The lead agency has advertised opportunities for more agencies to have staff SOAR trained through the state Department of Health. The CoC consistently promotes and aids with the effective utilization of Medicaid and other benefits connecting individuals and families to DSS, Department of Health and Department of Aging.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section V.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

The majority of sheltering in our county is still congregate. The county built space over a decade ago, when sheltering was primarily congregate. One family shelter and our DV shelter offer individual family rooms. During COVID our county utilized hotel rooms for quarantine and the largest family shelter still does have individual rooms set aside for quarantine and recovery from illness. Still relying primarily on congregate settings certainly presents challenges to our CoC. We are exploring with our shelter partners how federal HOME-ARP, CDBG or state Emergency Housing Program (EHP) funding can be used to create more privacy within the existing space of our shelters for singles and families. The CoC has shifted prioritization criteria and referral for RRH, which has allowed our CoC to place clients that refused shelter, for reasons related to it being congregate, to move their own space or just sharing with one other person. This shift has allowed for the most vulnerable clients to be placed in non-congregate RRH programs to avoid congregate sheltering. As the CoC sees the outcomes of various policy and prioritization changes, we also intend to move more people into PH with RRH funding. We also hope that this will reduce the need for all of our shelter space and we will continue to work with our shelter partners to figure out how existing shelter space can be converted to create more private space for families and singles with higher service needs.

ID-8.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and
2.	prevent infectious disease outbreaks among people experiencing homelessness.

(limit 2,500 characters)

1 - Our response to COVID presented us with an opportunity to establish policy and protocols that have be refined and utilized in the years since the initial outbreak. During COVID the CoC and provider agencies met weekly to discuss the changing public health response and partnered closely with our County Public Health agency to create thresholds for capacity and safe service delivery that met the evolving need. The process our CoC established to consult with providers and the health department at each step is something we would replicate. As mentioned in other sections, our CoC has developed, and the Governance Board approved our CoC Standard Operating Procedures (SOP) document to bring all adopted policies and procedures into one resource for all providers regardless of funding agencies. This document codified established practices for what the CoC and our providers will do to respond to any future infectious disease outbreaks. The CoC also is a member of the County Health Improvement Coalition.

2 - Our health department and Coordinated Entry team are both affiliated with the county Department of Health and Human Services, so coordination in response to COVID has been very smooth. We would follow the policies outlined in our COC SOP. The County Health Department is the lead for our county response to any infectious disease outbreak. This has ensured consistency throughout our county COVID response, across all emergency shelters. Shelter providers continue to set aside beds in our congregate shelters for quarantine and recovery to prevent infectious disease outbreaks among people experiencing homelessness.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC:
1.	shared information related to public health measures and homelessness, and
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.

(limit 2,500 characters)

1 - Since the height of the pandemic, our health department and CoC providers have held regular meetings. These meetings have involved discussions about best practices for topics such as containing infectious diseases and blood borne pathogens. Now that COVID cases have reduced, the health department is still collecting data on COVID cases in shelters and have adjusted max capacity for shelters while continuing to allow for quarantine areas to keep people safe. Our coordinated entry (CE) team also communicates current COVID cases in each shelter to our shelter nurse team within the health department. The information is also shared through our CE committee meetings.

2 - The lead agency sends out weekly emails to all providers including street outreach, shelter and housing providers, which include any information related to Health Department recommendations for infectious disease protocols. Coordinated Entry provides regular updates on current COVID or other infectious disease outbreaks occurring in shelter and current shelter capacity. Representatives from the Health Department, shelter and outreach providers are active participants in that meeting as well as our monthly Governance Board meetings. CE staff are up to date on current COVID cases and up to date protocol such as COVID screening, required for each shelter and inform the outreach teams of these details when they call to assist unsheltered clients into shelter.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section V.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:
1.	covers 100 percent of your CoC's geographic area;
2.	uses a standardized assessment process; and
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

1 - The Coordinated Entry (CE) system covers the entire CoC geographic area of Baltimore County. The CE hotline number assists people in various ways with a range of shelters, housing programs and supportive services. CE receives 1,500-2,000 calls monthly from those seeking referrals to all emergency services for people at risk of or who are experiencing homelessness. To ensure more access and coverage, the CoC's two funded outreach teams are also points of entry for CE, outside of the traditional hours they offer the hotline.

2 - Our CoC lead and CE team have worked closely with HUD TA and the HMIS lead over the last year to update the CE assessment process and prioritization for shelter and permanent housing. The CE team uses a standardized set of questions for assessment, prioritization and referral to permanent housing and then a secondary set of standardized questions for emergency shelter. Referral and prioritization for PSH and RRH focus on length of time homeless, disability and chronicity to determine vulnerability. Under this assessment, higher scores indicate higher vulnerability and prioritization for services. Referrals to shelter, RRH and PSH are all completed in HMIS from the CE team lead to each provider with a vacant bed or unit. The CE team lead holds a bi-weekly case conference to review the by name list (BNL) to refer to open RRH and PSH slots. This ensures referrals are made in a transparent manner and that vacancies are filled in a timely manner and according to our COC CE Policies.

3 - The updates to our CE process leading up to their enactment was a highly collaborative process between HUD TA, the CE team, our providers and was facilitated by our lead agency. Providers reviewed and approved the updated workflow. Discussion about the new process is held in the bi-weekly BNL case conferences and during the CE committee meetings with providers. The CE process has been added to the CoC SOP and the SOP will be reviewed and updated regularly by the CoC Governance Board Policy committee.

| | 1D-9a. | Program Participant-Centered Approach to Centralized or Coordinated Entry. | |
| | | NOFO Section V.B.1.p. | |

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

(limit 2,500 characters)

1 - The two outreach teams are a point of entry for CE, and those living unsheltered were having difficulty getting through, the CE team created a way for outreach teams calling in to get unsheltered people housed, to push a number for their call to be routed more quickly. This is an evolving process and therefore consistent conversations to debrief process' with the CE team and outreach providers.

2 - As mentioned, in July 2023, the CoC changed how CE prioritizes people most in need of assistance by completing a vulnerability score that asks about factors that would cause that person to be more vulnerable if they remain unhoused. Previously clients would be placed on a waitlist for providers to pick them as openings became available. In the new system, the most vulnerable people as measured by a vulnerability score, disability, length of time homeless and chronicity are prioritized for RRH and PSH through CE.

3 - Reducing PSH wait times across our CoC and housing those who have been unhoused the longest continues to be a focus for our CoC. This is why the CoC has changed our priority populations that are prioritized for RRH and PSH. We've established the bi-weekly case conference that includes the homeless outreach teams (who primarily work with our chronic long-term homeless) as well as the housing providers so client preference and obstacles can be discussed in a transparent manner.

4 - Our CoC has spent a great deal of time working to ensure our COC meets the needs of our consumers and providers. Through work with HUD TA, we completed HUD CE Self-Assessment tool to determine where we needed to focus our efforts to improve, we began implementing changes to our CE system and referral process in the spring of 2022. We have done a great deal of work to shorten the assessment questions asked of callers and have re-ordered what we assess for so that callers can opt out if they don't want shelter and only want permanent housing. The CoC Lead participated in the NAEH mini-lab series focused on equitable CE systems and it helped us eliminate questions we used to ask that created disparity in our referrals. We also have worked to create a better call-in menu for CE to allow hospitals and outreach teams bi-pass the normal wait time since they call advocating for those with higher needs. For callers to CE who do not speak English, CE utilizes other DSS staff who speak various languages to reduce the burden on the caller.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry–Reporting Violations.	
	NOFO Section V.B.1.p.	

	Describe in the field below how your CoC through its centralized or coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;	
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and	
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.	

(limit 2,500 characters)

1 - The CoC uses its Coordinated Entry (CE) system to inform all people who request assistance what programs they are eligible for. CE conducts an assessment with all callers to identify which programs best fit the needs disclosed and will affirmatively inform the person which programs they qualify for.

2 - If clients report that they face any legal barriers to housing or believe they have been discriminated against, CE provides them with resources to investigate the situation. Law firms which provide pro bono representation in housing discrimination lawsuits have been presented to CoC committees and that information has been disseminated to providers through the CoC email list serve to ensure all providers are aware of recourse available to victims of housing discrimination.

3 - The CoC has received training during a meeting on Fair Housing practices. As part of the training, providers were made aware that any actions which impede fair housing should be reported to the Baltimore County Human Rights Commission where the reported situation will be investigated. CE and any other providers who are made aware of housing discrimination encourage clients to report this both to the Human Rights Commission and to seek legal representation available if the client is comfortable doing so.

1D-10.	Advancing Racial Equity in Homelessness–Conducting Assessment.	
	NOFO Section V.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	03/21/2023

1D-10a.	Process for Analyzing Racial Disparities–Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.B.1.q.	

	Describe in the field below:	
1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and	
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.	

(limit 2,500 characters)

1 - This past year, with the support of HUA TA our CoC has learned more about tools available from HUD to understand our racial disparities such as the racial disparities assessment tool and the Stella-P data. Our lead agency has met with the chairs of the Racial Disparities (RD) committee to discuss the data and steps the CoC can take to address inequities. We have used our Stella-P data to see system outcomes related to disparities in housing placements, returns to homelessness and length of time it takes to become housed. We are currently engaged with a new HUD TA provider to help us focus on the right data to unpack disparities across our system.

2 - According to the CoC Racial Equity Analysis Tool, our census data shows Baltimore County's population breakdown is 61% white and 29% African American, with other races making up the difference. However, according to our PIT data, 51% of our homeless population is African American (AA), while 45% of our homeless population is white. Our latest assessment for racial disparities conducted on 3/21/23 shows 24% of our shelter population is white, 70% are AA and the remaining identified as "other races". Therefore, we do have an even higher overrepresentation of African American people in our shelter system. PSH clients are 34% white and 61% African American. Street outreach's clients are 49% white and 41% African American. We are encouraged to see that 77% of our RRH placements this year identified as AA, but we need to dig deeper into our PSH placements and also examine overall success rates in permanent housing broken down by race. From our Stella-P data, we can see that the average number of days for all households is 143. The average number of days for AA clients within our system is 148 while for white clients the average is 142. When we breakdown our exits to permanent destinations, our overall rate is 36% while our AA population exits at 41% and white population exits at 36%.

1D-10b.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.B.1.q.	

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes

10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1D-10c.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

Racial disparities have been a focus for the CoC over the last 2 years and will continue in the coming year. As the CoC has expanded its Coordinated Entry (CE) system, it has done so with addressing disparities in mind. Baltimore County CoC was chosen to participate in NAEH's mini-lab series focused on equitable CE systems. We have removed questions from our CE assessment that have created disparities in the referral process. All projects across our CoC accept referrals from CE without pre-conditions.

