

Before Starting the CoC Application

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

- CoC Application
- Project Listing

Please Note:

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

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1 CoC Name and Number: MD-509 - Frederick City & County CoC

1A-2 Collaborative Applicant Name: City of Frederick

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

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

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

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

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

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

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

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

1C. Continuum of Care (CoC) Committees

Instructions:

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

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

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Executive Committee	The executive committee is comprised President, Vice-President, Secretary and two (2) of the at-large members; the standing committee establishes agendas for meetings, arranges guest speakers and presenters, and deals with structural issues such as incorporation and tax exempt status.	Monthly	Frederick Community Action Agency, Advocates for Homeless Families, and Religious Coalition for Emergency Human Needs
1C-1.2	CoC and HMIS Planning Committee	A standing committee that coordinates the CoC planning and application submission; HMIS implementation, reporting, administration, and trouble-shooting; and coordination of the annual Point-in-Time Survey and AHAR processes.	Monthly	Mental Health Management Agency of Frederick County and Frederick Community Action Agency
1C-1.3	Grant Review Committee	A standing committee that performs reviews and monitorings including reviews of grant applications, Annual Progress Reports, and other Quality Assurance activities. The committee recommends CoC project priorities and rankings for approval by the Coalition membership. The committee also periodically reviews applications under the following grants: CoC, FEMA Food & Shelter, and State of Maryland ETHS and HPP funds.	Quarterly	St. Katherine Drexel Catholic Church, Rescue Mission, Frederick Community Action Agency, Health Care is a Human Right, and 1 private individual

1C-1.4	Strategic Planning Committee	A standing committee comprised of the Executive Directors of all shelter, TH, and PH programs and the Executive Directors of three major local foundations/funding sources. The committee meets monthly to develop and facilitate the steps necessary to achieve the long-term plans of the Coalition including the development of a strategic plan to end homelessness in Frederick County.	Monthly	Coalition for the Homeless; Community Foundation; United Way; Advocates for Homeless Families; Rescue Mission; Heartly House; Religious Coalition for Emergency Human Needs; and Community Action Agency.
1C-1.5	Advocacy Committee	A standing committee that monitors, local, state, and national legislative issues, disseminates advocacy topics to FCCH members, and works to advocate for additional resources to address homelessness, affordable housing, and high-quality services.	Monthly	On Our Own, National Hunger and Homelessness Campaign, Religious Coalition, Health Care is a Human Right, Frederick Housing Authority, Frederick County Public Schools, and 3 private individuals

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

The Frederick County Coalition for the Homeless (FCCH), which serves as the CoC for Frederick County, Maryland, has been meeting monthly since 1983. The FCCH meetings and all subcommittee meetings are public meetings that are open to the public and anyone may attend. Furthermore, membership in the FCCH is open to anyone and the minimal dues of \$10 per year can be waived due to financial hardship. Anyone, whether a member of the FCCH or not, is welcome to join subcommittees and subject matter experts have been recruited for specific committees. As reflected above, the subcommittees (which serve as workgroups) include a broad range of representatives from agencies, foundations, funding sources, religious institutions, advocacy organizations, and private individuals including people that are formerly homeless.

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

Instructions:

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

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

The CoC Grants Review Committee is composed of 5 members; committee members that are also applicants must be recused and another member of the FCCCH is substituted. The committee has established the following objective criteria used to review each application thereby establishing a basis for ranking projects: 1) percentage of other funds leveraged; 2) percentage of funds expended for TH supportive services; 3) percentage of funds expended for PH rents; 4) percentage of clients exiting into PH; 5) percentage of actual people served as compared to the projected number; 6) percentage of beds the project provides compared to the total number of beds in all projects; 7) evaluation of renewal projects that fill an on-going need; and 8) evaluation of new projects that fill a need for PH. Site visits and client interviews are also conducted.

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

The CoC Grants Review Committee reviews and ranks all CoC project applications. Members of the CoC Grants Review Committee are not employed by any CoC funded applicant. During their review, the committee reviews the following information within HMIS; which is provided quarterly throughout the funded year: null or missing data for the 2010 HMIS Data Standards, length of participant stay, APR outcomes, cost of affordable housing in Frederick County, and proposed info in application. Applications are numerically scored based on the applicant's performance and ranked numerically for funding.

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

The CoC is completely open to proposals from entities that have not previously received CoC funds and uses the following steps to work with providers that express an interest in applying: 1) CoC members meet with providers to review the project, the NOFA, and criteria for project eligibility; 2) CoC members invite providers to training sessions including HUD webinars; 3) CoC members link providers to HUD CPD Field Office staff; 4) CoC members provide HMIS and APR training and review the requirements to participate in HMIS; and 5) throughout the application process, CoC members provide TA and mentoring to assist providers with CoC applications and understanding e-snaps. The local Housing First provider, Friends for Neighborhood Progress, is an example of a newer entity that began applying a few years ago.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application. 01/16/2014

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

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

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

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

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

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

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

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

Frederick City and County CoC has a standing HMIS committee within the Frederick County Coalition for the Homeless (FCCH). The FCCH HMIS committee meets regularly to review changes in compliance standards and interim rules. As changes are identified, the FCCH HMIS committee provides training and updates to ensure these rules are followed. The FCCH meets on the third Tuesday of the month, during which the HMIS committee gives regular and frequent updates, to include any recent HUD notices. The HMIS committee also provides data entry “scorecards” that grade the accuracy of captured data.

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

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

The Privacy Plan, Security Plan, Data Quality Plan have all been developed by the HMIS Lead agency, Frederick Community Action Agency, with input from other provider agency, HMIS Leads from other Maryland jurisdictions, and Bowman Systems. The plans are reviewed at least annually by Brad Petersen, HMIS Manager of the Frederick Community Action Agency and by other members of the HMIS Committee of the Frederick County Coalition for the Homeless. As needed, revisions are made to the plans and the updated plans are then distributed to the seven (7) provider agencies that participate in the local HMIS network. The seven (7) provider agencies are: Frederick Community Action Agency, Advocates for Homeless Families, Mental Health Management Agency of Frederick County, Religious Coalition for Emergency Human Needs, Frederick Rescue Mission, Seton Center, and Friends for Neighborhood Progress.

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

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

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

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

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

2B-2 Select the CoC(s) covered by the HMIS: MD-509 - Frederick City & County CoC
 (select all that apply)

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

2B-3.1 Funding Type: Federal - HUD

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

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$12,480
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$12,480

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$18,348
County	\$3,500
State	\$3,500
State and Local - Total Amount	\$25,348

2B-3.4 Funding Type: Private

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

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$3,813
Other - Total Amount	\$3,813

2B-3.6 Total Budget for Operating Year	\$41,641
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2B-4 How was the HMIS Lead selected by the CoC? Agency Volunteered

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

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

Instructions:

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

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

* Emergency shelter	86%+
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	Housing type does not exist in CoC
* Permanent Supportive Housing (PSH) beds	86%+

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

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

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

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

Instructions:

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

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

Type of Housing	Average Length of Time in Housing
Emergency Shelter	122
Transitional Housing	14
Safe Haven	0
Permanent Supportive Housing	81
Rapid Re-housing	0

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

Universal Data Element	Percentage
Name	0%
Social security number	3%
Date of birth	5%
Ethnicity	8%
Race	4%
Gender	8%
Veteran status	0%
Disabling condition	3%
Residence prior to program entry	1%
Zip Code of last permanent address	1%
Housing status	1%
Head of household	5%

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

The extent in which HMIS generated data is used to generate HUD required reports is both extensive and thorough. HMIS generated data is used to complete APRs for four (4) CoC-funded grantees in Frederick County (the local domestic violence program, Heartly House does not participate in HMIS). HMIS generated data is also used for other HUD required reports including ESG 180-day and final reports; AHAR annual reports; Point-in-Time annual reports; and the homeless services/public services portion of the annual CAPER report for the City of Frederick.

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

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

The HMIS Lead (Frederick Community Action Agency) works very closely with the CoC and provider agencies to assess, correct, and ensure data quality. Collaborative efforts between the CoC and the HMIS Lead agency include: 1) quarterly data quality reviews of HMIS program level data; 2) presentations on data quality at monthly meetings of the Frederick County Coalition for the Homeless (i.e., CoC); 3) monthly meetings of the CoC HMIS subcommittee and data quality is a major focus of the meetings; 4) regular training of line staff and supervisors that are responsible for entering data into HMIS and reviewing the quality of data that has been entered; 5) one-on-one work with provider agencies and staff that have consistent or repeated challenges with data quality; and 6) whenever possible, clean-up of null or duplicate data by the HMIS Lead. To further improve data quality, the HMIS Lead actually performs data entry for two (2) smaller provider agencies that lack capacity to perform data entry. These combined efforts have significantly improved the data quality for the CoC.

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

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

Instructions:

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

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

* Measuring the performance of participating housing and service providers	Quarterly
* Using data for program management	Quarterly
* Integration of HMIS data with data from mainstream resources	Annually
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Annually

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

Instructions:

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

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

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

Page 16 of the Frederick County Coalition for the Homeless Homeless Management Information System Policies and Procedures manual provides details on data elements to be captured and accuracy of those data elements.

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

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

Instructions:

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

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

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

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

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

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

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

The Point-in-Time (PIT) survey was conducted on January 30, 2013. A total of 275 homeless persons (210 adults/65 children) completed the PIT survey; the largest household type was 171 single-individuals. This reflected a decrease of 10 people when compared with the 2012 PIT count; a total of 285 persons were surveyed in 2012 (211 adults/74 children). In 2013, 206 persons (141 adults/65 children) were in shelters or TH, but a total of 213 people were sheltered in 2012 (140 adults/73 children). Additional Housing First PSH beds may account for the decrease. The total PIT count of both sheltered and unsheltered persons stayed well below 300 persons in both 2012 and 2013 (it was 303 in 2010). The Frederick County PIT is included in a regional PIT analysis and report prepared by the Metropolitan Washington Council of Governments.

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

Instructions:

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

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

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

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

Direct enumeration or interviews of people that were homeless and sheltered on January 30, 2013; enumerators met one-on-one with shelter residents and conducted point-in-time interviews. Data on children being sheltered was collected by interviewing the parents or guardians of the children being sheltered.

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

Sheltered population data was collected and the count was produced through direct enumeration including interviews of shelter residents. Data collected through direct enumeration was then compared with HMIS data to determine the accuracy of enumerations and correct any discrepancies. Lastly, shelter providers were surveyed as needed to clarify any discrepancies or potential duplicate surveys. One hundred percent (100%) of the providers and 100% of the clients sheltered on January 30, 2013 completed the PIT survey. A subsequent tabulation meeting was held with all shelter providers in order to review, clarify, and tabulate the final count of all the sheltered homeless populations. Meeting face-to-face with the shelter providers allowed for clarification of any discrepancies and facilitated accurate reporting of all data.