The CoC lead agency has shared various HUD tools and resources with and has met with leads of the CoC Racial Equity committee. The committee is developing goals for steps that it can take to address these disparities. Additionally, our CoC has sought out support from a new HUD TA provider focused on helping our CoC address the disparities identified in the outcomes of homeless assistance. All grantees of Baltimore County must verify in their grant agreements that they comply with all federal and state regulations prohibiting discrimination on the basis of protected classes. Providers are asked supplemental questions in their CoC about how they understand and address racial disparities within their work and the CoC as a whole. Below are some examples included in this year's application:

Catholic Charities works to ensure their HR policies are written from both a diversity and trauma informed perspective. BHA implemented a Behavioral Health Equity workgroup in June 2020, to examine health inequities and disparities within the public behavioral health system and they have participated in the Equity in Action Maryland SOAR Initiative, which collected data and used it to develop an action plan to ensure individuals served are represented by the individuals served in the community. CAN's leadership holds routine meetings to discuss how they are meeting the need of the population they serve, specifically the Black, Latino, Indigenous, LGBTQ+ populations and persons with disabilities. This will continue to be a priority for our CoC to implement specific policy changes to better address our disparities and to work with our HUD TA provider, CoC Governance Board and those with lived experience, to address this area more specifically.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	

	Describe in the field below:	
1.	the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and	
2.	the tools your CoC uses.	

(limit 2,500 characters)

1 - As a CoC focused on responding to the needs of those experiencing homelessness within our jurisdiction, we acknowledge that due to a history of housing discrimination, lack of equitable access to resources such as healthcare, education and employment, disparity is a reality that exists within our system. Our data proves this as well. We fully commit to continue to acknowledge the disparities through transparent communication, and equitable and collaborative approaches to problem solving to address these disparities. Our CoC has a Racial Equity committee in order to educate and empower members with the tools necessary to address, mitigate and remedy existing racial biases within their organizations or in how services are received. The CoC lead and the Equity committee met with our HMIS lead to better understand the trends in the data and to create goals to address the acknowledged our disparities. The CoC lead sought out a new HUD TA engagement to shift out of the data analysis phase of our racial equity work and move into the phase of policy change and methods to quantify if what we are doing is making a difference for our system as a whole. We also hope to gain additional best practice tools and national resources to help shift the paradigm our CoC uses to understand disparities as whole.

2 - Our CoC uses the CoC Racial Equity Analysis Tool (version 3.0) and Stella-P to track our data on racial disparities and compare that information with the trends we see in our HMIS data.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC's Outreach Efforts.	
	NOFO Section V.B.1.r.	

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

(limit 2,500 characters)

Our lead agency has reached out to engage with people with lived experience through emailing the list serve of all CoC members to ask for people who are interested to join the Governance Board. To broaden the outreach beyond those who were already engaged in the CoC, the lead agency met with providers throughout the CoC to ask that they advertise and encourage people with lived experience to join the Governance Board. As a result of this outreach, we have offered two Board seats to persons with lived experience who we otherwise would not have known about. While on the Governance Board, people with lived experience are encouraged to join in policy discussions which impact the CoC as a whole and are voting members of the Board. The CoC's recently passed Standard Operating Procedure (SOP) document was improved by the scrutiny of a person with lived experience on the Board and passed with the support of the Governance Board. Individuals with lived experience who serve on our Governance Board are paid an hourly wage of $26.62.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

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

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

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

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

(limit 2,500 characters)

The CoC has partnered with the National Coalition for the Homeless to connect Persons with Lived Experience of Homelessness (PLE) to their Lived Experience Training Academy (LETA). This course provides training for PLE in how to effectively advocate for themselves and their communities. LETA builds skills necessary for PLE to advocate for systems change within the CoC. This skills-based training is particularly crucial as we as a CoC are asking our individuals with lived experience to assist us in making changes to our systems. This professional development helps people with lived experience within our CoC to better advocate for the changes they know will help others who are currently in our systems. LETA provides a certificate and stipend for completing the course, allowing for further employment opportunities as the individuals who go through the course learn the skills to assist our CoC to better serve others. Many of the individual providers within our CoC hire people with lived experience as staff and in leadership positions. They have people with lived experience on their Boards and taking part in policy decisions on the provider level.

	1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
		NOFO Section V.B.1.r.	

		Describe in the field below:
		Describe in the field below:
	1.	how your CoC routinely gathers feedback from people experiencing homelessness;
	2.	how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and
	3.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

(limit 2,500 characters)

1 - Prior to COVID, our CoC had a monthly consumer advisory board (CAB) meeting that engaged with those experiencing homelessness. The CAB created a helpful informal structure that intends to revamp into a formal committee of the newly developed CoC Governance Board. While we have three members of our CoC Governance Board with lived experience, they have routinely expressed the need to have more consumer voice in the work. Have an established CAB standing committee which will allow us to recruit open Board slots from that group. One of the first objectives of the Governance Board was to approve the CoC standard Operating Policies (SOP) document. Having consumer feedback on this document was invaluable and we will maintain that input but having consumers sit on our CoC Policy committee. The CoC lead also attends provider meetings with consumers to answer questions and gather input about their experience in programs. Finally, we will be working with our state partners to solicit input anonymously from shelter residents about their experience in shelters.

2 - In the past year, our CoC has established a Governance Board with two members with lived experience as voting members. These members are paid for their time on the Board through a state grant at the prevailing housing wage of $26.62 unless they opt for less so as to not impact their benefits. During Governance Board meetings, our members with lived experience are encouraged to join in policy discussions and provide their unique insights.

3 -The CoC and lead agency work closely to respond to any and all grievances raised by those who have engaged with any provider and/or the coordinated entry system to address their concerns immediately. The grievance policy of the CoC was strengthened with feedback from a person with lived experience on our Governance Board while discussing our Standard Operating Procedure document. There have also been questions raised about the wage approved to pay participating consumers and how that would impact their monthly entitlements/benefits. We have connected members with community resources to get their questions answered about taxes and tax forms.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	

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

(limit 2,500 characters)

1 - Baltimore County is currently under a Voluntary Conciliation Agreement with HUD and is required to produce 1,200 units before the end of 2026. The CoC lead agency (DHCD) is working in tandem with the Baltimore County Executive's office to implement the recommendations of the Affordable Housing Workgroup which issued a report for improving housing within the CoC's geographic area in July 2022. The adopted recommendations include streamlining processes and policies including its Development Manuals/Polices/Regulations, community and developer engagement and changes to local County Code and Zoning Regulations to make development of affordable and supportive housing more feasible in the county. The County Executive supported four pieces of housing legislation. This included establishing a Baltimore county Housing Opportunities Fund to allow for investment in affordable housing, creating a legal process to designate properties as vacant, updating regulations to expand the definition of a family member who can make use of an accessory dwelling unit and modernizing townhome construction, allowing for greater density and narrower townhomes. The last bill would be tied to requiring a percentage of townhomes built to be affordable. DHCD has since developed a housing pipeline to show the number of affordable housing project developments that are planned for the county and also the number of units that are approved for the VCA.

2 - The CoC has an affordable housing developer on its Governance Board who is able to provide guidance on what regulatory barriers exist to housing development.

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

1E-1.	Web Posting of Your CoC's Local Competition Deadline–Advance Public Notice.	
	NOFO Section V.B.2.a. and 2.g.	
	You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	

1.	Enter your CoC's local competition submission deadline date for New Project applicants to submit their project applications to your CoC–meaning the date your CoC published the deadline.	08/01/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC's local competition–meaning the date your CoC published the deadline.	08/01/2023

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

	You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	

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

	5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes
	6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes

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

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
Complete the chart below to provide details of your CoC's local competition:

	1.	What were the maximum number of points available for the renewal project form(s)?	77
	2.	How many renewal projects did your CoC submit?	13
	3.	What renewal project type did most applicants use?	PH-PSH

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

		Describe in the field below:
	1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
	2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
	3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
	4.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

1 - Scoring for PH and RRH Projects was based on HMIS APR data for the most recent project year as well as how they answered four supplemental questions required by the collaborative applicant. The APR data that was scored included bed utilization rates, the number of clients that exited or maintained permanent housing and the number of clients who were able to increase their income over time.

2 - As part of the new Coordinated Entry (CE) PH by name list case conference, held bi-weekly, time between referral made and housing move in date is reviewed and discussed regularly. We also will be including this metric in HMIS so we can track it during those meetings to check in on progress and with the data in HMIS, we will be able to track this metric for the entire system.

3 - The specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects for this year's competition included questions about the percentage of those with zero income at program start, the number of clients with more than one disabling condition, and the number of individuals entering the project form a place not meant for human habitation. PSH projects that commit to serving, supporting and keeping those with the highest needs, housed, are identified. Since the CoC only made this policy change as of July 2023, we could not use it as part of our Rating and Ranking scoring this year, but it will be a factor for consideration in coming years. The CoC will engage in a deeper analysis of those currently living in our PSH to determine what vouchers or other assistance is needed to move people on to less supported housing if they are ready for that.

4 - The CoC takes the severity of needs and vulnerabilities into account when reviewing and ranking projects. Our CoC Rating and Ranking policy allows for SSO projects such as our homeless outreach project to be automatically placed in tier 1 due to the benefit the CoC funded homeless outreach provides to the entire CoC and since outcomes of an SSO project cannot be quantified in the same manner as PSH projects.

	1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
		NOFO Section V.B.2.e.	

		Describe in the field below:
	1.	how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;
	2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and
	3.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.

(limit 2,500 characters)

1 - Twenty-eight percent of our 7-person rating and ranking committee this year were people of color. Prior to receiving the projects to rank, the lead agency led a meeting to review the rating and ranking policies. This was a chance to review the policies as approved and also to gather feedback from members who had served previously.

2 - As stated above, twenty-eight percent of our rating and ranking committee this year were people of color. Two people with lived experience from our CoC were invited to join the committee and be paid for their time, however they were unable to join. They received the rating and ranking policy and were asked for their input in the process. Our committee members represented various ages and positions across our CoC.

3 - Our rating and ranking policy ensures that our CoC Supportive services Only (SSO) projects (street outreach and DV Coordinated Entry) are automatically placed in our Tier 1 ranking due to the benefit they both provide to our entire CoC and significant access each provide to our system, without any barrier. Both provide services to those living unsheltered and prioritize those with the highest barriers and perhaps the least access to services with the highest needs.

1E-4.	Reallocation–Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	

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

(limit 2,500 characters)

1 - Not applicable – due to the lack of staffing at the start of the Fiscal year and the county shifting to a new financial reporting system (Workday), we were unable to reallocate projects this year. Next year with a full staff and an established CoC Governance Board, we will be establishing a reallocation process and timeframe into our annual CoC funding plan.

2 - Not applicable

3 - Not applicable

4 - Due to the lack of staffing at the start of the FY, the CoC was unable to identify low performing projects early enough in the year to allow for time to show improvement. Additionally, a component to consider for reallocation is spending levels and due to our staffing not being at 100% we were unable to execute grants to our subgrantees in a timely manner to fairly consider their grant activity for reallocation. The CoC lead agency in partnership with the COC Governance Board will be prepared to evaluate projects for reallocation in the coming year. One area for evaluation will be readiness for PSH providers to comply with a Move on strategy to move those in PSH who no longer require supportive services, to move on to other housing.

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	No

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

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	No
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/11/2023

	1E-5b.	Local Competition Selection Results for All Projects.	
		NOFO Section V.B.2.g.	
		You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes

	1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
		NOFO Section V.B.2.g. and 24 CFR 578.95.	
		You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/25/2023

	1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
		NOFO Section V.B.2.g.	
		You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/25/2023

2A. Homeless Management Information System (HMIS) Implementation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.	WellSky

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/26/2023

2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases;
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database–compliant with the FY 2022 HMIS Data Standards; and

3.	state whether your CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

1 - The COC and HMIS lead work directly with DV providers to ensure data is collected in the Apricot (HMIS comparable database). The Family Crisis Center (FCC) is the CoC's lead DV provider in the county, in partnership with two others. FCC manages the DV Coordinated Entry (DVCE) as well. All DV providers enter data into Apricot. The HMIS lead works with all DV providers to ensure data requirements are understood and followed. Our HMIS lead conducts periodic reviews of APR's submitted in SAGE to confirm data quality. The CoC and HMIS lead maintain a close relationship with FCC and has supported their submission of SAGE data reports and FCC consistently provides aggregate data upon request, PIT data, HIC Data, they have Policies and Procedures for the DV coordinated entry.

2 - Apricot is the DV comparable database and it is partially compliant for Permanent Housing programs, the CoC and HMIS lead identified that Apricot was not fully compliant with the 2022 HMIS data standards, due to an issue with the vendor. To be compliant, FCC must pay $70k for a software upgrade (including training costs), so they may run HUD compliant APR's. The last year has been spent working to identify funding for the upgrade costs and the HMIS lead meets regularly with FCC to discuss their progress on the planned upgrade, which began in July 2023 and should be completed by end of quarter 1, 2024.

3 - Yes, CoC's HMIS is compliant. Wellsky is working on implementing conditional logic that will further improve the quality of data.

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

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	512	39	473	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	32	0	32	100.00%
4. Rapid Re-Housing (RRH) beds	246	0	246	100.00%
5. Permanent Supportive Housing (PSH) beds	511	0	236	46.18%
6. Other Permanent Housing (OPH) beds	0	0	0	

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section V.B.3.c.	

		For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
	1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
	2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1 - The percentage for our PSH beds are so low because more than 50% of our CoC PSH is through our VASH vouchers. Our county is allocated 318 VASH vouchers and we have utilized 275 of that total. Those units are not being entered into HMIS by our VA or PHA partners, but both partners attend our bi-weekly ending veteran homelessness committee and they provide real time updates that our HMIS data analyst enters into HMIS by hand. We will continue to work with both partners to get the information uploaded into HMIS, we are also exploring the option of using the VA HOMES database report upload. This will provide move in data for all VASH recipients. After our CoC submitted our HIC we learned that our DV provider, Family Crisis Center (FCC) used ESG-CV funding to create additional RRH beds for our COC to offer those fleeing DV situations. With that funding FCC housed 12 households (41) individuals fleeing DV. We are sustaining those beds and creating more using state funding this current fiscal year and intend to expand/make permanent, those beds with the requested DV bonus through this years application.

2 - We plan to rectify this data upload by obtaining a copy of the HOMES report data set from our VA partners and then work with HMIS vendor to build out capability within HMIS, obtain an estimate from Wellsky vendor for the cost for the upload into HMIS, and follow the steps outlined in the HUD Guidance: https://files.hudexchange.info/resources/documents/HMIS-HOMES-Data-Transfer-Commonly-Asked-Questions.pdf

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	Yes

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

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

	Enter the date your CoC conducted its 2023 PIT count.	01/24/2023

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/26/2023

2B-3.	PIT Count–Effectively Counting Youth in Your CoC's Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

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

(limit 2,500 characters)

1 - Our 2023 PIT count was a collaborative planning effort with Prologue, our primary street Outreach provider, who also serves as the Unaccompanied Homeless Youth Outreach provider with two specific outreach workers that focus on engaging unsheltered youth. They also receive state HSP funding to provide youth RRH services.

2 - Prologue takes the lead to identify "hot spots" for our unsheltered count and their youth homeless outreach staff focused on areas they know Unaccompanied Homeless Youth (UHY) to be. Additionally, we worked with Prologue to update our PIT count survey tool to ask questions that gathered data that more accurately assessed unsheltered youth and households with youth included. The questions were also revised to more accurately collect data about unsheltered households that were not traditional mother/father with children, but also non-related households that could have included non-related/guardian households. The organization of the tool was improved to better document how those being counted defined their family and the ages of each family member. Finally, we did ensure every person surveying unsheltered people was trained on and had a copy of the HUD Comprehensive PIT Count Youth Survey tool so if/when they did encounter UHY they knew how to survey them. Outside of the January PIT count, Baltimore County participates in an annual spring YOUTH REACH count in partnership with the county public schools to document and survey all school- aged youth who are experiencing or who are at risk of becoming homeless.

3 - We did have more volunteers this year than in years past for our PIT count, due to COVID becoming less of a threat. Youth were recruited to participate, but due to the count being held on a Tuesday, while school was in session, it was not feasible for youth to volunteer for the actual count.

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

	In the field below:
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; and
3.	describe how the changes affected your CoC's PIT count results; or
4.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2023.

(limit 2,500 characters)

1 - For the 2022 PIT count, our CoC revamped our survey tool, training process and hot spot surveying process. For the 2023 PIT count, we updated the survey tool to ensure it fully aligned with the language used in the HMIS data elements to help speed up the data entry. In 2023 we made changes to the way we collected PIT data from our DV providers. It allowed them to submit aggregate data in a more efficient manner.

2 - For the 2022 PIT count, we introduced the option of using Observation forms for volunteers to use if they could not speak to a person to complete a full survey. The forms were used last year, in some cases too often. This year we enhanced the training provided to volunteers about how/when to use the observation forms, we paired new people up with more experienced surveyors to help encourage those who may have been unsure/nervous to complete a full survey. Finally in prior years, the HMIS lead completed the majority of the data entry, entering paper surveys into HMIS. This year, we asked Prologue to complete the data entry for the unsheltered count since their team is familiar with most unsheltered people in the county.

3 - With these changes, we had better quality surveys completed and our data entry did not take as long as it has in prior years. It also improved the quality of our unsheltered data.

4 - Answers above, we did conduct an unsheltered count in 2023.

2C. System Performance

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section V.B.5.b.	

	In the field below:
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;
2.	describe your CoC's strategies to address individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time

(limit 2,500 characters)

1 - Our System Performance Measures (SPM) data indicates a sharp increase in people experiencing homelessness for the first time between 2021 and 2022. We received a great deal of prevention funding through the federal COVID relief funding and through our work to administer over $150 million in funding for eviction prevention throughout the pandemic, we collected extremely dependable data on the household's seeking assistance for the first time. Risk factors we found included, history of arrears, prior evictions, loss of job, need for workforce development training/support to change sectors, other monthly bills such as medical or childcare that impacted ability to pay rent consistently. We also identified households that came back more than once for assistance with arrears and were unable to resolve and pay their rent consistently once employment was secured.

2 - The COVID relieve funds were invaluable for our county to address prevention needs in the county. However, when those funds were spent, we had to shift the way Coordinated Entry (CE) assessed for vulnerability related to those facing homelessness, especially those at risk for the first time. We use the HMIS data standards 3.917 to collect homeless history to assess everyone coming through CE. The CoC worked with HUD TA to revamp our CE assessment tool. The county utilized the remaining unspent COVID relief funds to establish a housing stability program and worked with CE to assess and refer those households most vulnerable to becoming homeless for the first time. We worked with eviction data from the courts, as well as information entered into HMIS from prior calls to CE to determine if the family would be able to self-resolve or if they needed intensive supports to find different, housing they could afford. Non-profits were funded to receive these families and help with moving, landlord mediation and budgeting all to prevent the family from becoming homeless for the first time. The CE system refers callers to diversion, prevention, emergency shelter and RRH.

3 - The newly established COC Governance Board is responsible setting policy priorities and establishing policy strategy to address first time homelessness. The Governance Board will work closely with CE and the HMIS team to make data driven decisions and policy recommendations for the CoC as a whole.

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

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

| 1. | natural disasters? | No |
| 2. | having recently arrived in your CoCs' geographic area? | No |

| 2C-2. | Length of Time Homeless–CoC's Strategy to Reduce. | |
| | NOFO Section V.B.5.c. | |

In the field below:

| 1. | describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless; |

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

(limit 2,500 characters)

1 - According to our SPM data, the average length of time (LOT) someone experienced homelessness in ES, SH and TH went down by 10 days between FY21 and FY22. The CoC has worked closely with our shelter providers to utilize funding sources targeted to those in shelter, to help them move out quickly. Use of RRH funding and short term move out funds have been helpful to get people moved out of shelter. We also continue to improve on the changes to CE policies made in the last 2 years. CE assesses all callers for emergency shelter and permanent housing programs (RRH and PSH) as well as diversion and other services. This ensures households receive services faster and don't sit in shelter waiting to be referred, therefore reducing the overall LOT in shelter. The CoC has adopted a COC Standard Operating Policies (SOP) document that details expectations of all project types and the case management and services that must be offered. The CoC data committee has established a quarterly SPM score card by project type to show how shelters are moving people out of shelter.

2 - Our CoC has made significant progress in this area. We worked closely with HUD TA and members of our CoC to develop updated CE prioritization criteria for our RRH and PSH. The CoC chose longest LOT homeless, disability (chronicity) and number of disabling conditions as criteria to develop a By Name List (BNL). The CoC updated our referral policy and we hold bi-weekly case conferences, led by our CE team to review the BNL (updated in real time), sorted first, are those who have been homeless the longest. We discuss their needs and refer them to RRH and PSH. This is a new practice for our CoC, but we acknowledged the need to get the most vulnerable with the longest tenures of homelessness, permanently housed. We had great progress doing this last year with the 62 Emergency Housing Vouchers (EHV's), almost 40% of which were prioritized for the chronically homeless with the longest time homeless.

3 - This is a shared responsibility between the CoC Governance Board (GB) to update the CE prioritization and referral policy. Then it is the role of the CE team, HMIS lead and providers working with those who have been homeless the longest. The CE team executes the policy set by the CoC GB, by holding bi-weekly case conferences, utilizing a dependable BNL produced by the HMIS lead and then during the regular case conferences, providers advocate for their most chronic clients to be placed into housing.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing–CoC's Strategy	
	NOFO Section V.B.5.d.	

	In the field below:	
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	

3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)

1 - Between FY21 and FY22 our successful exits to permanent housing decreased by 15%. Finding affordable housing that households leaving shelter, can afford has been extremely challenging. Forging positive relationships with dependable landlords that have affordable housing available, continues to be a primary focus for our CoC landlord committee. Additionally, the CoC received a state innovation grant to expand the existing referral to supported employment/workforce job developer services for those staying in shelter. We have been coupling the RRH assistance with this referral so those exiting shelter will be able to move out of shelter faster. Finally, the CoC adopted a COC Standard Operating Policies (SOP) document that includes basic shelter case management (CM) standards for meeting with people in shelter. This will encourage case managers to meet with clients more frequently to clear housing hurdles such as poor credit or rental history, criminal background and other items, more quickly. There is also more consistent accountability for clients who refuse to meet with their CM's and refuse housing options presented to them.

2 - Our CoC has seen a consistent 98% successful exits and retention in permanent housing. We are encouraged by this and due to the shifts in our prioritization of more vulnerable clients for PH, we have adopted the CoC SOP that outlines the required supportive services, necessary to keep people housed. We will communicate the increased needs for clients placed into PH, in the coming months, through our bi-weekly BNL case conference. This has drastically improved our communication across providers, with the shared goal of maintaining our high retention rate.