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

Instructions:

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

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

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

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

Direct enumeration including interviews of people that were homeless and sheltered on January 30, 2013. Enumerators met one-on-one with shelter residents and conducted PIT interviews that included questions about subpopulation data/criteria. In some cases, data collected during direct interviews was compared with HMIS data and/or non-HMIS client level information (such as data in client records) in order to clarify or verify responses, especially minimization of problems such as substance abuse/addiction and serious mental illness.

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

Sheltered population data was collected through a combination of direct interviews of shelter residents; a comparison with HMIS to determine the accuracy of interviews; discussions or interviews with shelter providers (i.e. provider expertise); and review of non-HMIS data such as client records when further clarification was needed. Provider expertise was an important method because clients may minimize or not recognize certain problems such as alcoholism, drug addiction, or mental illness. One hundred percent (100%) of the providers and 100% of the clients sheltered on January 30, 2013 completed the PIT survey. A subsequent tabulation meeting was held with shelter providers to review, clarify, and tabulate the final count of all the sheltered homeless populations including the tabulation of subpopulation data.

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

Instructions:

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

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

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

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

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

Training was provided at monthly meetings of the Frederick County Coalition for the Homeless (i.e., CoC) and reinforced through emails that included written instructions. Follow-up telephone calls and emails were done to remind providers about the PIT survey and to re-distribute instructions and survey tools. HMIS was used to query the accuracy of individual surveys. A subsequent tabulation/follow-up meeting was held to review, clarify, de-duplicate, and tabulate the final count of all the sheltered homeless populations; any discrepancies were addressed during the tabulation meeting. Two (2) non-HMIS de-duplication techniques used were: 1) client names recorded on all surveys (except for those done at a DV shelter); and 2) a follow-up meeting was conducted to clarify any survey discrepancies and remove duplicates.

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

Instructions:

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

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

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

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

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

The unsheltered PIT count done in January 2012 recorded 70 single adults (47 males and 23 females) and a single-parent mother with a child that were in the process of applying for transitional shelter; 57 of those unsheltered reported being chronically homeless. The unsheltered population decreased slightly to 69 adults surveyed on January 30, 2013; this included 35 chronically homeless adults and 62 people that reported a chronic substance abuse problem. The decrease was statistically insignificant, but it is notable that 22 fewer people reported being chronically homeless. A milder winter and additional Housing First beds may account for the decrease in chronic homelessness. The Frederick County PIT is included in a regional PIT analysis and report prepared by the Metropolitan Washington Council of Governments.

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

Instructions:

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

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

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

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

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

Whenever possible, surveys were completed by direct interviews with people that were homeless; however, the street outreach staff and volunteers could utilize HMIS or non-HMIS data if a person was unable to directly complete the survey. A street count was coordinated by the Frederick Community Action Agency and enumerators visited public places and service providers where persons that are homeless tend to congregate. Examples include public libraries, soup kitchens, food banks, a health care clinic, a day shelter, and a day-labor business. Enumerators conducted direct interviews with persons that are homeless and later compared the information with HMIS and non-HMIS data in order to obtain as accurate data as possible. The combination of methods proved to be very effective.

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

Instructions:

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

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: Complete Coverage

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

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

Instructions:

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

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

Training:	X
"Blitz" count:	X
Unique identifier:	X
Survey question:	X
Enumerator observation:	X
Other:	

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

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

Training was provided at monthly meetings of the Frederick County Coalition for the Homeless (i.e., CoC) and reinforced through emails that included written instructions. "Blitz crews" were also re-trained on the day of the survey. HMIS was used to query the accuracy of individual surveys. A "blitz count" with multiple teams was done on 1/30/2013. A subsequent tabulation/follow-up meeting was held to review, clarify, de-duplicate, and tabulate the final count of all the unsheltered homeless populations; any discrepancies were addressed during the tabulation meeting. Two (2) non-HMIS de-duplication techniques used were: 1) client names recorded on all surveys (i.e., unique identifier); and 2) a follow-up meeting was conducted to clarify any survey discrepancies and remove duplicates.

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

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

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

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

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		16	16	16
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	21	21	28	35
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		16	16	16
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		0%	0%	0%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		0	0	0

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

During the next 2 years, the CoC will take the following specific actions to increase the number of permanent supportive housing beds available for chronically homeless persons: 1) utilize developer payments under the City of Frederick's Moderately Priced Dwelling Unit (MPDU) program to fund the leasing of no less than twelve (12) scattered-site units (12 beds) of PSH rental housing; 2) Friends for Neighborhood Progress will utilize donations and small grants to fund the leasing of no less than two (2) scattered-site units (2 beds) of PSH rental housing; and 3) the Housing Authority of the City of Frederick will adopt chronic homelessness as a local priority for public housing and the Housing Choice Voucher Program. These strategies and action steps are accomplishable and already in progress.

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

Mike Spurrier, Director of the Frederick Community Action Agency will be responsible for implementing the goal of increasing the number of permanent supportive housing beds/units for persons experiencing chronic homelessness. Mr. Spurrier will be assisted by staff of the Frederick Community Action Agency and by members of the Strategic Planning Committee of the Frederick County Coalition for the Homeless (CoC).

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

Objective 2: Increase Housing Stability

Instructions:

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

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

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? No

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	48	60	60
3A-2.2b Enter the total number of participants that remain in CoC-funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	46	60	62
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	95%	76%	76%

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

Over the next 2 years, the CoC will continue the effective action steps that it is currently taking in order to maintain its current success rate of 92% of the participants remaining in permanent housing for at least 12 months or longer (i.e., end of an operating year) or exiting to a different permanent housing destination. The action steps and strategies to be maintained and enhanced in order to improve housing stability include: 1) continuation of intensive case management and resident management services for all formerly homeless persons now residing in permanent housing; 2) continuation of home visits and unit inspections by case managers, outreach workers, and resident managers; 3) continuation of financial literacy and life skills training as provided by case managers and housing counselors from the Frederick Community Action Agency (FCAA); 4) mobile mental health treatment including crisis reponse as provided by psychiatrists and clinical social workers from the Way Station; 5) crisis intervention including emergency financial assistance for utilities and other necessities; and 6) group meetings of Housing First participants facilitated by FCAA staff.

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

Mike Spurrier, Director of the Frederick Community Action Agency will be responsible for increasing the rate of housing stability in all CoC-funded PH and PSH projects. Mr. Spurrier will be assisted by staff of the Frederick Community Action Agency and by members of the Strategic Planning Committee of the Frederick County Coalition for the Homeless (CoC).

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

Objective 3: Increase project participants income

Instructions:

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

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

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 94

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	62%	46%	46%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	45%	47%	48%

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

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1
Earned Income	32	34.04 %
Unemployment Insurance	3	3.19 %
SSI	7	7.45 %

SSDI	9	9.57	%
Veteran's disability	2	2.13	%
Private disability insurance	0		%
Worker's compensation	0		%
TANF or equivalent	11	11.70	%
General Assistance	0		%
Retirement (Social Security)	3	3.19	%
Veteran's pension	1	1.06	%
Pension from former job	0		%
Child support	4	4.26	%
Alimony (Spousal support)	0		%
Other Source	0		%
No sources	22	23.40	%

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

The CoC's two-year plan to increase the percentage of project participants that increase their incomes from non-employment sources includes the following specific strategies and actions: 1) continue efforts to recruit more mainstream providers to join the CoC and participant in CoC planning efforts; 2) continue provision of intensive case management services that focus on accessing mainstream benefits such as TANF, SSI, SSDI and Social Security; 3) CoC-wide training of case managers and outreach workers to learn about non-employment income benefits available through Department of Social Services, Veterans Administration, and Social Security Administration; 4) continuation of the very successful SSI/SSDI Outreach, Assessment, and Recovery (SOAR) program that expedites approval of SSI/SSDI benefits for people that are homeless (operated locally by the Frederick Community Action Agency); and 5) increased utilization of the State of Maryland SAILOR online eligibility program through which participants can apply for Temporary Assistance for Needy Families (TANF) and other benefits.

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

The CoC's two-year plan to increase the percentage of project participants that increase their incomes through employment includes the following specific strategies and actions: 1) refer clients to the local Workforce Investment Act (WIA)/One-Stop Employment Partnership for job training, job placement, and other services; 2) work closely with the WIA/One-Stop Employment Partnership in order to increase employment opportunities for people that are homeless; 3) refer clients to Frederick Community College for GED classes and adult education and training classes; 3) Advocates for Homeless Families will expand its very successful 2-year transitional housing program that helps participants to achieve self-sufficiency through higher education and training; 4) Frederick Community Action Agency will continue to operate the Green Jobs Supportive Employment Program that prepares participants for employment; and 5) continue to refer clients to mainstream workforce training and supportive employment programs being operated by Goodwill Industries, Way Station, and Maryland Division of Occupational Rehabilitation Services.

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

Todd Johnson, Assistant Director and Michelle Petersen, SOAR Case Manager of the Frederick Community Action Agency will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. Mr. Johnson and Ms. Petersen will be assisted by staff of the Frederick Community Action Agency and by members of the Strategic Planning Committee of the Frederick County Coalition for the Homeless (CoC).

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

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

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

3A-4.1 Number of adults who were in CoC- 94 funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

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

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	78%	90%	90%

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

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	41	43.62 %
MEDICAID health insurance	26	27.66 %
MEDICARE health insurance	19	20.21 %
State children's health insurance	13	13.83 %
WIC	28	29.79 %

VA medical services	3	3.19	%
TANF child care services	0		%
TANF transportation services	0		%
Other TANF-funded services	0		%
Temporary rental assistance	0		%
Section 8, public housing, rental assistance	14	14.89	%
Other Source	0		%
No sources	21	22.34	%

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

The CoC's two-year plan to increase the percentage of project participants that access mainstream benefits includes the following specific strategies and actions: 1) aggressively recruit more mainstream providers (Dept. of Social Services, Social Security Administration, Health Department, etc.) to join the CoC and participant in CoC meetings and planning efforts; 2) continue provision of intensive case management services that focus on accessing mainstream benefits such as TANF, SNAP Food Stamps, Medicaid, WIC, SSI, SSDI, and Social Security; 3) CoC-wide training of case managers and outreach workers to learn more about mainstream benefits, eligibility and the referral processes; 4) continuation of the very successful SSI/SSDI Outreach, Assessment, and Recovery (SOAR) program that expedites approval of SSI/SSDI benefits for people that are homeless (operated locally by the Frederick Community Action Agency); and 5) increased utilization of the State of Maryland SAILOR online eligibility program through which participants can apply for TANF, Food Stamps, and Medicaid.

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

Todd Johnson, Assistant Director and Michelle Petersen, SOAR Case Manager of the Frederick Community Action Agency will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. Mr. Johnson and Ms. Petersen will be assisted by staff of the Frederick Community Action Agency and by members of the Strategic Planning Committee of the Frederick County Coalition for the Homeless (CoC).