3 - Our CoC Coordinated Entry team lead is primarily responsible for this as they facilitate all referrals to PH, however, it is also the responsibility of the CoC Lead agency through our monitoring of the PH funded projects to ensure the CoC SOP standards are being met.

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

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

(limit 2,500 characters)

1 - Between 2021 and 2022, the rate at which those leaving shelter returned to homelessness decreased to just 7% after 6 months and 3% after 12 months. Those leaving shelter and returned to homelessness between 13 and 24 months, increased slightly from 2% to 5%. Our CoC identifies households returning to homelessness in a few ways, first it is asked for as part of the Coordinated Entry (CE) assessment. It is also a factor tracked in the PH by name list (BNL) used by CE for PH case conferencing as well as the bi-weekly veteran BNL case conferencing. The list that is used to lead discussion and dictate referral order, shows if the person was previously housed in Baltimore County, by which provider as well as the last housing move in date.

2 - We are encouraged by the low rates of returns to homelessness for our 6- and 12-month placements. We surmise that the 5% return to homelessness between 13 and 24 months following placement, could be due to increasing rental costs that clients are unable to sustain. We also have done a great deal of work with our RRH providers to ensure they are all following the CoC standard operating policies (SOP) for person centered case management and budgeting and better assessing how much rental assistance and case management support each household will need. Two of our funded RRH providers were just providing "shallow subsidy" to their referrals which meant 1-3 months of assistance. That assistance was typically set at 100% of the rent for 1-3 months and we have seen through our data, that this does not work for many of the households receiving RRH assistance. With the approval of the CoC SOP, all RRH providers are now working consistently with each household to understand what level of support they will need to reach self-sufficiency and meeting them where their need is. While this approach might cost more RRH funding in the short term, we anticipate it leading to more sustained housing outcomes.

3 - This work is owned by our CoC as a whole. The CoC Governance Board is tasked with setting the policy to meet best practices, to ensure funding is sustained so providers can support clients for the time needed. This practice is verified by the Coordinated Entry team lead during the BNL case conferences to learn what obstacles clients placed into housing are facing and making program connections with providers, in real time to ensure clients stay housed.

2C-5.	Increasing Employment Cash Income–CoC's Strategy.	
	NOFO Section V.B.5.f.	

	In the field below:
1.	describe your CoC's strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

(limit 2,500 characters)

1 - There is a formal partnership between the CoC lead, Baltimore County's Department of Employment and Workforce Development (DEWD) and the CoC shelter and RRH providers. The CoC and DEWD received an innovation grant from the state Interagency Council on Homelessness (ICH) to expand the existing partnership with DEWD that provides a job developer offering supported employment services to shelter and RRH participants. Our largest shelter provider, Community Assistance Network (CAN) offers job fairs within the shelters as well as resume and job search workshops, mock interviewing and learning sessions open to all shelter clients, covering topics such as labor laws, voting rights for those with involvement in the criminal justice system, how to navigate a job fair etc. Increasing employment and cash income is a metric tracked on monthly and quarterly program performance reports "scorecards" so providers can see how they are meeting this metric regularly.

2 - Due to COVID some employment related support services transitioned to virtual platforms and have remained virtual. The CoC has begun hosting job fairs in-person again in the last year. Trainings and employment case management has continued with recipients of RRH support and others within the homeless services system interested in gaining employment. Participants have successfully gained employment with private and public sector employers such as Amazon, Architect firms and MD Health Connection. Additionally, participants have signed up for and have successfully completed occupational and vocational training programs through our county community college.

3 - This is a shared responsibility between our CoC Lead Agency, Providers working with clients seeking housing and our Department of Employment and Workforce Development (DEWD).

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section V.B.5.f.	

		In the field below:
	1.	describe your CoC's strategy to access non-employment cash income; and
	2.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,500 characters)

1 - The CoC's strategy is to increase non-employment cash income by linking individuals and families to benefit specialists while in programs. The CoC encourages all providers to have case management staff that are SSI/SSDI Outreach, Access and Recovery (SOAR) certified. This is discussed regularly during the bi-weekly permanent housing by name list (BNL) case conference because the focus for client referrals, are those with numerous barriers impacting their ability to secure traditional employment, so securing mainstream benefits is what will allow the person to sustain PSH once referred. The CoC has a Mainstream Benefits committee, who partners DSS and offers a mainstream benefits fair, 2-3 times throughout the year. We have other county partners and service providers present regularly during our CoC meetings so those working with clients directly are aware of how to get people matched up with necessary benefits and support. Increasing benefits is a metric tracked on monthly and quarterly program performance reports "scorecards" so providers can see how they are meeting this metric regularly.

2 - Responsibility for this strategy is a partnership between the CoC Governance Board with input from the Mainstream Benefits committee as well as the MD Dept. Of Health, Behavioral Health division because they oversee SOAR for the county as well as providers working with clients who qualify for mainstream benefits.

3A. Coordination with Housing and Healthcare

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
    - Frequently Asked Questions

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes

3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes

3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

3B. New Projects With Rehabilitation/New Construction Costs

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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

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

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

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

Not applicable.

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	Yes

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

	You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.
	If you answered yes to question 3C-1, describe in the field below:
1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

Not applicable.

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.l.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes

4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.l.	

	Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2023 Priority Listing.	

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

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

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.l.(1)(c)	

1.	Enter the number of survivors that need housing or services:	140
2.	Enter the number of survivors your CoC is currently serving:	105
3.	Unmet Need:	35

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.l.(1)(c)	

	Describe in the field below:	
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or	
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.	

(limit 2,500 characters)

1 - During county FY23, FCC received ESG-CV funding to establish a RRH project, which successfully housed 12 households (41 individuals). Since ESG-CV funding expires 9/30/23, to sustain the crucial RRH project during CFY24, FCC was awarded $198K in state funding, this was about 2/3rds of the ESG-CV funding. FCC anticipates serving ___ Households (__ individuals) with this FY24 award. The calculation of need to justify the bonus to sustain DV RRH in our county is based on the total number on the established RRH wait list as well as the projected number of new referrals expected to be received through the DVCE process.

2 – FCC manages our CoC's DV Coordinated Entry (DVCE) system and they use Apricot as the HMIS comparable database for everyone calling for assistance, as well as referrals to DV shelter, emergency hotel and DV RRH. The data collected is VAWA compliant and protects confidentiality of survivor data.

3 - The primary barrier to meeting the needs of all survivors has historically been capacity. The CoC has shifted state funding to expand emergency hotel options for this population, which has allowed our CoC to serve 98% of those calling seeking emergency shelter during county FY23. Additionally, the CoC has funded FCC to create a DV specific RRH project, funded with federal ESG-CV funding, that will now be sustained with state funding. Creation of this DV RRH permanent housing option drastically improved the CoCs ability to address the immediate need for Permanent Housing for survivors and allowed FCC to clear their wait list for PH. The state funding for DV RRH will end 6/30/24 and that source only supports about 2/3rds of the need for RRH. When that state funding expires, we need this CoC Bonus award to allow our COC to offer DV survivors RRH permanently.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.l.(1)	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects–only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
Family Crisis Cen...

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

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

	Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2023 Priority Listing for New Projects:	

	1.	Applicant Name	Family Crisis Center of Baltimore County
	2.	Project Name	FCC DV CE RRH EXPAND FY2023
	3.	Project Rank on the Priority Listing	14
	4.	Unique Entity Identifier (UEI)	M7UWWDGVRYL1
	5.	Amount Requested	$445,425
	6.	Rate of Housing Placement of DV Survivors–Percentage	67%
	7.	Rate of Housing Retention of DV Survivors–Percentage	75%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.l.(1)(d)	

	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:	
	1.	how the project applicant calculated both rates;
	2.	whether the rates accounts for exits to safe housing destinations; and
	3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1 - Rates are calculated based on the total number of survivors housed in the agency's emergency shelter in county FY23 (7/1/22-6/30/23) and the number who both secured housing post shelter as well as those who retained housing for at least 6 months post discharge from shelter. Due to increased lengths of stay in shelter as a result of COVID, of the 185 people housed in shelter, 123 (67%) moved out into a safe housing placement and approximately 92 (75%) maintained housing up to 6 months post move-in.

2 - These totals do represent exits to safe housing destinations. The total number of clients served that had unplanned exists from the program due to client choice and preference is 10 total. Follow up is always attempted but not always achieved if clients do not respond.

3 - Our DV shelter and RRH provider uses the Apricot database to collect usage data and reports their service numbers to our CoC to be VAWA compliant. The numbers are reported in de-identified aggregate to ensure the confidentiality of survivors' identities and personal information.

	4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
		NOFO Section I.B.3.I.(1)(d)	

		Describe in the field below how the project applicant:
	1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
	2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
	3.	determined which supportive services survivors needed;
	4.	connected survivors to supportive services; and
	5.	moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.

(limit 2,500 characters)

1 - The DVCE system uses the housing barrier assessment tool, integrated with a VAWA compliant comparable database as a centralized assessment & referral tool to ensure survivors are accurately prioritized for the most appropriate housing intervention. Designated DVCE Housing Specialists review referrals, assess eligibility and refer clients to the most appropriate housing intervention. During County FY23, FCC was able to successfully and quickly move 12 households into permanent housing through the DV RRH program. This was not an option for our CoC previously. Additionally, the County increased state funds to support emergency hotel placements that help those fleeing DV or trafficking, placed into a safe setting quickly.

2 - DVCE prioritizes victims based on those with the most imminent level of danger and risk. This is determined by DVCE volunteers, using the approved danger assessment. This risk assessment and referral process have been vetted and adapted based on feedback from survivors with lived experience. The tool and process are reviewed regularly to ensure no specific demographic group is being disproportionately screened out during any phase of the screening or referral process. Finally, the DVCE and mainstream CoC CE work together to execute the emergency transfer plan as outlined in our CoC SOP doc.

3 – DVCE and housing specialists encourage independence, choice and self-sufficiency. Participants move into housing with individual support plans that honor evolving needs of each person. FCC will update this service plan as needed to ensure the person has what they need to remain successful in housing that includes case management frequency, housing search, budgeting, substance abuse treatment, transportation, mental health, education and employment services.

4 - FCC engages survivors in supportive services using survivor-driven, trauma-informed advocacy and progressive engagement modalities. These are grounded in regular contact that is mutually scheduled with at least monthly in-home visits, virtual meetings and phone calls. Frequency of contact is responsive to the needs of the client and, when possible, follows a model of titration with more frequent contact early in a participant's enrollment.

5 - Participants are connected to other supportive services (employment, mental health, legal, etc.) so the household can reach their self-identified housing stability goals and resolve ongoing safety concerns.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;
2.	making determinations and placements into safe housing;
3.	keeping information and locations confidential;
4.	training staff on safety and confidentially policies and practices; and

5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

1 - Only the DVCE team have access to data in Apricot. DVCE staff are trained on confidentiality requirements and their offices are away from FCC's general staff or client spaces to uphold confidentiality. FCC offices where clients work with FCC staff are located in a confidential location and staff meet with clients off-site as needed based on safety plans and client choice. Offices are private and equipped with sound machines to ensure that confidentiality is protected. The clients meet one-on-one with their case managers for private discussions pertaining to their improvement.

2 - FCC ensures housing units are in areas that allow clients to have access to care and support when they need it. Clients have input on which unit they are comfortable living in, ensuring their success in completing the program. The FCC Housing Specialist partners with other programs and landlords to provide numerous options for clients to find housing that is suitable and safe for them.

3 - Client information and housing placement locations are maintained in Apricot. Only DV staff have access to Apricot and if information is shared to place someone into housing, it is shared in a de-identified way. Use of the scattered site model for housing helps de-densify and mitigate risk of safety being breached. All staff are consistently and regularly trained on practices and procedures to continue ensuring safety and confidentiality. Site location for shelter or other services are not publicly available.

4 - Staff are trained during onboarding and receive regular ongoing professional development to stay abreast of Federal, state requirements and best practices for confidentiality.

5 - Case managers and clients visit housing sites and discuss what is expected in the services and support before making a final decision if a unit is suitable. Ongoing safety is protected with a commitment to emergency transfer and/or relocation as needed to ensure the survivor is safe. FCC recognizes that security is a priority to ensure the safety of residents. FCC works to ensure flex funds are available to help clients obtain and support security systems for individual units.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.
	NOFO Section I.B.3.l.(1)(d)

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

FCC works with program participants in establishing safety plans from the beginning of the program and revising and adjusting throughout the program. Participants receive on-going case management services with monthly check-ins, in the home. FCC also utilizes the address confidentiality program to protect program participants' new addresses. Case management staff also work with participants to ensure no tracking devices are on their person or car and work with them to create new banks accounts if they wish to do so. FCC also works with participants to be able use camera systems to be able to check surroundings. Policies for ensuring safety are evaluated and updated based on survivor experiences, having participants to provide feedback to case mangers during monthly sessions. Through these practice FCC has been able to maintain no breaches for survivors in over a year with the inception of the program being 2021.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1 - Survivors are the experts of their own lives and humility and respect is foundational for positive collaborative work. FCC uses an empowerment model of working with survivors by providing wide ranging options and supporting clients as they think through the outcome of each option.

2 - FCC offers voluntary services but does not require that a survivor participates. FCC adopted a harm reduction model and uses trauma-informed (TI) practices in our case work. A core value of FCC is that staff and clients share things in common with one another which established an accepted foundation of equality. Staff interactions with clients are monitored and reviewed to identify bias and address the impact of bias on service provision through education, training and accountability. FCC regularly plans for and engages in professional development to maintain its focus on and ability to respond equitably.

 3 – The interim ED for FCC, has a TI Certification and FCC's Clinical Director is a Licensed Marriage and Family Therapist. Together these leaders ensure all staff are trained and using TI practices to assist survivors in their healing process. All programs offer one-on-one individualized therapy with a provider of their choice. Therapy services are also offered to individuals in the community who are not enrolled in shelter or programs, as crisis prevention. FCC partners with other organizations and agencies to provide the most comprehensive care for its participants such as TurnAround and Pro Bono Counseling.

4 - FCC believes that survivors are the best experts in their lives, and as such assesses them for goals and strengths during case management. A strengths-based approach to working with survivors includes working collaboratively to set goals and identify strengths.

 5 - Interpretation and translation are provided for survivors with limited English proficiency. Additional barriers include a lack of knowledge about resources, social and cultural challenges and accessibility for survivors with a disability. Programs are designed to be culturally responsive and inclusive by regularly bringing in outside organizations to train staff. FCC staff are trained in cultural humility and the distinction from cultural competency. Lived experience is an important factor that FCC uses when recruiting new staff as well as familiarity/experience living in the same communities that clients come from.

 6 - A wide range of service delivery is available by in-house programming and intentional connection with community partners including individual and group therapy sessions and individual referrals based on client need/preference.

7 - Through collaborative community partnerships with Pro Bono Legal Counsel, HoR MD Legal services, FCC helps survivors engage with TI legal services. TI parenting support occurs through FCC's collaboration with Abilities Network and other mainstream providers. FCC operates a children's playroom which creates opportunities for volunteer teachers and mentors, trained in TI practices to create safe play spaces and model parent/child interaction opportunities. Weekly TI Yoga classes, art therapy programming is offered regularly.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.
	NOFO Section I.B.3.I.(1)(d)

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

(limit 5,000 characters)

Supportive services through the lens of survivor-driven, trauma-informed advocacy and progressive engagement. The participant and case management will be in regular contact based on an agreed upon schedule between both parties with at least monthly in-home contact and an additional virtual and/or phone contact. Frequency of contact should be responsive to the needs of a client and, when possible, will follow a similar model of titration as the rental assistance with more frequent contact early in a participant's enrollment. The participant will also be connected to other supportive services (i.e., employment, education, mental health, legal, etc.) so the household can reach their self-identified housing stability goals.

Ongoing case management includes;

Substance Abuse Treatment: While FCC uses a harm reduction model and does not specifically offer substance abuse treatment onsite, staff are trained in how to work with survivors who have histories of substance abuse using non-judgmental communication. When requested by the survivor, refers survivors to online 12 step meetings.

Transportation: In addition to mobile advocacy, FCC provides bus tokens and utilizes flex funds to support private transportation that is more appropriate to need, to survivors seeking support in getting to school or work.

Health: Case Managers can assist survivors in applying for health insurance and helps them to understand the health care system. They also help survivors who want therapy to find a therapist or support group. FCC offers both in house mental health resources and has partnerships for more choice.

Money Management: FCC partners with Dundalk Renaissance to offer financial education and money management workshops and also works individually with survivors to learn how to save money, put together a budget, open a bank account, improve credit scores, find out where free tax filing workshops are in the county, and learn best financial practices.

Wellness: Survivors can work with their Case Manager to develop a wellness/self-care plan that enables them to take care of themselves when triggers of the past come up or how to maintain stress. FCC partners with local wellness providers to offer stress management workshops, ongoing yoga experiences, art therapy. Survivors develop a wellness plan, and staff checks in with them monthly to see what the progress has been.

Legal Assistance: FCC partners with Pro Bono Legal and connects clients to other lawyers and legal aid organizations to provide survivors with a wide variety of legal support. Some of the legal services that have been supported through partnership include immigration legal aid (including filing for U-Visa and asylum), civil and criminal support in on-going cases, restraining order support, and family law support.

Education/Employment: Staff can provide links to vocational and educational services offsite for survivors who want to go back to school or to find employment. FCC utilizes general operating funds to help fund client goals for schoolbooks and supplies to assist in covering the cost of education. Staff and professional volunteers at FCC also assist survivors with learning how to put together a resume and a cover letter, and practice mock interviews. We partner

with a local thrift store to make access to professional clothing easy, accessible and dignified. FCC has a rich network of relationships and is a regular participant in the Baltimore County SouthEast Network which is an intentional resource and relationship system to benefit clients. Partnerships with Art with A Heart, Pro Bono Legal, Abilities Network, TurnAround Inc., House of Ruth Maryland and Community College of Baltimore County and Dundalk Renaissance contribute to robust system of care for survivors.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Practices for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(e)	

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

(limit 5,000 characters)

1 - Currently, any new clients engaged in housing search will work to identify barriers in obtaining housing, will collaborate with staff to create safety plans. FCC will ensure that the units are in areas that allow them to have access to care and support when they need it. Clients will have input on unit selection to ensure they are comfortable living there and to ensure their future success towards program completion. An FCC Housing Specialist will partner with other programs and landlords to provide the varied options for clients to find housing the most suitable housing. FCC has learned to lengthen the term of case management, expand on the life skills that participants utilize, and create a toolbox of skills for continued learning.

2 - FCC will offer voluntary services to future RRH clients. FCC has adopted the successful harm reduction model and will continue to utilize trauma-informed (TI) care practices in our case management models. These are and will continue to be core values for FCC to ensure there remains more in common between staff and clients to build upon the foundation of equality we have already established. Staff interactions and services are regularly monitored and reviewed to identify bias and address the impact of bias on service provision through education, training and accountability. FCC regularly plans for and engages professional development to maintain its focus on and ability to respond equitably.

3 - Due to the potential for triggering experiences, clients are connected to advocates, and mental health experts as well as resources to help educate and inform individuals how to recognize trauma symptoms, response and pathways to healing. Staff will continue to receive training during onboarding and at least 50% annually participate in ongoing professional development to enhance knowledge base of trauma informed theory and practice. In addition to onboarding and annual trainings, FCC plans to have staff become certified in TI to be able to provide the best possible outcomes for program participants. The new project will also allow FCC to develop a TI workbook that provides resources to program participants and provides coping mechanisms.

4 - FCC holds that survivors are the experts of their own lives and humility and respect is foundational for positive collaborative work. FCC uses an empowerment model of working with survivors by providing wide ranging options and supporting thinking through the outcome of each option. FCC will utilize the wheel of life assessment for participants to identify for themselves where they are in their lives and where they want to be. In addition to the wheel of life, FCC staff will also expand their motivational interviewing skills as a way to assess them for goals and strengths during case management. A strengths-based approach to working with survivors includes working collaborative to set goals and identify strengths.

5 - Interpretation and translation services will continue to be provided for survivors who are limited English proficient (LEP). Additional barriers, including lack of knowledge about resources, social and cultural challenges and accessibility for survivors of crime with disabilities will continue to be identified and addressed. FCC staff are trained in cultural humility (and how it is different from cultural competency). Staff is intentionally recruited and support to represent people with lived experience and members of same communities that many of the clients come from. With the new project FCC plans to maintain staff cultural competency by sending staff to trainings and conferences that highlight multicultural changes in society

6 - A variety of program delivery will be available to new client survivors such as individual, group, in-person and virtual options through FCC programming and collaboration and connection to mainstream services. Survivors will be expected to continue to engage with staff in a person-centered way to work with staff to identify goals and match opportunities and experiences based on survivors stated goals. FCC plans to expand on existing programming to include enrichment groups for program participants to take part in. One such group is our survivors group which utilizes the empowerment model and creates a community for participants to assist and encourage each other based off of lived experiences.

7 - Continued partnerships allow FCC to continue assisting survivors with TI legal services. Ongoing parenting support that is TI occurs through collaboration with Abilities Network and other mainstream providers. FCC operates a children's playroom which creates opportunity for volunteer trauma informed teachers and mentors to create safe play spaces and model parent/child interaction opportunities. Weekly TI Yoga classes, art therapy programming will continue. FCC will offer a Parent Hope project that will help them better understand themselves as they parent.

	4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
		NOFO Section I.B.3.l.(1)(f)	

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

(limit 2,500 characters)

1 - Individuals with lived experience function as staff, leaders and board members at FCC. Individuals with lived experience are surveyed annually on their experiences and survey results inform policy and practice at every level. In Emergency Shelter and with those individuals and families enrolled in Rapid Rehousing projects feedback is solicited in weekly and monthly meetings from the community and in every individual service coordination meeting.

2 - FCC Staff receive updates from survivors about their experiences during their time in crisis which provides insight to FCC in improving processes and policies. FCC staff have continued engagement with individuals with lived experience thus allowing us to have create surveys and conduct interviews with individuals consent to gain an understanding of how the process worked for them.