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

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

Instructions:

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

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

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

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	0
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	20	10	15
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	61	75	90

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

The CoC's two-year plan to increase the number of homeless households with children assisted through rapid re-housing projects includes the following specific strategies and actions: 1) increase funding for rapid re-housing projects by applying for RRH grants from philanthropic foundation and other non-McKinney-Vento sources; 2) meet with the Director of the Frederick County Department of Social Services to determine if TANF funds can be used for local rapid re-housing efforts (TANF funds are currently not being used for RRH and this would be a major benefit); 3) utilize recently awarded State of Maryland ESG funding to support rapid re-housing efforts (the State of Maryland is now providing \$1,000,000 in State funding to match federal ESG funding); 4) apply for more State and Federal ESG funding for rapid re-housing during futures rounds of ESG; 5) advocate for the State of Maryland to provide additional Rental Allowance Vouchers (RAP) to Frederick County - RAP provides short-term rental assistance for 6-12 months; and 6) investigate a system to not only provide short-term rental assistance (1 month), but also medium-term rental assistance for 3-6 months.

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

Nick Brown, Office Administrator of the Religious Coalition for Emergency Human Needs will be responsible for increasing the number of households with children that are assisted through rapid re-housing projects. Mr. Brown will be assisted by members of the Strategic Planning Committee of the Frederick County Coalition for the Homeless.

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

The Religious Coalition for Emergency Human Needs (RCEHN), a member agency of the CoC, operates a component of a rapid re-housing program that provides financial assistance for "first-month's rent" for homeless households that have located rental housing that they can afford (including subsidized rental housing). Pursuant to established policies and procedures, the RCEHN will provide up to \$500 per household for first-month's rent. The program serves both families and individuals and financial assistance can be provided every 18 months (should a household need to move or relocate). At this time there is no prioritization for the financial assistance except that households are required to prove that they have the financial means to continue to pay the rent (household financial statements such as income are also verified by RCEHN staff). Program participants must cover any first-month's rent above the \$500 paid by the RCEHN.

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

Case management is provided by the Religious Coalition for Emergency Human Needs (RCEHN) throughout the application process for financial assistance as well as follow-up case management after financial assistance has been provided. Prior to financial assistance being provided, homeless households are counseled on financial literacy, given examples of best practices, and are given education on ways to avoid money or financial mismanagement. After an applicant is re-housed, follow-up appointments are conducted at 3-months and 6-months to gauge program effectiveness and to assist as needed with further stabilization. RCEHN staff remain available to perform follow-up case management, make referrals, or provide crisis intervention after financial assistance is provided.

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

Yes, staff members and volunteers of the Religious Coalition for Emergency Human Needs (RCEHN) conduct regular follow-ups for program participants receiving any type of financial assistance for re-housing or homelessness prevention. In 2013, at the 3-month follow-up, a success rate of 72% was achieved by all re-housing program participants. Ten percent (10%) of the program recipients still housed at the 3-month mark did reported being vulnerable to another financial crisis, but remained in housing at that time. The subsequent follow-up at 6 months reported a 2% decrease in stably housed program participants. Additional assistance is offered as needed to help households regain stability.

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

Instructions:

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

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

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

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

Regulations for the Maryland Foster Care Program, prohibit the Maryland Department of Human Resources (DHR) and the local Departments of Social Services (DSS) from discharging children and youth into homelessness. DHR also administers grant funds under the John H. Chafee Foster Care Independence Program. The Chafee funds help to address the provision of housing for youth leaving foster care. Social workers with Frederick County DSS are locally responsible for operating the Maryland Foster Care Program. The DSS social workers work aggressively to assist youth that are "aging out" of the foster care system or otherwise transitioning to the mainstream community. Social workers assist transitioning youth to obtain housing including options such as living independently, with friends, with extended family members, or occasionally staying at the Maryland Sheriff's Youth Ranch (located in Frederick County) until a housing placement is secured. During the past 20 years of operation, only two (2) unaccompanied youth that were transitioning out of the Maryland Foster Care system found it necessary to enter a transitional shelter placement in Frederick County, Maryland.

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

The stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of foster care are not routinely discharged into homelessness include: Maryland Department of Human Resources, Frederick County Department of Social Services, Maryland Department of Juvenile Services, Maryland Sheriff's Youth Ranch (which is located in Frederick County, Maryland), and occasionally local homeless service providers including the Frederick Community Action Agency, Religious Coalition for Emergency Human Needs, and the Frederick Rescue Mission.

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

Instructions:

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

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

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

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

The only hospital with inpatient facilities in Frederick County, Maryland is Frederick Memorial Hospital (FMH), a private not-for-profit institution. Persons that are homeless and hospitalized at FMH routinely go to following resources upon discharge from FMH: 1) Nursing homes including Citizens Nursing Home operated by the Frederick County Government; 2) Montevue Home, an independent living facility for the indigent elderly; 3) adult foster care that is operated by the Frederick County Department of Social Services; 4) Catocin View Apartments (public housing for the elderly) that is operated by the Frederick Housing Authority; 5) Frederick Rescue Mission or the Religious Coalition - two faith-based programs that operate shelters for homeless adults; and the 5) Frederick Community Action Agency's Transitional Shelter, which serves physically or medically disabled adults. Although the resources are somewhat limited, FMH social Workers and Discharge Planners, work together very closely with homeless providers and make every effort to ensure that aftercare planning is both appropriate and effective.

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

The stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of health care are not routinely discharged into homelessness include: Frederick Memorial Hospital, Frederick County Health Department, Frederick County Department of Social Services, Frederick County Department of Aging, Frederick County Citizens Nursing Home, Frederick County Montevue Home, Frederick Community Action Agency, Frederick Housing Authority, Frederick Rescue Mission, and the Religious Coalition for Emergency Human Needs.

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

Instructions:

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

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

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

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

The CoC has made major efforts to ensure that persons are not routinely discharged into homelessness upon discharge from mental health institutions. The Maryland Health General Article of Annotated Code 10-809 prohibits discharge from state hospital into homelessness and each facility is required to prepare a written aftercare plan. The hospital social worker or treatment team must complete a needs assessment upon entry into the hospital and develop a treatment plan that addresses needs such as mental health, housing, substance abuse, job skills, and life skills. An aftercare plan is required before release from the hospital; the plan must include medical care, psychiatric care, housing, vocational and social rehabilitation, case management and other supportive services. Most people that were homeless prior to admission are discharged to the Way Station, Inc., a community-based psycho-social rehabilitation program that operates approximately 300 slots of community-based "group home" housing. Frederick Memorial Hospital also operates a partial hospitalization program for persons that are transitioning from inpatient treatment to outpatient treatment and living in the community.

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

The stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of health care are not routinely discharged into homelessness include: Maryland Department of Health and Mental Hygiene, Maryland Mental Hygiene Administration; Finan State Hospital; Spring Grove State Hospital; Springfield State Hospital; Frederick Memorial Hospital; Frederick County Health Department; Frederick County Behavioral Health Services; Way Station; Behavioral Health Partners; Frederick County Department of Social Services; Frederick Community Action Agency; Religious Coalition for Emergency Human Needs; Frederick Rescue Mission; and the Mental Health Management Agency of Frederick County.

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

Instructions:

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

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

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

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

The CoC has worked closely with the Sheriff's Department to develop policies to ensure that people are not discharged into homelessness. The Frederick County Detention Center (FCDC), a division of the Sheriff's Dept., is the only Corrections facility located in Frederick County, MD. The FCDC has developed a protocol to release a list of incarcerated inmates to the Frederick Community Action Agency (FCAA); the list is updated weekly and then emailed to the FCAA. The FCAA uses the list to run inmate names through HMIS and determine if any of the inmates were homeless prior to incarceration. The process allows FCAA case managers, FCDC counselors, and community-based providers to identify inmates for case management, re-entry assistance and shelter. In addition, FCDC staff, mental health, and homeless providers meet monthly to coordinate care for inmates that are mentally ill and homeless prior to incarceration. By working together, these agencies allow inmates to "transition" to community-based resources such as the Rescue Mission's men's shelter, Way Station's group home program, or back to family members upon release or discharge from the FCDC.

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

The stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of health care are not routinely discharged into homelessness include: Frederick County Sheriff's Department; Frederick Police Department; Maryland State Police; Frederick County Detention Center; Frederick County Behavioral Health Services; Way Station; Frederick Community Action Agency (PATH provider agency); Frederick Rescue Mission; and the Religious Coalition for Emergency Human Needs.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

The following CoC strategic plan goals are listed as the "Homeless Strategy" in the Consolidated Plan for the City of Frederick, Maryland:

Priority 1: Assist Homeless Persons and Persons At-Risk of Becoming Homeless Obtain Affordable Housing

Objectives:

1. Provide support to organizations to help increase emergency shelter and transitional housing space for the homeless.
Objective/Outcome – Suitable Living Environment/Availability–Accessibility
2. Support the operations of homeless shelters and transitional housing providers.
Objective / Outcome – Suitable Living Environment/Availability–Accessibility
3. Support case management, housing counseling, job training, transportation and other needed services for homeless individuals and families.
Objective / Outcome – Suitable Living Environment/Availability–Accessibility
4. Support the development of permanent supportive housing for the homeless and disabled by non-profit organizations and governmental agencies.
Objective / Outcome – Decent Housing/Affordability

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

The CoC consults and works very closely with the State of Maryland Department of Housing and Community Development that administers the ESG program for ESG non-entitlement jurisdictions. Furthermore, the CoC works very closely with the Frederick County Government and the City of Frederick, which both serve as local government applicants for ESG funding. Four (4) of the five (5) emergency shelter and transitional housing programs in Frederick County receive ESG funding and all of the programs coordinate with the CoC for the allocation of ESG funds and the reporting on and evaluating of the performance of ESG program recipients. A faith-based program, the Frederick Rescue Mission, does not participate in the ESG program and does not intend to apply. With the exception of the domestic violence program, Heartly House, all three (3) of the other ESG providers participate in HMIS that is locally administered by the City of Frederick Community Action Agency.

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

ESG funds will be used by the Religious Coalition for Emergency Human Needs (RCEHN) for the provision of rapid re-housing and homelessness prevention services. Specifically, the RCEHN is receiving an ESG grant of \$33,075 for State Fiscal Year 2014 and, of that amount, \$14,945 (or 45%) will be used for homelessness prevention and \$4,900 (or 14.8%) will be used for rapid re-housing. The remainder of the ESG funds will be used for the operation of an emergency cold weather shelter during the winter months of November through March.

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

The CoCs efforts to the reduce the number of individuals and families that become homeless includes five (5) major components: 1) HOMELESSNESS/EVICTION PREVENTION ASSISTANCE including emergency financial assistance, legal assistance including landlord/tenant counseling, and case management; 2) "safety-net" EMERGENCY MOTEL PLACEMENTS or RAPID RE-HOUSING provided as an alternative to emergency shelter; 3) OUTREACH SERVICES to the streets, shelters, food banks, soup kitchens, and motels in order to identify, assess and engage homeless individuals and families; 4) an extensive network of TRANSITIONAL HOUSING for homeless families and individuals including facilities operated by four (4) different CoC provider agencies - transitional beds for families make up the largest number of beds in the CoC; and 5) a wide-array of PERMANENT HOUSING PROGRAMS aimed at increasing the stock and diversity of affordable housing for families and individuals - some examples include public housing, Housing Choice Vouchers, Housing First Programs, and Moderately Priced Dwelling Unit (MPDU) ordinances that require construction of affordable housing in new developments.