4B. Attachments Screen For All Application Questions

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

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

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1D-11a. Letter Signed by Working Group	Yes	Letter of Support...	09/22/2023
1D-2a. Housing First Evaluation	Yes		
1E-1. Web Posting of Local Competition Deadline	Yes	1E-1. Web Posting...	09/22/2023
1E-2. Local Competition Scoring Tool	Yes	1E-2. Local Compe...	09/24/2023
1E-2a. Scored Forms for One Project	Yes	1E-2a. Scored Fo...	09/24/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	1E-5. Notificatio...	09/25/2023
1E-5a. Notification of Projects Accepted	Yes	1E-5a. Notificati...	09/25/2023
1E-5b. Local Competition Selection Results	Yes	1E-5b. Local Com...	09/25/2023
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes	1E-5c. Web Postin...	09/26/2023

1E-5d. Notification of CoC-Approved Consolidated Application	Yes	1E-5d. Notificati...	09/26/2023
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	2A-6. HUD's Homel...	09/25/2023
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No	3A-2a. Healthcare...	09/26/2023
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Letter of Support for Priorities

Attachment Details

Document Description:

Attachment Details

Document Description: 1E-1. Web Posting of Local Competition
Deadline

Attachment Details

Document Description: 1E-2. Local Competition Scoring Tool

Attachment Details

Document Description: 1E-2a. Scored Form for One Project

Attachment Details

Document Description: 1E-5. Notification of Projects Rejected-Reduced

Attachment Details

Document Description: 1E-5a. Notification of Projects Accepted

Attachment Details

Document Description: 1E-5b. Local Competition Selection Results

Attachment Details

Document Description: 1E-5c. Web Posting–CoC-Approved
Consolidated Application

Attachment Details

Document Description: 1E-5d. Notification of CoC-Approved
Consolidated Application

Attachment Details

Document Description: 2A-6. HUD's Homeless Data Exchange (HDX)
Competition Report

Attachment Details

Document Description: 3A-1a. Housing Leveraging Commitments

Attachment Details

Document Description: 3A-2a. Healthcare Formal Agreements

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/20/2023
1B. Inclusive Structure	09/20/2023
1C. Coordination and Engagement	09/25/2023
1D. Coordination and Engagement Cont'd	09/21/2023
1E. Project Review/Ranking	09/25/2023
2A. HMIS Implementation	09/25/2023
2B. Point-in-Time (PIT) Count	09/25/2023
2C. System Performance	09/25/2023
3A. Coordination with Housing and Healthcare	09/25/2023
3B. Rehabilitation/New Construction Costs	09/21/2023
3C. Serving Homeless Under Other Federal Statutes	09/21/2023

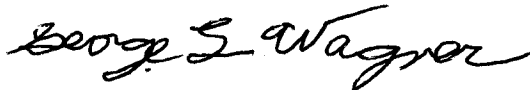|	
4A. DV Bonus Project Applicants	09/26/2023
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

To Whom it May Concern,

In July of 2023, the Continuum of Care (CoC) changed how its Coordinated Entry (CE) system prioritized serving individuals and families experiencing homelessness with sever service needs. Prior to this change, the CoC relied on a PSH waitlist. Providers could take clients who they were familiar with from this list as they had openings. While this allowed providers to continue working with clients they had established relationships with, this did not prioritize the most vulnerable.

With the change in the CE system, the CoC has established a by-name list of the county's most vulnerable homeless individuals and families. Vulnerability is based off disability status and length of time homeless as well as chronicity. The CE leads bi-weekly case conferencing meetings to discuss clients at the top of the list and eliminate barriers to housing so they can quickly become housed. This is an interdisciplinary approach between outreach workers, case managers, CE staff, SOAR specialists and others as needed.

This change was designed to identify and prioritize the most vulnerable people experiencing homelessness within the CoC's geographic area. I support these priorities established by the CoC.

Respectfully,

George S. Wagner

GEORGE L. WAGNER

FISCAL YEAR 2023 HUD CONTINUUM OF CARE ANNUAL NOTICE OF FUNDING OPPORTUNITY

HUD released the FY2023 Annual Notice of Funding Opportunity (NOFO) application for renewal of current Continuum of Care (CoC) grants and for new providers interested in applying to offer services. Find NOFO program information ☑ or application materials ☑.

All applications received by the CoC lead agency, the Department of Housing and Community Development, will be scored by the Rating and Ranking Committee of the CoC. New applicants will be scored along with current providers.

MILESTONES

- **August 8**—Overview meeting held to review HUD goals and CoC goals for the FY2023 NOFO application. View the Webex ☑ recording and the slide presentation 📄.

- **August 15**—New and renewal project applicants submitted a notice of intent to apply for available funding. Baltimore County published the CoC Grant Inventory Worksheet (GIW) Report. The GIW Report is used to record all grants within a CoC's geographic area that are eligible for renewal funding in the upcoming CoC Program Competition. The GIW calculates an Annual Renewal Amount (ARA) for each project which is the sum of each project's renewable budget line items (BLIs) and identifies the total renewal amount a project may request in the FY23 CoC Program Competition. View the FY23 Baltimore County GIW 📄.

  - FY23 NOFO Application Documents:

    - The Supplemental Provider Questions 📄 document is required for every application.
      - Rating and Ranking Procedure 📄 is used to evaluate project applications.
      - New Applications Bonus Score Sheet 📄
      - Renewal Applications Bonus Score Sheet 📄
      - Domestic Violence (DV) Bonus Score Sheet 📄

- **August 25**—New and renewal project applications must be completed in eSNAPS.

  - Log in to eSNAPS ☑.
  - If you do not have an account and want to request access to eSNAPS, visit the HUD Exchange website ☑. **Do not** submit via eSNAPS until you are notified that your account is active.
  - Your final submission must include the CoC Project application.

- **August 29 to September 7**—Rating and Ranking Committee reviews and scores all applications.
- **September 8**—Provider Project Application Scoring completed.
- **September 11**—Final rating and ranking completed, providers will be notified individually.
- **September 21**—CoC consolidated application draft documents for FY2022 NOFO.
- **September 27**—Final submission of CoC NOFO application to HUD.

COMMUNITY DEVELOPMENT

Search for agencies, services and more...

🕐 **HOURS**
Monday through Friday
8:30 a.m. to 4:30 p.m.

105 West Chesapeake Avenue, Suite 201
Towson, Maryland 21204

✉ **EMAIL**
dhcd@baltimorecountymd.gov

📞 **PHONE**
410-887-8383

DIRECTOR
Terry Hickey

PSH and RRH Renewal or Expansion Project Rating Tool

Project Name:	2023 Hosanna House	
Organization Name:	Catholic Charities via Balltimore County	
Project Type:	PSH	(RRH or PSH)
Project Identifier:	MD0273	

**Only give points based on project type either PSH or RRH

RATING FACTOR	PEFORMANCE GOALS	Applicable to Project (Y/N)	Project Performance	Max Point Value	POINTS AWARDED
Contribution of CoC System Performance Measures - (based on project type)	**Description:** The extent to which projects support or harm overall system performance. Scores are based on HMIS data.				
Exit to Permanent Housing	**For RRH Projects - at least 75% exit to Positive Housing Destinations -** [23c on APR, look for % in total column at bottom of section] - (below % - 0 pts., at % - 3 pts., above % - 8 pts)		%	8	
	OR				
	For PSH Projects- at least 85% exited to a positive housing destination - [23c on APR, look for % in total column at bottom of section] - (below % - 0 pts., at % - 3 pts., above % - 8 pts)		0%	8	0
New or Increased Income	**For RRH Projects - At least 25% increased income via any source -** [19.a.1 on APR, % found in last column"] - % of persons who accomplished this measure"] - (below % - 0 pts., at % - 3 pts., above % - 8 pts.)		%	8	
	OR				
	For PSH Projects - At least 40% maintained or increased or income - [19.a.1 on APR, % found in last column "% of persons who accomplished this measure"] (below % - 0 pts., at % - 3 pts., above % - 8 pts.)		80%	8	8
	Performance Measures Subtotal			16	8
Proof that project serves high needs population	**Description -** PSH and RRH are permanent housing interventions that are required to prioritize highly vulnerable clients with the highest needs.				
Income at entry to program	**For PSH Projects - at least 40% of participants entered program with zero income.** - [16 on APR, take number in top line and divide by total adults number] (below % - 0 pts., at % - 3 pts, above % - 5pts.)		13%	5	0
	OR				
	For RRH Projects - at least 20% of participants entered program with zero income - [16 on APR, take number in top line and divide by total adults number] - (below % - 0 pts., at % - 3 pts, above % - 5pts.)		%	5	
Program serves those with disabling conditions	**For PSH Projects - At least 10% of population served has at least 2 or more disabling conditions** [13.a.2 on APR] - (below % - 0 pts., at % - 3 pts, above % - 5pts.)		60%	5	5
	OR				
	For RRH Projects - Serves participants with at least one or more disabling condition - [13.a.2 on APR] - YES or No (If YES - 5 pts. If NO - 0 pts.)		%	5	
Prior location not meant for human habitation	**For PSH Projects - at least 97% of participants moved in from a place not meant for human habitation** [15 on APR] - (below % - 0 pts., at % - 3 pts., above % - 5 pts.)		100%	5	5
	OR				
	For RRH Projects - at least 65% of participants entering project, came from a homeless situation prior - [15 on APR, take subtotal in homeless situation section + total in Institutional setting and divide by overall total homeless at bottom] - (below % - 0 pts., at % - 3 pts., above % - 5 pts.)		%	5	
	Serve High Need Populations Subtotal			15	10
Project Effectiveness and Past Performance	**Description -** Ensures project participates in Coordinated Entry and keeps beds/slots full to ensure the proggram is effective for the CoC				
Utilization	**At least 85% of beds/slots filled** - HMIS Team has utilization report. (below % - 0 pts., at % - 3 pts., above % - 7 pts.)		100%	7	7
~~Spent all CoC funds last year~~	~~If spent 98% or more of total award - Will be filled in by CoC Lead Grants team. (if % is met or exceeded - 3 pts. If less - 0 pts.)~~		~~Will be filled in by CoC Lead~~	~~3~~	
	Project Effectiveness Subtotal			7	7
Data Quality for Universal Data Elements	**Description -** To ensure the CoC is meeting all necessary performance measures, data quality is key to that success.				
Disabling Condition [6b 3.8 on APR]	**Error Rate is no more than 5%** - (Above % - 0 pts., at % - 3 pts., below % - 5 pts.)		0%	5	5
Relationship to Head of Household [6b 3.15 on APR]	**Error Rate is no more than 5%** - (Above % - 0 pts., at % - 3 pts., below % - 5 pts.)		0%	5	5
Income and Sources at start [6c on APR]	**Error Rate is no more than 5%** - (Above % - 0 pts., at % - 3 pts., below % - 5 pts.)		0%	5	5
	Data Quality Subtotal			15	15

PSH and RRH Renewal or Expansion Project Rating Tool

Project Name:	2023 Hosanna House
Organization Name:	Catholic Charities via Balltimore County
Project Type:	PSH
Project Identifier:	MD0273

RATING FACTOR	PEFORMANCE GOALS	Notes or questions about answer	Max Point Value	POINTS AWARDED
Supplemental Application Questions				
Addressing Equity	Follow rubric for scoring guidance		5	5
Addressing potential barriers to LGBTQ+ populations	Follow rubric for scoring guidance		5	5
Addressing potential barriers to Housing First program standards.	Follow rubric for scoring guidance		5	5
Engagement with People with Lived Experience and addressing barriers to participation	Follow rubric for scoring guidance		5	5
Supplemental Applications Questions Subtotal			20	20
Administrative Process	**These answers can be found in the email copies emailed to you.**			
	Submitted email of intent to apply for funds by due date 8/15/23 by 4pm (yes-2 pts, no - 0 pts.)	Yes	2	2
	Submitted Project Application by due date 8/25/23 by noon - (yes-2 pts, no - 0 pts.)	Yes	2	2
Administrative Process Questions			4	4
Total Points			77	64

JOHN A. OLSZEWSKI, JR.
County Executive

TERRY F. HICKEY, Esq.
Director, Department of Housing and
Community Development

HEATHER SHERIDAN
Chief, Homeless Services

September 25, 2023

RE: CoC NOFO 2023 Application

The Baltimore County MD-505 CoC did not reject or reduce any project applications submitted for funding during its local competition.