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

The CoC makes every viable effort to coordinate with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the the planning and operation of projects. Examples include extensive efforts to coordinate services with the Veterans Administration (VA) and the VA Medical Centers. On a State level, the CoC works very closely with several State departments including the Maryland Dept. of Housing and Community Development, Maryland Department of Human Resources, Maryland Department of Health and Mental Hygiene, and Maryland State Department of Education. On a local level, both the City of Frederick and the Frederick County Government are participating members of the CoC and very involved in the planning and operation of projects. Lastly, several private philanthropic foundations are members of the CoC and are actively involved in the planning and operation of projects serving the homeless.

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

The local PHA, the Housing Authority of the City of Frederick, is very actively engaged in the CoC efforts to prevent and end homelessness. For example, the PHA is the single largest provider of subsidized affordable housing in Frederick County and operates both public housing and the Housing Choice Voucher Program. The PHA also over 170 units of senior housing. On an annual basis, the PHA clearly provides more permanent housing to homeless families than any other local housing provider. The PHA also works very closely with 3 different transitional housing providers in order to help homeless families to access permanent subsidized housing. At present, the PHA is working with CoC members in an effort to add "homelessness" and "chronic homelessness" as local priorities for public housing.

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

The CoC is currently working to assess any barriers to shelter or transitional housing entry that may exist in projects funded through the CoC program including ESG. The Strategic Planning Committee of the Frederick County Coalition for the Homeless has been assigned the task of evaluating any barriers and will also be developing plans to remove those barriers. The preliminary results of the survey indicate the following: 1) Linton Emergency Cold Weather Shelter (ESG recipient) serving adults - no barriers exist; 2) Frederick Transitional Shelter (CoC and ESG recipient) serving families and physically or medically disabled adults - no barriers exist; 3) Advocates for Homeless Families (CoC and ESG recipient) serving families - requires 6 months of clean time and this is being evaluated; and 4) Heartly House (CoC and ESG recipient) serving survivors of domestic violence - no barriers exist except a requirement to be in imminent danger that is interpreted very strictly.

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

The CoC and its permanent supportive housing (PSH) recipients/providers have truly embraced the housing first approach as a means to providing PSH to adults and families that are homeless or chronically homeless. Friends for Neighborhood Progress (FFNP) operates a Housing First Program in partnership with the Frederick Community Action Agency. The FFNP Housing First Program currently has 19 units (23 beds) that are providing PSH to 23 different adult men and women that were chronically homeless and have one or more disabling conditions. Two (2) of the units are 2-bedroom units shared by 2 unrelated individuals and two (2) other units are shared by couples. Twelve (12) of the Housing First units are subsidized by the CoC; 1 unit is subsidized by the City of Frederick; 2 units are subsidized by donations to the FFNP; and 4 units are subsidized through project-based Section 8. The Frederick Community Action Agency provides case management and other supportive services to all of the Housing First residents. The Mental Health Management Agency also operates a PSH program with 16 beds for homeless mentally-ill individuals and families.

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

With the exception of the local DV provider, all member agencies of the CoC that operate homeless prevention/rapid re-housing programs, emergency shelter, transitional housing, and permanent supportive housing utilize the ServicePoint Homeless Management Information System (HMIS) hosted by Bowman Systems, Inc. In addition to collecting data for reporting, the ServicePoint HMIS has 52 different built-in assessment tools including assessments for homelessness prevention, emergency shelter, transitional housing, and permanent supportive housing. Utilization of ServicePoint HMIS by all of the agencies listed above allows each agency to use the same coordinated assessment systems and to share assessments between agencies (as approved by clients). Furthermore, ServicePoint can be used for interagency referrals, case notes, and even client identification cards with bar codes for scanning. Lastly, the Religious Coalition for Emergency Human Needs serves as the centralized entry point or "one-stop shop" for homelessness prevention and rapid re-housing assistance.

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

The CoC utilizes a variety of procedures to market housing and supportive services including: 1) direct outreach efforts to minority populations, vulnerable/disabled populations, elderly populations and to service providers that specifically serve these segments of the population (e.g., NAACP, ARC of Frederick County, Asian-American Center, Centro Hispano, Department of Aging, etc.); 2) all CoC member agencies that operate homelessness prevention, rapid re-housing, emergency shelter, transitional housing, and permanent supportive housing have written anti-discrimination policies that prohibit discrimination on the basis of race, color, national origin, religion, sex, age, families status, and disability; and 3) housing, shelter, and supportive services providers make efforts to hire bi-lingual and multi-cultural staff, especially Spanish-speaking staff in order to more easily engage and assist minority populations.

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

Service providers, especially shelter providers, are aware of federal and state laws requiring school attendance; the provisions of the McKinney-Vento Act concerning educational services; and have adopted internal policies requiring linkage to the school system utilizing support offered by the Frederick County Public Schools Homeless Education Program.

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

The Frederick County Public Schools (FCPS) Homeless Education Program Administrator regularly attends local CoC meetings and provides direct support to service providers to ensure that homeless children are able to attend school as required by State and Federal law. This is primarily accomplished by reducing barriers encountered by homeless families such as a lack of transportation or necessary documentation (e.g., immunization records). All shelter providers are aware of the services offered by the FCPS Homeless Education Program and have established internal procedures to ensure that all school-age children are linked to the program. Brochures and posters advertising the "educational rights" of homeless children and their parents have been distributed to all service and shelter providers in the CoC and the information is available for review by homeless families at each shelter facility in the CoC. FCPS staff are also aware of local resources and services available for homeless families and routinely make direct referrals to appropriate shelters and service providers. The Head Start Program is also involved in similar efforts.

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

The CoC includes 5 emergency shelter and transitional housing providers and 2 permanent supportive housing providers. Of the 5 emergency shelter and transitional housing providers, 3 of the programs specifically serve homeless families with children (the other 2 programs serve homeless individuals). Out of the 3 programs that serve homeless families, 2 programs - Advocates for Homeless Families (AFHF) and the Frederick Community Action Agency (FCAA)- both serve single-parent families with children, two-parent families with children, and families with a pregnant family member. Two-parent families are allowed to reside together in transitional housing operated by both AFHF and the FCAA. The other family shelter is a domestic violence provider. The same is true for permanent supportive housing, the Shelter Plus Care program operated by the Mental Hygiene Administration serves two-parent families with children. Federal, State, and Local laws all prohibit discrimination based on familial status and mainstream housing resources recognize the importance and value of serving intact two-parent families with children.

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

The CoC uses HMIS to identify rates at which individuals and families exit existing programs directly into repeat homelessness, and has worked to implement specific strategies to reduce this occurrence. The CoC is also working on creating a HMIS report that shows a return to homelessness which did not happen immediately, but at a later date. The CoC expects to use this data to identify further interventions that will prevent repeat episodes of homelessness. Currently, for individuals that receive rapid re-housing assistance, intensive case management services are provided. Beginning with weekly home visits, case management services are slowly reduced over a period of six months as the recipient re-establishes themselves in permanent housing. Case management services include, but are not limited to, budget counseling, food assistance, referrals to other available services, and parenting education.

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

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

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

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

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

Instructions:

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

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

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

The CoC and the Strategic Planning Committee are utilizing the "Opening Doors" strategy as the basis for its 10-Year Strategic Planning process. Under the leadership of the Strategic Planning Committee, chaired by Elizabeth Day, the CEO of the Community Foundation of Frederick County, the CoC is currently developing a Strategic Plan and is incorporating the following major themes into the local plan: 1) increase leadership, collaboration and civic engagement through public dialogues, support for training, and collaborative efforts; 2) increase access to stable and affordable housing through creative use of Federal, State, Local, and private funding and developer-paid fees; 3) increase economic security by supporting job growth, training, and creative ventures like apprenticeships for homeless adults; 4) improve health and stability by access to primary health care, specialty care, addiction treatment, and mental health treatment; and 5) retooling of the crisis response system by building on best practices, use of mainstream resources, and required financial literacy training.

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

The CoC's efforts to end homelessness among families with children include the following action steps, all of which are underway: 1) maintain the current safety net of 29 units (89 beds) of "family" transitional housing (TH); 2) support the faith-based Rescue Mission effort to develop 17 units of "family" TH; 3) utilize developer payments under Moderately Priced Dwelling Unit programs to increase the stock of affordable rental housing; 4) work with the PHA to add homelessness as a local priority; 5) work with the WIA to increase employment opportunities/job training for homeless families; 6) enhance outreach efforts such as outreach through the schools to inform all homeless families about TH, affordable housing and rapid re-housing (RRH) options; and 7) continue to re-tool crisis efforts by promoting homelessness prevention and RRH.

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

The CoC's current efforts to address the needs of victims (survivors) of domestic violence and their families primarily focus on the continued support of and collaboration with Heartly House, Inc. For over 30 years, Heartly House has provided a wide-range of emergency shelter, transitional housing, and supportive services for survivors of domestic violence and their families. Heartly House operates 7 units of emergency shelter with a total of 28 beds and 5 units of transitional housing with a total of 11 beds. In addition to emergency shelter and transitional housing, supportive services provided by Heartly House include a 24-hour hotline, individual and group counseling, victim advocate services, legal representation, medical advocacy services for victims of sexual assault, abuser intervention groups, community outreach, and professional education. Advocates for Homeless Families and the Frederick Community Action Agency also provide long-term transitional housing to survivors of domestic violence. Heartly House is an active member of the Frederick County Coalition for the Homeless (local CoC).

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

The most recent PIT survey conducted on January 30, 2013 found zero (0) unaccompanied homeless youth in Frederick County, Maryland. Over the past twenty-five (25) years, very few homeless youth have been encountered in Frederick County. Those that have been encountered have been youth that are aging out of the foster care system and literally have nowhere to go. In terms of resources, the Frederick Community Action Agency will admit homeless youth to its transitional shelter that primarily serves homeless families (31-bed facility). In addition the Frederick Community Action Agency provides vouchers for Greyhound Buses in order to reconnect homeless youth with their immediate or extended families (families must verify that the youth has a place to stay). The aforementioned efforts are consistent with the CoC strategic planning goals and the size of the youth homeless population is closely monitoring through HMIS and annual PIT surveys. For the foreseeable future, the CoC plans to utilize the aforementioned strategies to continue to meet the needs of the very small homeless unaccompanied youth population in Frederick County.

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

The outreach efforts to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation are primarily performed by the Frederick Community Action Agency (FCAA) and the Way Station, Inc. (WSI). Outreach services are performed through the PATH and Health Care for the Homeless programs both operated by the FCAA. FCAA outreach workers regularly perform outreach to local shelters, streets, woods, and other areas where homeless persons can be found. Staff members strive to meet people that are homeless, discuss available resources, and build trusting relationships. WSI, a mainstream mental health program operates an Assertive Community Treatment (ACT) program that includes outreach, mobile treatment, and mobile crisis intervention. The FCAA and WSI often work closely together.

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

Frederick County has a relatively small number of homeless veterans; only thirteen (13) individuals reported being veterans on the 2013 PIT survey. Despite this small number, many mainstream services are available for homeless veterans. The VA Medical Center located in Martinsburg, WV serves Frederick County and the VAMC operates a Homeless Domiciliary Care Program, long-term housing with HUD-VASH vouchers, a Peer Housing Location Assistance Group, and 3 transitional living facilities. Free transportation to the VAMC is provided by local Veterans Support Organizations and the Frederick Community Action Agency. A VAMC Outpatient Clinic opened in 2011 on the base of Fort Detrick in Frederick. A Regional Resource Coordinator and the Maryland Veterans Commission Office are both located in Frederick and the programs are easily accessible to all shelter providers. These two State programs assist all veterans to apply for VA benefits and other services. Lastly, Way Station, Inc., a psycho-social rehabilitation program, has a program targeted to work with veterans diagnosed with a serious mental illness. Homeless veterans can access services through a seamless "no wrong door" approach.

3E. Reallocation

Instructions:

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

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

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

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

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

4A. Continuum of Care (CoC) Project Performance

Instructions

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

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

The CoC and HMIS Subcommittee of the Frederick County Coalition for the Homeless (FCCH), the local CoC, closely monitors recipient performance on a quarterly basis. The FCCH CoC and HMIS Subcommittee produces quarterly reports showing recipient production toward the HUD-established performance goals for the most recent quarter and year-to-date. The FCCH CoC and HMIS Subcommittee also provides a summary report to the officers of the FCCH and to each recipient agency.

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

The CoC and HMIS Subcommittee of the Frederick County Coalition for the Homeless (FCCH), the local CoC, provides recipients with quarterly reports detailing grant performance on both a quarterly and a year-to-date basis. When recipients are not meeting HUD-established performance goals, the HMIS lead agency provides on-site technical assistance. FCCH member agencies also provide peer support to agencies that serve similar homeless populations. In addition, the FCCH CoC and HMIS Subcommittee holds training events throughout the year to provide information and best practices to recipient agencies. Lastly, recipients are encouraged to research best practices on the websites of HUD, the Interagency Council on Homelessness, and other organizations.

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

The Grants Subcommittee of the Frederick County Coalition for the Homeless (FCCH), the local CoC, monitors programs and agencies that receive CoC funding. The monitoring consists of an annual review of relevant policies and procedures, as well as an on-site visit that encompasses a review of program, fiscal, and HMIS policies. When monitoring identifies areas where a recipient is under-performing, the FCCH Grants Subcommittee identifies problem areas and provides action steps that the recipient agency must take to improve performance. The FCCH CoC and HMIS Subcommittee provides technical assistance to the agency while the corrective actions are being taken.

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

The CoC uses HMIS to monitor length-of-stay for emergency shelter and transitional housing programs. Length-of-stay information is produced quarterly for individual programs and for the system as a whole and reported to the officers of the Frederick County Coalition for the Homeless (local CoC). In addition, the CoC is in the process of developing a ten-year strategic plan to end homelessness in its jurisdiction. Within the plan are many strategies that the CoC is implementing that will result in reducing an individual's time being homeless. Specifically, the CoC is: 1) working with the Housing Authority of the City of Frederick (local PHA) to establish "homeless" as a priority service population; 2) encouraging local government officials to enact Single Room Occupancy ordinances; 3) prioritizing the individuals served in the Housing First program via the vulnerability index; and 4) connecting individuals experiencing homeless to mainstream services such as mental health treatment, addiction treatment, job training, and education. These steps will serve to significantly reduce the length of time that individuals and families remain homeless.

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

The CoC uses HMIS to identify rates at which individuals and families exit existing programs directly into repeat homelessness, and has worked to implement specific strategies to reduce this occurrence. Strategies depend on the program type. For TH projects, the CoC has worked to increase the opportunities for individuals to quickly access permanent housing. These include an expansion of the Housing First program, working toward passing a Single Room Occupancy ordinance, and providing intensive support services to individuals that graduate from TH projects into permanent housing. For PSH projects, the CoC has assisted providers in recognizing how overly-restrictive program rules may lead to repeat homelessness. With rapid re-housing, the CoC is working to make the funds under its control as flexible as possible.

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

The CoC has a "no wrong door" policy for homeless individuals and families to receive services and assistance. Client level data and information (including specific needs and referrals) can be shared instantly among all provider agencies/recipients participating in the local HMIS (and based on client consent). To engage families, the CoC regularly shares information on available services to all types of agencies, including the school system, police, hospital, libraries, courts, and local media. For individuals, the CoC engages in weekly street outreach throughout the CoC's geographic jurisdiction. Spanish-speaking outreach workers and case managers are also available. The CoC has a 211 line that provides assistance in any language and in TTY. Media coverage has been very good and the local media is typically willing to provide coverage about any story or press release related to homelessness. Agencies like Heartly House and the Frederick Community Action Agency also use their websites for outreach to homeless populations in need of assistance.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

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

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

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

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

4C. Accessing Mainstream Resources

Instructions:

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

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

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

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	80%
* Homeless assistance providers use a single application form for four or more mainstream programs.	80%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%

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

4C-3.1 If yes, indicate the most recent training date: 05/21/2012

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

The CoC is very involved in the implementation of the Affordable Care Act (ACA) in Maryland. The State of Maryland opted to create the Maryland Health Connection, a "marketplace for Marylanders to shop for and enroll in health plans." In turn, the Maryland Health Connection contracted with six (6) different "Connector Entities" across Maryland to operate local Health Navigator Programs. Healthy Howard, Inc. (HHI), the connector entity for Western Maryland, has out-stationed Health Navigators at 5 locations in Frederick County: Frederick Community Action Agency (CoC member), Frederick County Health Department (CoC member), Frederick County Department of Social Services (CoC member), Frederick Memorial Hospital (CoC member), and the Asian-American Center of Frederick. The Health Navigators and Health Assistants (outreach workers) are currently conducting outreach and enrolling eligible people into the new health care plans. Most lower-income people that are currently or recently homeless are eligible for health care under the expanded Medicaid program. The CoC will also be using HMIS to identify any homeless clients that do not have Medicaid or other health coverage.

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

Members of the Strategic Planning Committee of the Frederick County Coalition for the Homeless (local CoC) are working diligently to identify sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs. Two (2) local funding organizations, the Community Foundation of Frederick County and the United Way of Frederick County, are active members of the Strategic Planning Committee. So far, the Strategic Planning Committee has identified the following entities as possible sources of funding for support services: Community Foundation of Frederick County, United Way, Ausherman Family Foundation, George Shields Foundation, Weinberg Foundation, Frederick County Government, Delaplaine Foundation, Emergency Solutions Grant along with matching State ESG funding, and Emergency and Transitional Housing and Services grants from the Maryland Department of Human Resources. At present only 29% of the CoC funds awarded to Frederick County recipients are being used for supportive services.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	01/30/2014
CoC Governance Agreement	No	Bylaws of the Fre...	01/30/2014
CoC-HMIS Governance Agreement	No	CoC HMIS Governan...	01/31/2014
CoC Rating and Review Document	No	CoC Rating and Re...	01/31/2014
CoCs Process for Making Cuts	No		
FY2013 Chronic Homeless Project Prioritization List	No	CoC FY 2013 Chron...	01/31/2014
FY2013 HUD-approved Grant Inventory Worksheet	Yes	HUD Approved Gran...	01/31/2014
FY2013 Rank (from Project Listing)	No		
Other	No	HMIS Policies and...	01/30/2014
Other	No	FCCH Universal In...	01/30/2014
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No	Public Notice to ...	01/31/2014

Attachment Details

Document Description: Certification of Consistency with the Consolidated Plan

Attachment Details

Document Description: Bylaws of the Frederick County Coalition for the Homeless

Attachment Details

Document Description: CoC HMIS Governance Agreement

Attachment Details

Document Description: CoC Rating and Review Document

Attachment Details

Document Description:

Attachment Details

Document Description: CoC FY 2013 Chronic Homeless Project Prioritization List

Attachment Details

Document Description: HUD Approved Grant Inventory Worksheet

Attachment Details

Document Description:

Attachment Details

Document Description: HMIS Policies and Procedures

Attachment Details

Document Description: FCCH Universal Intake Forms used by all homeless service providers

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Public Notice to Applicants

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/22/2014
1C. Committees	01/25/2014
1D. Project Review	02/03/2014
1E. Housing Inventory	01/22/2014
2A. HMIS Implementation	01/28/2014
2B. HMIS Funding Sources	01/25/2014
2C. HMIS Beds	01/24/2014
2D. HMIS Data Quality	01/30/2014
2E. HMIS Data Usage	01/24/2014
2F. HMIS Policies and Procedures	01/28/2014
2G. Sheltered PIT	02/03/2014
2H. Sheltered Data - Methods	01/25/2014
2I. Sheltered Data - Collection	01/25/2014
2J. Sheltered Data - Quality	01/25/2014
2K. Unsheltered PIT	02/03/2014
2L. Unsheltered Data - Methods	01/25/2014
2M. Unsheltered Data - Coverage	01/24/2014
2N. Unsheltered Data - Quality	01/25/2014
Objective 1	01/26/2014
Objective 2	01/30/2014
Objective 3	01/30/2014
Objective 4	01/30/2014
Objective 5	01/30/2014
3B. CoC Discharge Planning: Foster Care	01/26/2014
3B. CoC Discharge Planning: Health Care	01/26/2014

3B. CoC Discharge Planning: Mental Health	01/26/2014
3B. CoC Discharge Planning: Corrections	01/26/2014
3C. CoC Coordination	01/30/2014
3D. Strategic Plan Goals	01/29/2014
3E. Reallocation	01/26/2014
4A. Project Performance	01/30/2014
4B. Employment Policy	01/24/2014
4C. Resources	02/03/2014
Attachments	01/31/2014
Submission Summary	No Input Required

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Frederick County Coalition for the Homeless - City & County CoC

Project Name: See the attached project list

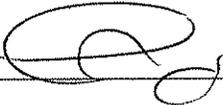
Location of the Project: See the attached project list

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

Name of Certifying Jurisdiction: City of Frederick, Maryland

Certifying Official of the Jurisdiction Name: Joseph Adkins

Title: Deputy Director of the Department of Planning

Signature: 

Date: 1/27/2014

**Frederick County Coalition for the Homeless
Frederick City & County Continuum of Care**

January 24, 2014

Project List for Certificate of Consistency with the Consolidated Plan

City of Frederick/Frederick Community Action Agency
Frederick Transitional Shelter (Renewal application)
100 South Market Street, Frederick, Maryland 21701

City of Frederick/Frederick Community Action Agency
Frederick Transitional Apartments (Renewal application)
301 South Market Street, Frederick, Maryland 21701

Advocates for Homeless Families, Inc.
Ice Street and Patrick Street Transitional Housing (Renewal application)
Frederick, Maryland 21701

State of Maryland, Department of Health and Mental Hygiene
Mental Hygiene Administration
Shelter Plus Care Program (2 renewal applications)
Scattered-Site Permanent Supportive Housing through Shelter Plus Care

Friends for Neighborhood Progress, Inc.
Housing First Program (1 renewal application/6 units with 8 beds)
Scattered-Site Permanent Supportive Housing

Friends for Neighborhood Progress, Inc.
Housing First Program (1 new application/2 unit with 2 beds)
Scattered-Site Permanent Supportive Housing

ORGANIZATIONAL STRUCTURE AND OPERATING PROCEDURES FOR THE FREDERICK COUNTY COALITION FOR THE HOMELESS

Article I

Name: The name of the organization shall be the Frederick County Coalition for the Homeless.