Kieran Ruppert

Continuum of Care (CoC) Administrator

Baltimore County Department of Housing and Community Development

FY23 CoC NOFO Final Rankings Results

KR

Kieran Ruppert

Mon 9/11/2023 5:03 PM

To: ○ Aimee.bollinger@maryland.gov; ○ Crystal Parker; ⊘ Lauren Rodriguez; ○ Shelby Frink; ○ Emily Ferrara; ○ shellybee500@gmail.com;
○ priya.arokiaswamy@maryland.gov; ⊘ Sheri-Ann Little; ⊘ Lee Ohnmacht; ○ Mona Figueroa -MDH-; ○ bha cocprograms -MDH-;
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○ Shane O'Neill; ○ rlee@cc-md.org; ○ ltalis@cc-md.org; ○ ckelly@cc-md.org; ○ Tammy Chance; ○ Trina Jones-Brown;

Bcc:

ⓘ Retention Policy 18 Month Delete (1 year, 6 months)   Expires 3/12/2025

ↄ You replied to this message on 9/11/2023 8:13 PM.

📄 **MD - 505 Final Ranking 9.11.23.pdf** ∨
139 KB

📄 **Baltimore County CoC Rating and Ranking Procedure.pdf** ∨
177 KB

📄 **Baltimore County CoC Rating and Ranking Procedure Final.pdf** ∨
162 KB

Good afternoon CoC applicants,

Thank you for the time you took to submit your renewal and bonus applications for consideration for FY2023 CoC funds. This year the committee received and reviewed 10 applications for renewal, one CoC bonus application and one DV bonus application.

Last year all tier 1 projects were renewed 95%. This year HUD informed us that just 93% of our Tier 1 projects would be renewed, placing 7% of our renewal project total, up for possible reduction.

I have attached our CoC Rating and Ranking procedure that explains how applications were scored and ranked. Each scored application was reviewed by two members of the committee.

I will be sending each applicant a separate email providing copies of final score sheets along with requested updates for your application in ESNAPS.

If you have any questions you can reach out to me once you receive your final score sheets.

Approved Final Project Ranking

MD-505-2023 Notice of Funding Opportunity (NOFO)

The CoC Rating and Ranking Committee received all applications for review on 8/25/23 and met for final ranking decision on 9/8/23. The ranking has been approved as well as approval for the CoC Planning Grant.

Rank	Project Name	Provider	Project Type	Status	Grant Request	
1	HMIS 2023	Baltimore County DHCD	HMIS	Accepted	$ 168,914	Tier 1 Max Amount = $2,649,263
2	FC DV CE SSO FY23	Family Crisis Center (FCC)	SSO	Accepted	$ 91,865	
3	Prologue Homeless Outreach 2023	Prologue Inc.	SSO	Accepted	$ 220,393	
4	Samaritan PSH 15 unit (11 & 4)	Community Assistance Network (CAN)	PH	Accepted with Amendments	$ 224,427	
5	BHA PSH Baltimore County 38 units FY 2023	Behaviorial Health Administration - Balt. Co.	PH	Accepted	$ 715,626	
6	2023 Hosanna House	Catholic Charities	PH	Accepted	$ 124,489	
7	Samaritan PSH FY2023	Community Assistance Network (CAN)	PH	Accepted	$ 200,093	
8	BHA PSH Baltimore County 13 units FY 2023	Behaviorial Health Administration - Balt. Co.	PH	Accepted	$ 201,644	
9	2023 Project Promise	Catholic Charities	PH	Accepted	$ 84,971	
10	HUD Housing 1 & 2 2023	Prologue Inc.	PH	Accepted	$ 231,440	
11	Arbutus PSH 2023	Community Assistance Network (CAN)	PH	Accepted	$ 95,524	
12	SVDP Scattered Site PSH 2023	St. Vincent De Paul	PH	Accepted	$ 261,130	
13	DSS RRH 1 & 2 2023	Dept. of Social Service	PH	Accepted	$ 229,154	**199,407 of this amount in Tier 2
14	DV BONUS - FCC DV CE RRH EXPAND FY2023	Family Crisis Center (FCC)	TH&PH-RRH	Accepted with Amendments	$ 445,425	Tier 2
15	CoC BONUS - Balt. Co. Coordinated Entry	Baltimore Co. DSS	SSO	Accepted with Amendments	$ 311,797	

	Baltimore County Planning Grant	Baltimore County DHCD	$ 222,712

Amount (ARA) for each project which is the sum of each project's renewable budget line items (BLIs) and identifies the total renewal amount a project may request in the FY23 CoC Program Competition. View the FY23 Baltimore County GIW ⬀.

○ FY23 NOFO Application Documents:

▪ The Supplemental Provider Questions ⬀ document is required for every application.

▪ Rating and Ranking Procedure ⬀ is used to evaluate project applications.

▪ New Applications Bonus Score Sheet ⬀

▪ Renewal Applications Bonus Score Sheet ⬀

▪ Domestic Violence (DV) Bonus Score Sheet ⬀

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○ Log in to eSNAPS ⬀.

○ If you do not have an account and want to request access to eSNAPS, visit the HUD Exchange website ⬀. Do **not** submit via eSNAPS until you are notified that your account is active.

○ Your final submission must include the CoC Project application.

• **August 29 to September 7**—Rating and Ranking Committee reviews and scores all applications.

• **September 8**—Provider Project Application Scoring completed.

• **September 12**—Final Rating and Ranking Scoring completed.

• **September 21**—Draft CoC Consolidated Application ⬀ for FY2023 NOFO is available for review and comment.

• **September 27**—Final submission of CoC NOFO application to HUD.

DOCUMENTS FROM THE FY2022 COC NOFO COMPETITION

• CoC Planning Application ⬀

• Project Priority List ⬀

• NOFO Collaborative Application ⬀

If you have questions about the program, please email kruppert@baltimorecountymd.gov.

CoC Approved NOFO Consolidated Application

Kieran Ruppert <kruppert@baltimorecountymd.gov>

Mon 9/25/2023 4:41 PM

Bcc:Aimee Bollinger -DHS- Baltimore County <aimee.bollinger@maryland.gov>;aimee.harmon-darrow@hud.gov <aimee.harmon-darrow@hud.gov>;Alexandra Houff <ahouff@bcpl.net>;alexis@familycrisiscenter.net <alexis@familycrisiscenter.net>;alice.barry@VA.gov <alice.barry@VA.gov>;arodriguez@turnaroundinc.org <arodriguez@turnaroundinc.org>;amie@familycrisiscenter.net <amie@familycrisiscenter.net>;Amy Beaumier <abeaumier@baltimorecountymd.gov>;amy@dundalkusa.org <amy@dundalkusa.org>;Andrea Rubin <arubin@baltimorecountymd.gov>;ashearer@hchmd.org <ashearer@hchmd.org>;coleman.angela@gmail.com <coleman.angela@gmail.com>;amoore@canconnects.org <amoore@canconnects.org>;angela.b@theunionchurch.com <angela.b@theunionchurch.com>;atimpson@baltimorecountymd.gov <atimpson@baltimorecountymd.gov>;amatakas@jcsbaltimore.org <amatakas@jcsbaltimore.org>;anitayawson50@yahoo.com <anitayawson50@yahoo.com>;aebhojiaye@mycri.org <aebhojiaye@mycri.org>;april.ferguson@vincentbaltimore.org <april.ferguson@vincentbaltimore.org>;auna.cooper@uwcm.org <auna.cooper@uwcm.org>;arentie@cc-md.org <arentie@cc-md.org>;president@churchesforsoh.org <president@churchesforsoh.org>;bethabraham@prologueinc.org <bethabraham@prologueinc.org>;balpin@ccbcmd.edu <balpin@ccbcmd.edu>;bmcmorris@brightfuturesahead.com <bmcmorris@brightfuturesahead.com>;bharry@catonsvillehelp.org <bharry@catonsvillehelp.org>;Brandi@familycrisiscenter.net <Brandi@familycrisiscenter.net>;brendan@sbrothersdev.com <brendan@sbrothersdev.com>;carrie.m.clark@medstar.net <carrie.m.clark@medstar.net>;cwilliams@projectplase.org <cwilliams@projectplase.org>;chalon.thompson@vincentbaltimore.org <chalon.thompson@vincentbaltimore.org>;Charissa Rogge <crogge@baltimorecountymd.gov>;62earnestgaines890@gmail.com <62earnestgaines890@gmail.com>;cprince4@jhmi.edu <cprince4@jhmi.edu>;CSHORT@KTSMHG.com <CSHORT@KTSMHG.com>;christian@familycrisiscenter.net <christian@familycrisiscenter.net>;Christine.cocca@uwcm.org <Christine.cocca@uwcm.org>;Christine Marshall <cmarshall@baltimorecountymd.gov>;cadams@ktsmhg.com <cadams@ktsmhg.com>;cnewton@newton-evans.com <cnewton@newton-evans.com>;Colleen Mahony <cmahony@baltimorecountymd.gov>;ccanady@canconnects.org <ccanady@canconnects.org>;cnotaro@baltimorecountymd.gov <cnotaro@baltimorecountymd.gov>;cwitherspoon@canconnects.org <cwitherspoon@canconnects.org>;crystal4751@comcast.net <crystal4751@comcast.net>;Crystal Parker <cparker@baltimorecountymd.gov>;crystal.pitt@vincentbaltimore.org <crystal.pitt@vincentbaltimore.org>;cbrinkleyscott@yahoo.com <cbrinkleyscott@yahoo.com>;Cynthia Williams <cwilliams@baltimorecountymd.gov>;ddeming@goodwillches.org <ddeming@goodwillches.org>;daniel.crowson@vincentbaltimore.org <daniel.crowson@vincentbaltimore.org>;thebosticproject@gmail.com <thebosticproject@gmail.com>;dsullivan@mdfoodbank.org <dsullivan@mdfoodbank.org>;dsmith@canconnects.org <dsmith@canconnects.org>;dmanger@ccbcmd.edu <dmanger@ccbcmd.edu>;dringo@projectplase.org <dringo@projectplase.org>;Diane Richards <drichards1@baltimorecountymd.gov>;dpreality443@gmail.com

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Good afternoon,

I hope you have all been well. A draft of the CoC Notice of Funding Opportunity (NOFO) Consolidated Application
was shared with the CoC Governance Board on 9/21/21 and as of 9/25/23 at 4:30pm, the Board has voted to
approve the application. The Consolidated Application is available to the public on the Baltimore County webpage
along with our other NOFO updates from throughout this process, including the final rating and ranking scoring of
projects which applied for funding as part of this year's NOFO.

Thanks,
Kieran

Kieran Ruppert, (he, him)
Continuum of Care (CoC) Administrator

Baltimore County Department of Housing and Community Development
105 West Chesapeake Avenue, Suite 201
Towson, Maryland 21204
Office: (410) 887-5470
Email: kruppert@baltimorecountymd.gov
Seeking shelter? Please call (410) 887-8463
In danger due to a Domestic Violence Emergency and need shelter? Please call (410) 828-6390

2023 HDX Competition Report

PIT Count Data for MD-505 - Baltimore County CoC

Total Population PIT Count Data

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count	712	270	468	612
Emergency Shelter Total	446	162	290	459
Safe Haven Total	0	0	0	0
Transitional Housing Total	50	16	38	21
Total Sheltered Count	496	178	328	480
Total Unsheltered Count	216	92	140	132

Chronically Homeless PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	188	108	149	167
Sheltered Count of Chronically Homeless Persons	85	51	56	83
Unsheltered Count of Chronically Homeless Persons	103	57	93	84

2023 HDX Competition Report

PIT Count Data for MD-505 - Baltimore County CoC

Homeless Households with Children PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	**109**	**20**	**53**	**75**
Sheltered Count of Homeless Households with Children	87	17	52	74
Unsheltered Count of Homeless Households with Children	22	3	1	1

Homeless Veteran PIT Counts

	2011 PIT	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	**70**	**27**	**10**	**18**	**16**
Sheltered Count of Homeless Veterans	26	14	4	10	13
Unsheltered Count of Homeless Veterans	44	13	6	8	3

*For CoCs that did not conduct an unsheltered count in 2021, 2020 data were used.

2023 HDX Competition Report

HIC Data for MD-505 - Baltimore County CoC

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Current, Year-Round, HMIS Beds	Total Year-Round, Current, Non-VSP Beds*	HMIS Bed Coverage Rate for Year-Round Beds	Total Year-Round, Current VSP Beds in an HMIS Comparable Database	Total Year-Round, Current, VSP Beds**	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Current, Year-Round, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
ES Beds	512	473	473	100.00%	39	39	100.00%	512	100.00%
SH Beds	0	0	0	NA	0	0	NA	0	NA
TH Beds	32	32	32	100.00%	0	0	NA	32	100.00%
RRH Beds	246	246	246	100.00%	0	0	NA	246	100.00%
PSH Beds	511	236	511	46.18%	0	0	NA	236	46.18%
OPH Beds	0	0	0	NA	0	0	NA	0	NA
Total Beds	1,301	987	1,262	78.21%	39	39	100.00%	1,026	78.86%

2023 HDX Competition Report

HIC Data for MD-505 - Baltimore County CoC

2023 HDX Competition Report

HIC Data for MD-505 - Baltimore County CoC

Notes
*For OPH Beds, this does NOT include any beds that are Current, Non-VSP, Non-HMIS, and EHV-funded.
**For OPH Beds, this does NOT include any beds that are Current, VSP, Non-HMIS, and EHV-funded.
In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").
In the HIC, Current beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2020 HIC	2021 HIC	2022 HIC	2023 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	494	494	494	511

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

Households with Children	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH units available to serve families on the HIC	30	83	24	61

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH beds available to serve all populations on the HIC	175	164	136	246

HIC Data for MD-505 - Baltimore County CoC

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Summary Report for MD-505 - Baltimore County CoC

Measure 1: Length of Time Persons Remain Homeless

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Revised FY 2021	FY 2022	Submitted FY 2021	Revised FY 2021	FY 2022	Difference	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
1.1 Persons in ES and SH	955	1463	78	106	97	-9	55	62	61	-1
1.2 Persons in ES, SH, and TH	997	1500	116	119	109	-10	63	63	66	3

b. This measure is based on data element 3.17.

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

FY2022 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Revised FY 2021	FY 2022	Submitted FY 2021	Revised FY 2021	FY 2022	Difference	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	1218	1776	498	498	528	30	186	182	216	34
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	1242	1798	517	516	530	14	228	192	220	28

FY2022 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY 2021	FY 2022	Revised FY 2021	FY 2022	% of Returns	Revised FY 2021	FY 2022	% of Returns	Revised FY 2021	FY 2022	% of Returns	FY 2022	% of Returns
Exit was from SO	49	19	4	1	5%	0	0	0%	3	2	11%	3	16%
Exit was from ES	1427	807	236	75	9%	58	24	3%	33	37	5%	136	17%
Exit was from TH	30	30	4	0	0%	1	0	0%	1	3	10%	3	10%
Exit was from SH	0	0	0	0		0	0		0	0		0	
Exit was from PH	313	364	14	12	3%	6	7	2%	10	20	5%	39	11%
TOTAL Returns to Homelessness	1819	1220	258	88	7%	65	31	3%	47	62	5%	181	15%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2023 HDX Competition Report
FY2022 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2021 PIT Count	January 2022 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	270	468	198
Emergency Shelter Total	162	290	128
Safe Haven Total	0	0	0
Transitional Housing Total	16	38	22
Total Sheltered Count	178	328	150
Unsheltered Count	92	140	48

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Unduplicated Total sheltered homeless persons	973	1049	1570	521
Emergency Shelter Total	923	1008	1533	525
Safe Haven Total	0	0	0	0
Transitional Housing Total	220	199	60	-139

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

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

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	139	169	136	-33
Number of adults with increased earned income	3	2	6	4
Percentage of adults who increased earned income	2%	1%	4%	3%

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

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	139	169	136	-33
Number of adults with increased non-employment cash income	32	33	52	19
Percentage of adults who increased non-employment cash income	23%	20%	38%	18%

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

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	139	169	136	-33
Number of adults with increased total income	34	35	57	22
Percentage of adults who increased total income	24%	21%	42%	21%

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	36	45	117	72
Number of adults who exited with increased earned income	0	0	7	7
Percentage of adults who increased earned income	0%	0%	6%	6%

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

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	36	45	117	72
Number of adults who exited with increased non-employment cash income	5	6	12	6
Percentage of adults who increased non-employment cash income	14%	13%	10%	-3%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	36	45	117	72
Number of adults who exited with increased total income	5	6	19	13
Percentage of adults who increased total income	14%	13%	16%	3%

2023 HDX Competition Report
FY2022 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

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

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	914	979	1358	379
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	160	168	175	7
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	754	811	1183	372

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

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1193	1302	1851	549
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	207	200	220	20
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	986	1102	1631	529

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2022 (Oct 1, 2021 - Sept 30, 2022) reporting period.

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

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

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Persons who exit Street Outreach	176	293	387	94
Of persons above, those who exited to temporary & some institutional destinations	20	50	21	-29
Of the persons above, those who exited to permanent housing destinations	10	22	29	7
% Successful exits	17%	25%	13%	-12%

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

FY2022 - Performance Measurement Module (Sys PM)

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	802	853	1197	344
Of the persons above, those who exited to permanent housing destinations	509	528	560	32
% Successful exits	63%	62%	47%	-15%

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

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Persons in all PH projects except PH-RRH	248	254	255	1
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	244	250	250	0
% Successful exits/retention	98%	98%	98%	0%

2023 HDX Competition Report
FY2022 - SysPM Data Quality

MD-505 - Baltimore County CoC

	All ES, SH			All TH			All PSH, OPH			All RRH			All Street Outreach		
	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022
1. Number of non-DV Beds on HIC	486	486	458	70	70	70	597	597	597	175	164	136			
2. Number of HMIS Beds	486	486	458	70	70	70	289	289	289	175	164	136			
3. HMIS Participation Rate from HIC (%)	100.00	100.00	100.00	100.00	100.00	100.00	48.41	48.41	48.41	100.00	100.00	100.00			
4. Unduplicated Persons Served (HMIS)	1366	900	1530	103	26	60	316	314	314	945	722	1098	242	443	496
5. Total Leavers (HMIS)	1261	666	1137	63	4	34	19	22	64	765	364	497	220	419	320
6. Destination of Don't Know, Refused, or Missing (HMIS)	28	22	155	0	0	0	2	0	3	2	11	58	0	1	0
7. Destination Error Rate (%)	2.22	3.30	13.63	0.00	0.00	0.00	10.53	0.00	4.69	0.26	3.02	11.67	0.00	0.24	0.00

2023 HDX Competition Report
FY2022 - SysPM Data Quality

2023 HDX Competition Report
Submission and Count Dates for MD-505 - Baltimore County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2023 PIT Count	1/24/2023	

Report Submission Date in HDX

	Submitted On	Met Deadline
2023 PIT Count Submittal Date	4/26/2023	Yes
2023 HIC Count Submittal Date	4/26/2023	Yes
2022 System PM Submittal Date	2/27/2023	Yes

FAMILY CRISIS CENTER
OF BALTIMORE COUNTY

September 20, 2023

Dear Baltimore County Continuum of Care,

During County Fiscal Year 2023, the Family Crisis Center (FCC) utilized ESG-CV funding to establish a Rapid Re-Housing (RRH) program for Domestic violence survivors and their families. This was the first targeted RRH program for DV survivors in Baltimore County and we successfully housed ten (10) households. With the ending for ESG-CV funding as of 9/30/23, Baltimore County has awarded FCC with state Emergency Assistance Program funding for county FY24 to keep the RRH going. This year we anticipate housing fifteen (20) households with the funding. If awarded the CoC NOFO bonus, we will combine that funding with the state funding to continue housing DV survivors permanently in Baltimore County. Family Crisis Center works collaboratively with DOVE, GBMC, and other local hospitals, by each one of them being able to utilize the Coordinated Entry access points. Through the DVCC the partnerships with DOVE, GBMC and other local hospitals allow clients to benefit from the services such as advoacy within the hospital system, access to healthcare professionals who are trauma-informed and have expertise in the Domestic Violence field.

Family Crisis Center partners with MedStar Franklin Square Medical Center in working with clients from our Emergency Safe Shelter and Rapid Rehousing program to mitigate the impact of complex trauma on children who have experienced domestic violence by providing ongoing access to nutrition programming, food resources, social emotional regulation experiences. FCC would do this by providing the below;

- services of a nutritionist to provide consultation to the food staff in meal planning, purchasing, and food preparation; direct educational services to children and parents in accessing and preparing healthy snacks and meals.
- staff time and effort to provide parent/child coaching to improve outcomes for children and youth experiencing behavioral/mental health problems through increasing parent efficacy.

The Family Crisis Center provides assistance to program participants in enrolling for benefits to support health care access.

Baltimore County has an active Domestic Violence Coordinating Committee, and the goal of that committee is to form partnerships and collaboration across all sectors. Due to that relationship anyone that FCC serves in RRH is automatically benefitting from the collaborative partnerships supported in DVCC - we work with DOVE, GBMC, and other local hospitals.

Sincerely,

Shelby Frink
Interim Executive Director