Article II

Statement of Purpose: The Frederick County Coalition for the Homeless comprises individuals, government, religious, business, corporation and community organizations that share a common concern for the needs of Frederick County's homeless. The Coalition identifies the needs of our County's homeless, advocates for resources and coordinates services to meet these needs.

Article III

Section I. Membership Eligibility: Membership will be comprised of representatives from: Charitable and religious groups; the business/corporate community; City and County of Frederick, Frederick County Department of Social Service, Frederick County Department of Health, Frederick County Public Schools, Frederick County Detention Center, Frederick City and County Housing Agencies, coalitions and citizen groups, local providers of homeless services , private and public community services agencies and homeless or formerly homeless individuals, who share a common belief in the purpose of the Coalition as outlined in Article II. Individual applicants cannot be affiliated with any member organization/agency. Affiliation is defined as employed in any capacity by any member organization/agency or on any member organization/agency's Board. To maintain membership status an organization/agency/individual member must meet the requirements of Article III, Section VIII and cannot miss more than three regular meetings in a twelve month period. The Coalition on an annual basis will review the composition of membership and actively recruit and invite participation of representatives to ensure that membership is inclusive of all eligible sectors.

Section II. Application Procedure: Organizations, agencies, and individuals may become members by a verbal and written request at a regular Coalition meeting. Potential members must be present at the next regular monthly meeting for introduction by the Chair and motion for a vote on membership. All new members should be given an orientation to the Coalition that includes 1) a copy of the Organizational Structure and Operating Procedures for the Frederick County Coalition for the Homeless; and 2) a list of Coalition members.

Section III. Voting: Only organizations/agencies/individuals that have been voted in as members are eligible to vote in any Coalition business. Each member organization, agency and individual is eligible to one vote in any Coalition business. The organization/agency member's vote can be utilized by any organization/agency representative. An individual Coalition member cannot delegate a second party to vote in any Coalition business. To maintain voting status a member (organization, agency or individual) cannot miss more than three regular meetings in a twelve month period. When necessary, electronic voting - with "Vote Notice" in subject line of email - shall be an acceptable method of voting.

Section IV. Resignation: Any member may resign by written or verbal notification to the Chairperson.

Revised & Approved September 19, 1995

Revised & Approved June 17, 2003

Revised & Approved March 15, 2011

ORGANIZATIONAL STRUCTURE AND OPERATING PROCEDURES FOR THE FREDERICK COUNTY COALITION FOR THE HOMELESS

Section V. Notice of Monthly Meetings: The minutes of the previous meeting and agenda for the upcoming meeting shall be sent out to the membership one week prior to the monthly meeting. All meetings shall be open to the public.

Section VI. Special Meetings: Special meetings of the membership may be called upon reasonable, advance notice to all voting members. Business not on the agenda may not be introduced at any special meeting. All items on the agenda shall be decided by a quorum of a simple majority.

Section VII. Quorum: At any gathering of the Coalition, the presence of a simple majority of the total-voting members shall constitute a quorum. Only when at least a quorum of the Coalition is present and acting in accordance with the articles contained in these by-laws shall they possess the powers, privileges, rights and responsibilities of the Frederick County Coalition for the Homeless.

Section VIII. Dues: Organization/agency members will be assessed dues at a rate established at the June annual meeting for the next fiscal year. Individual membership dues will be established at 50% of the rate established for organizations and agencies. No consumer of homeless services will be denied membership due to the inability to pay annual dues. Requests for waiver of membership due should be made to an elected officer of the coalition. Waiver of membership dues can be approved by the majority vote of elected officers. Organization, agency or individual that becomes a member more than six months into the fiscal year will be assessed fifty percent of the annual fee for that year.

Section IX. Fiscal Year: The Fiscal Year of the Coalition shall be July 1 - June 30.

Article IV

Section I. Elected Officers: The elected officers of the Coalition shall be Chairperson, Vice-Chairperson, and Secretary. Officer shall be elected at the Annual Meeting in June. No officer shall hold more than one position at a time. When the Secretary is absent or unable to serve, the Chair shall appoint one of those members present to serve in that capacity on that occasion.

Officers shall assume office July 1st, the beginning of the fiscal year. The terms of office for each of the elected officers shall be one year. No officer may hold the same elective office for more than three consecutive years. The Vice-Chairperson may not be an employee of the same agency or organization as the Chairperson. Each officer shall hold office until resignation or a successor is duly elected. Vacancies may be filled at any regularly scheduled meeting of the Coalition or through a mail vote

Section II. Duties of Elected Officers:

Chairperson: The Chairperson shall preside at and prepare the agenda for all meetings; shall appoint committees as deemed necessary; and shall sign any instrument which the Coalition has authorized to be signed or executed, except in cases where the signing or executing may be expressly delegated to some other officer; and in general the Chairperson shall perform all duties incidental to the office and such other duties as may be prescribed by the Coalition.

**ORGANIZATIONAL STRUCTURE AND OPERATING PROCEDURES FOR THE
FREDERICK COUNTY COALITION FOR THE HOMELESS**

Vice-Chairperson: It shall be the duty of the Vice-Chairperson to act as Chairperson in the absence or inability of the Chairperson to act. The Vice-Chair will also serve as the treasurer for the Coalition for the receipt of dues or other monies and the payment of expenses.

Secretary: The Secretary shall keep the minutes of all meetings in a book provided for that purpose; shall see that all notices for meetings are sent in a timely manner; shall maintain a current roster of membership, shall be the custodian of the records of the Coalition; and in general perform all other duties incident to the office.

Section III. Committees:

Nominating Committee: The Nominating Committee shall consist of three - five members of the Coalition appointed by the Chairperson at the April meeting. No agency or organization shall be represented by more than one person on the Nominating Committee. Any member interested in being considered for nomination to an elected position shall notify the committee before the May meeting. The committee shall prepare a slate of nominees equal to at least the number of Coalition elected offices vacant. Nominees must be members in good standing of the Coalition. The slate may include nominations from the floor at the May meeting. The slate shall always contain write-in opportunity for each position. Members may vote by voice or written ballot. The Nominating Committee will be responsible for collecting and tabulating the votes.

Grants Committee: The Grants Committee shall be responsible for the coordination and prioritizing of competitive grants relating to housing and homeless services for which the Coalition has oversight responsibility. Grants Committee members shall serve on the Committee for a twelve month period and will be appointed by the Chairperson at the July meeting. The grants may include, but not limited to the Department of Human Resources Homelessness Prevention Program (HPP), Emergency and Transitional Housing and Services (ETHS), Service-Linked Housing Program (SLHP); HUD Supportive Housing (SHP); FEMA Emergency Food & Shelter Program (EFSP), and Maryland Department of Housing & Community Development Emergency Shelter Grant (ESG).

A three – five member committee will review, score, and rank grant applications and make recommendations to the Coalition. Each committee member will be provided the "Guidebook for Application Reviewers" from the Office of Community Services of the U.S. Department of Health and Human Services, or pertinent sections. The Chair of the Coalition or an appointed designee shall serve as contact person for each grant.

The Coalition and/or the Grants Committee will establish and publicize the ranking and scoring criteria for each grant and the application schedule. In their consideration of each grant, the Grants Committee will utilize the Frederick County Continuum of Care prepared by the Coalition's Continuum of Care Committee. When possible the grant applications will be reviewed and scored individually by the Grants Committee members before meeting. At the Grants Committee meeting the facilitator will lead any discussion; tally the scores; assist in the resolution of any significant scoring discrepancies; and summarize the Committee's ranking and recommendations for presentation at the next Coalition meeting for final approval.

Any grant applicant may appeal the Coalition's final recommendation by putting the appeal in

**ORGANIZATIONAL STRUCTURE AND OPERATING PROCEDURES FOR THE
FREDERICK COUNTY COALITION FOR THE HOMELESS**

writing to the Coalition's Chairperson within three business days of the Coalition's final recommendation. A hearing will be held within seven business days of the receipt of the written appeal, or before the due date for the grant recommendation to be submitted to the granting source.

In addition, the Grants Committee shall notify the Coalition of upcoming grant opportunities.

Continuum of Care Committee: This three-five member committee is responsible for the development of a comprehensive Continuum of Care planning process which will assess the extent of homelessness, the needs of homeless people, the services available to homeless people and the voids in services to homeless people in Frederick County. The committee will make recommendations to the Coalition and/or the Grant Committee on ways to improve the delivery of services to homeless people. The Coalition as a whole will then vote on recommendations made by the Committee.

Advocacy Committee: The three-five member Committee is responsible for raising public awareness related to the mission of the Coalition. These events may include, but not limited to National Hunger and Homelessness Awareness Week (NHHW), the Point in Time Survey (PIT), and local events being held by member agencies. This Committee will also be responsible for advising the Coalition on proposed government action and legislation pertinent to the mission of the Coalition and public hearings at which Coalition members may give comment.

Strategic Planning Committee: The Strategic Planning Committee shall consist of three-five members of the Coalition. With direction given by the Coalition, The Strategic Planning Committee will facilitate the steps necessary to achieve the long term plans of the Coalition, including developing a ten year plan to end homelessness in Frederick County.

Ad Hoc Committee(s): The Coalition Chair may establish temporary committees to accomplish any short-term task deemed necessary to carry out the mission of the Coalition. Committees will be established by vote of the membership and will be goal directed and time limited. The term of the committee chair and the duration of the committee shall be determined at the discretion of the Coalition Chair.

Article V

Amendments: The Coalition shall adopt a resolution setting forth any proposed amendments to the By-laws and directing that it be submitted to the vote of all members having voting rights, which may be either at a monthly or special meeting. Written or printed notice setting forth the proposed amendment(s) or a summary of the changes to be effected by vote at such meeting shall be made in the time and in the manner provided in the By-Laws for the giving of notice of special meetings. The proposed amendment shall be adopted upon receiving the affirmative vote of at least two-thirds of the voting membership. Any number of amendments may be submitted and voted upon at any one meeting.

**Homeless Management Information System
Governance Agreement**

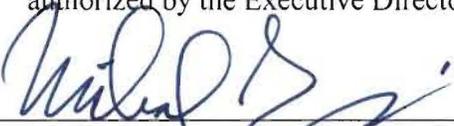
This agreement is entered into on January 2, 2006, between the Frederick County Coalition for the Homeless and the Frederick Community Action Agency.

This document contains the specific obligations that the Frederick County Coalition for the Homeless (FCCH) and the Frederick Community Action Agency, hereinafter referred to as the Agency, must follow in order for the Agency to serve as the System Administrator of the Homeless Management Information System.

I. Contractual Requirements and Roles:

The Agency agrees to abide by the following policies as contained in Section I of the Homeless Management Information System Policies and Procedures as described below.

1. The Agency will ensure that the Agency and its staff fully comply with the End User Terms and these Policies and Procedures and hereby agrees to fully indemnify and hold harmless the County from any unauthorized use, improper use, or misuse of the software and the system by the Agency and/or its staff, or any violation of law arising out of or in connection with the acts or omissions of Agency and its staff and the Agency's participation in the HMIS reporting process.
2. Agency Executive Director assumes responsibility for the entire implementation and administration of the system;
3. Agency Systems Administrator shall be designated by the Executive Director to manage operations;
4. Agency User shall be Agency Staff or volunteers who serve clients and who are authorized by the Executive Director to access the system.



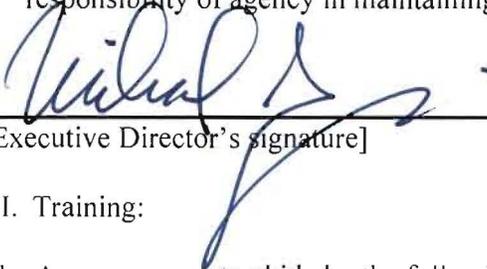
[Executive Director's Signature]

II. Participation Requirements:

The Agency agrees to abide by the following policies as contained in Section II of the Homeless Management Information System Policies and Procedures as described below.

1. Participation Requirements of Agency and FCCH: Lays out responsibilities of all parties involved in implementation;
2. Implementation Documentation: Delineates all written documentation required for implementation including data sharing agreements, client consent forms, data collection commitment and participating agency security protocols;
3. Minimal Data Elements: Agency must make every effort to enter information on all clients served in participating programs. Agency agrees to enter at a minimum, the minimum data elements as outlined by Homeless Management Information Systems (HMIS) Data and Technical Standards Final Notice;

4. Confidentiality: The Agency will uphold Federal and State Confidentiality regulations that protect client records and privacy as referenced in 42 CFR Part 2, Health Insurance Portability and Accountability Act (HIPPA) and COMAR 07.01.07.00 through 07.01.07.9999 and the Maryland Confidentiality of Medical Records Act (MCMRA);
5. Maintenance of Internet Connection and Onsite Computer Equipment: Outlines responsibility of agency in maintaining connectivity and equipment.



[Executive Director's signature]

III. Training:

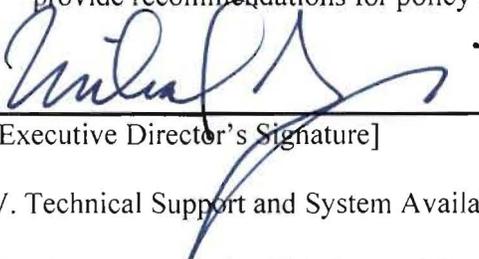
The Agency agrees to abide by the following policies as contained in Section III of the Homeless Management Information System Policies and Procedures as described below.

1. Training Schedule: Agency staff will provide schedule and on site training as documented;
2. User, Administration, and Security Training: Prior to being granted access to the system, all staff will be trained on relevant information security issues.

IV. User, Location, Physical, and Data Access:

The Agency agrees to abide by the following policies as contained in Section IV of the Homeless Management Information System Policies and Procedures as described below.

1. User Access: Identifies process for user access including authorization of user names and passwords;
2. Location Access: Agency must identify the locations from which system software can be accessed;
3. Physical Access: Agency must develop internal access policies to all systems;
4. Data Storage and Transmission: Agency will develop internal protocols for the transmission and storage of client level information. FCCH staff are available to provide recommendations for policy development.

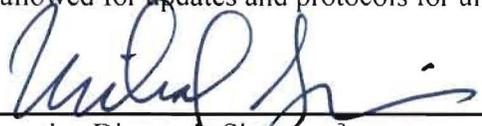


[Executive Director's Signature]

V. Technical Support and System Availability:

The Agency agrees to abide by the following policies as contained in Section V of the Homeless Management Information System Policies and Procedures as described below.

1. Planned Technical Support: Participating agency will receive planned technical support as requested;
2. Availability: System software will be made available for set periods of time with time allowed for updates and protocols for unplanned interruption to service.

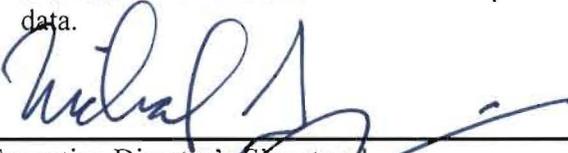


[Executive Director's Signature]

VI. Data Release Protocols:

The Agency agrees to abide by the following policies as contained in Section VI of the Homeless Management Information System Policies and Procedures as described below.

1. Data Release Authorization: Outlines specific policies regarding release of aggregate data.



[Executive Director's Signature]

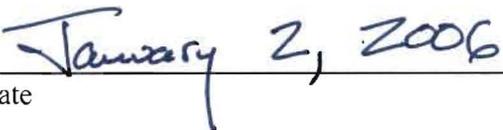
By signing this document, the Agency agrees to abide by all policies as stated in the Homeless Management Information System Policies and Procedures Document. The Agency also agrees to educate all staff members in the agency as to the policies that directly affect their work.



[Executive Director's Signature]

 Secretary / HMIS Administrator

[Signature of Chair, FCCH]



Date

Frederick County Coalition for the Homeless

Grant Review & Quality Assurance Committee Review Criteria for Continuum of Care Applications and Priority Ranking Status

In July 2004, the Committee established the following Goal, Objective Measurements and Process to rank the applications submitted for funding under the HUD Continuum of Care Grant Application. The criteria were updated in 2008 to better evaluate permanent supportive housing projects.

Goal: To prioritize projects through a fair and rational process using objective criteria driven by the Housing Gaps Analysis, Continuum of Care strategies, and other local goals and planning initiatives.

Objective Measurements Established:

1. Percentage of Other Funding leveraged for the project (cash match/total expenditures – APR question 19).
2. Percentage of dollars expended for supportive services - transitional housing only (supportive services expenditures/total expenditures – APR question 19).
3. Percentage of dollars expended for permanent housing - permanent housing only (leasing, acquisition, rehabilitation, and utilities expenditures/total expenditures – APR question 19).
4. Percentage of clients graduating or exiting into permanent housing (number of persons moving into permanent housing/total number of persons that left during the grant year – APR question 14).
5. Percentage of actual person served as compared to the projected number to be served during the grant year – APR question 2a + 2b divided by APR question 1).
6. Percentage of beds the project provides in relation to the total number of beds funded by all proposed projects.
7. Renewal project that meets an on-going need.
8. New project that meets a need for permanent housing.

Process: The following documents will be reviewed for each applicant - Project Application (CoC exhibit 2 including project budget); most recent Annual Progress Report (APR); and other information as requested from the applicant organizations. Site visits and interviews may be conducted as needed. Based upon the information provided, the project is rated against the measurements established; the process results in an objective priority ranking for all projects.

Update: In 2013, this process was supplemented by the adding the attached criteria, which includes HUD's Homeless Policy Priorities and the Scoring Criteria Summary for the Continuum of Care Grant. Future efforts will focus on a more detailed analysis of recipient performance as well as an evaluation of consistency with HUD's Homeless Policy Priorities.

HUD's Homeless Policy Priorities

For details about HUD's policy priorities, please review the NOFA.

1. Strategic Resource Allocation.

- Comprehensive review of all projects
- Underperforming, obsolete, or ineffective should be reallocated

2. Ending chronic homelessness.

- Increasing Beds
- Targeting
- Housing First

3. Ending family homelessness.

- Rapid Re-Housing

4. Removing Barriers to CoC Resources.

- Centralized or Coordinated Assessment System
- Transitional Housing
- Prioritizing Households Most in Need

5. Maximizing the use of mainstream resources, including preparing for implementation of the Affordable Care Act

6. Building partnerships.

- Public Housing Agencies (PHA)
- Philanthropy

7. Other Priority Populations:

- Veterans
- Homeless Youth

Scoring Criteria Summary

Scoring Factor Sections	Points
<p>CoC Strategic Planning and Performance</p> <ul style="list-style-type: none"> ○ Ending Chronic Homelessness (including increase beds dedicated to Chronically Homeless) (16 points) ○ Housing Stability (Transitional Housing to Permanent Housing <u>AND</u> Permanent Housing retention: 80%) (10 points) ○ Jobs and Income Growth (20% of participants have employment income, 54% of participants have income from other sources) (8 points) ○ Mainstream Benefits (56% of participants) (7 points) ○ Increase Use of Rapid Rehousing (10 points) ○ Opening Doors implementation (3 points) ○ Ending Family Homelessness (4 points) ○ Addressing the Needs of Victims of Domestic Violence (2 points) ○ Ending Youth Homelessness (2 points) ○ Reaching Unsheltered Homeless (3 points) ○ Ending Veteran Homelessness (4 points) 	69
<p>CoC Coordination of Housing and Services</p> <ul style="list-style-type: none"> ○ Preventing Homelessness (2 points) ○ Discharge Planning (4 points, one for each system of care). ○ Consolidated Plan Coordination (2 points) 	28

<ul style="list-style-type: none"> ○ Emergency Solutions Grants Consultation (3 points) ○ Coordination with Other Funding Sources (1 point) ○ Public Housing Agencies Engagement (2 points) ○ Use of Housing First Approach (3 points) ○ Has Centralized or Coordinated Assessment System (2 points) ○ Affirmatively Furthering Fair Housing (2 points) ○ Educational Assurances (2 points) ○ Preventing Involuntary Family Separation (2 points) ○ Preparing for Implementation of Affordable Care Act (1 point) ○ Identify Resources for Services (2 points). 	
Recipient Performance <ul style="list-style-type: none"> ○ CoC Engages in Performance Monitoring (3 points) ○ CoC Assist in Increasing Performance (3 points) ○ CoC Assist in Increasing Capacity (3 points) ○ Reducing Homeless Episodes (3 points) ○ Outreach (1 point) ○ Tracking and Reducing Returns to Homelessness (2 points) 	15
CoC Housing, Services, and Structure <ul style="list-style-type: none"> ○ Regular, Open CoC Meetings (2 points) ○ No Written Complaints (2 points) ○ Inclusive Structure (2 points) ○ Use of Project Application Performance Metrics (2 points) ○ Accuracy of Grant Inventory Worksheet (1 point) ○ Ranking and Selection Process (3 points) ○ Housing Inventory Count Submission (1 point) 	13
Leveraging 100% participation in 150% leveraging	5
Homeless Management Information System (HMIS) <ul style="list-style-type: none"> ○ HMIS Governance Charter (2 points) ○ HMIS Plans in Place (1 points) ○ Diverse HMIS Funding (2 points) ○ Bed Coverage (86% participation) (2 points) ○ Data Quality (less than 10% missing/null and refused/unknown)(2 points) ○ Procedures for Entry and Exit Dates (1 point) ○ Ability to Generate Required Reports (1 point) 	11
Point-in-Time Count <ul style="list-style-type: none"> ○ Point-in-Time Count and Data Submission (3 points) ○ Reduction in Point-in-Time Count Since 2012 (2 points) ○ Collect and Report Subpopulation Data (2 points) ○ Methodology for Unsheltered Count (2 points) 	9
Subtotal	150
Bonus points <ul style="list-style-type: none"> ○ Administration amount 7% (2 points) ○ No Supportive Service Only Projects in Tier 1 (2 points) ○ Accuracy of Submission of HUD-2991 (2 points) 	6
Total	156

**Frederick County Coalition for the Homeless
Homeless Management Information System
Policies and Procedures**

NOTE FOR COC REVIEW: Also see the attached Bylaws of the
Frederick County Coalition for the Homeless

Effective July 1, 2006

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Introduction:

The Homeless Management Information System (HMIS) is administered by the Frederick County Coalition for the Homeless (FCCH). The project utilizes Internet-based technology to assist homeless service organizations across Frederick County to capture information about the clients that they serve. FCCH members provide technology, training and technical assistance to users of the system throughout Frederick County. A goal of HMIS is to inform public policy about the extent and nature of homelessness in Frederick County and in Maryland. This is accomplished through analysis and release of data that are grounded in the actual experiences of homeless persons and the service providers who assist them in shelters and homeless assistance programs throughout the county. Information that is gathered through intakes, conducted by service providers with consumers, is analyzed for an unduplicated count, aggregated (void of any identifying client level information) and made available to policy makers, service providers, advocates, and consumer representatives.

The FCCH is committed to understanding the gaps in services to consumers of the human service delivery system in an attempt to end homelessness. The FCCH is committed to balancing the interests and needs of all stakeholders involved: homeless men, women, and children; service providers; and policy makers.

Governance:

Along with the Bylaws of the Frederick County Coalition for the Homeless (FCCH), this document serves as the governance plan or agreement for the operation of the Frederick County Homeless Management Information System (HMIS). This action is taken in accordance with the Bylaws of the FCCH.

Benefits for Homeless Men, Women, and Children and Case Managers:

Case managers can use the software as they assess their clients' needs to inform clients about services offered either on site or elsewhere throughout Frederick County, available through referrals. Case managers and clients can use on-line resource information to learn about resources that help clients find and keep permanent housing or meet other goals clients have for themselves. Service coordination can be improved when information is shared among case management staff within one agency and with staff in other agencies (with written client consent) who are serving the same clients.

Benefits for Agency and Program Managers:

Aggregated information can be used to garner a more complete understanding of clients' needs and outcomes, and to advocate for additional resources, complete grant applications, conduct evaluations of program services, and report to funders such as United States Department of Housing and Urban Development (HUD), Maryland State Department of Human Resources (DHR), and Frederick County Coalition for the Homeless (FCCH). The software has the capability to generate required reports including the HUD Annual Progress Report (APR), Community Development Block Grant (CDBG) Monthly Statistical Report, Emergency Services Grant (ESG) Monthly Statistical Report, Supportive Housing Program (SHP) Monthly Progress Report, Emergency Transitional Housing Services/Homeless Prevention Program (ETHS/HPP)

Monthly Statistical Report, Homeless Prevention Program (HPP) Follow-up Statistical Report, and Homeless Women's Crisis Shelter (HWS) Monthly Statistical Report.

Benefits for Community-wide Continuums of Care and Policymakers:

Involvement in HMIS provides the capacity to programs within a Continuum of Care to generate aggregate reports that can assist in completion of the HUD required gaps chart, and to utilize the aggregate data to inform policy decisions aimed at addressing and ending homelessness at local, state, and federal levels. This document provides the policies, procedures, guidelines, and standards that govern HMIS, as well as, roles and responsibilities for FCCH and participating agency staff. Participating agencies will receive all relevant portions of the complete document.

Governing Principles:

Described below are the overall governing principles upon which all other decisions pertaining to HMIS are based.

Data Integrity:

Data is the most valuable asset of HMIS. It is our policy to protect this asset from accidental or intentional unauthorized modification, disclosure, or destruction. All HMIS participants are also required to input at least the minimum data requirements as prescribed by Homeless Management Information Systems (HMIS); Data and Technical Standards Final Notice (FR 4848-N-02).

Access to Client Records:

The Client Records Access Policy is designed to protect against the recording of information in unauthorized locations or systems. Only staff who work directly with clients or who have administrative responsibilities will receive authorization to look at, enter, or edit client records. Additional privacy protection policies include:

- No client records will be shared electronically with another agency without written client consent;
- Client has the right to not answer any question unless entry into a service program requires it;
- Client has the right to know who has added to, deleted from, or edited their client record;
- Client information transferred from one authorized location to another over the web is transmitted through a secure encrypted connection.

Application Software:

Only tested and controlled software should be installed on networked systems. Use of unevaluated and untested software outside an application development environment is prohibited.

Computer Crime:

Computer crimes violate state and federal law as well as the HMIS Data Security Policy and Standards. They include but are not limited to: unauthorized disclosure, unauthorized modification or destruction of data, programs, or hardware; theft of computer services; illegal copying of software; invasion of privacy; theft of hardware, software, peripherals, data, or printouts; misuse of communication networks; promulgation of malicious software such as

viruses; and breach of contract. Perpetrators may be prosecuted under state or federal law, held civilly liable for their actions, or both. FCCH staff and authorized agencies must comply with license agreements for copyrighted software and documentation. Licensed software must not be copied unless the license agreement specifically provides for it. Copyrighted software must not be loaded or used on systems for which it is not licensed.

End User Ethics:

Any action taken with a specific intent that adversely affects the resources of any participating organization or institution or employees is prohibited. Any action taken with a specific intent that adversely affects any individual is prohibited. Users are prohibited to use HMIS computing resources for personal purposes. Users must not attempt to gain physical or logical access to data or systems for which they are not authorized. Users must not attempt to reverse-engineer commercial software. Users are prohibited to load unauthorized programs or data onto HMIS. Users should scan all personal computer programs and data for viruses before logging onto HMIS.

Definitions:

FCCH Staff People:

1. HMIS Specialist(s) or Administrator(s)- is responsible for the implementation and oversight of HMIS, training, and technical assistance.
2. Chairperson of CoC and HMIS Committee- is responsible for the general administration for all federal regulations.
3. Chairperson of the FCCH- is the final decision maker of all Policies and Procedures regarding HMIS.

Agency Staff People:

1. Participating Agency- is any agency that receives federal funding for homeless services.
2. Agency Executive Director- is responsible for all agency staff that have access to HMIS.
3. Agency Administrator- is responsible for the administration of the software for his or her agency.
4. End User- is responsible for data input, data security, and data integrity.

Resources:

This Document is based upon the University of Massachusetts Boston's "CSP Tech Policies and Procedures" and additional policies and procedures developed by the Baltimore County Continuum of Care.

Section One: **Contractual Requirements and Roles**

1.1 HMIS Contract Requirements

Policy: FCCH shall provide HMIS technical assistance to all Participating Agencies.

FCCH is committed to providing quality service to existing and new participating agencies. All existing and new agencies participating in HMIS that are funded through the Frederick County Coalition for the Homeless will have user licenses and technical assistance covered under their current contracts. Please note: Participating Agencies are responsible for all costs associated with hardware acquisition and maintenance, personnel, and internet access. In order to participate in HMIS, all existing and new participating agencies must sign a Participation Agreement (Attachment I) with FCCH.

Effective Date: 01-03-2006

Revisions Date:

1.2 HMIS Governing Structure and Management

Policy: FCCH shall manage the structure that supports the HMIS System Operation.

The Frederick County Coalition for the Homeless (FCCH) advises and supports HMIS operations in the following programmatic areas: resource development; consumer involvement; and quality assurance/accountability.

The HMIS management structure will adequately support the operations of the Frederick County system according to the Guiding Principles described in the Introduction. The responsibilities of the FCCH staff will be apportioned according to the information provided below.

FCCH staff are responsible for oversight of all day-to-day operations including: technical infrastructure; planning, scheduling, and meeting project objectives; supervision of staff, including reasonable divisions of labor; hiring; and orientation of new agency staff to program operations, Guiding Principles and Policies and Procedures.

The HMIS Specialist or Administrator is responsible for overseeing usage of the application Service Point and being available for phone support as needed. Responsibilities and duties include:

1. Implementing HMIS to Frederick County Homeless Service Providers
2. Providing training as needed to agency staff
3. Providing technical assistance and troubleshooting as needed
4. Providing technical assistance in generating required reports

The Chairperson of the CoC/HMIS Committee is responsible for the general administrative responsibilities for federal regulations. The Chairperson of the FCCH shall be the final decision maker of all policies and procedures by which HMIS is governed.

Effective Date: 01-03-2006

Revisions Date:

1.3 Data Analysis

Policy: FCCH shall be responsible for Data Analysis.

Data analysis is as follows:

- a. Providing data quality queries to sites on a regular basis.
- b. Providing detailed reports on families and individuals accessing emergency shelter.
- c. Providing data analysis and reports for Continua that have contracts with FCCH.

Effective Date: 01-03-2006

Revisions Date:

1.4 Systems Administration, Security, and User Accounts:

Policy: System Security and Integrity shall be reviewed on a regular basis.

FCCH has a contract with Bowman Systems, Inc. to host the central server (located in Louisiana). Bowman will have overall responsibility for the security of the system. The HMIS Specialist will review all network and security logs regularly; all Agency Administrators and Agency staff user accounts are the responsibility of the FCCH staff. The Agency Administrator is responsible for checking his or her agency accounts on a regular basis.

Effective Date: 01-03-2006

Revisions Date:

1.5 Agency Executive Director

Policy: The Executive Director of each Participating Agency shall be responsible for all agency staff that have access to HMIS

The Executive Director of each Participating Agency will be responsible for oversight of all agency staff who generate or have access to client-level data stored in the system software. The Executive Director holds final responsibility for the adherence of his or her agency's personnel to the HMIS Guiding Principles and Standard Operating Procedures outlined in this document. The Participating Agency's Executive Director is responsible for all activity associated with agency staff access and use of the Service Point data system. The Executive Director shall establish and monitor agency procedures that meet the criteria for access to the Service Point Software system, as detailed in the Policies and Procedures outlined in this document. The Agency will ensure that the Agency and its staff fully comply with the End User Terms and these Policies and Procedures and hereby agrees to fully indemnify and hold harmless the FCCH from any unauthorized use, improper use, or misuse of the software and the system by the Agency and/or its staff, or any violation of law arising out of or in connection with the acts or omissions of Agency and its staff and the Agency's participation in the HMIS reporting process. The Executive Director agrees to limit access to the Service Point software system to staff who work directly with (or supervise staff who work directly with) clients or have data entry responsibilities.

Each Agency must ensure that each user of the software and system obtains a unique user license. Only those with a user license may access and use the software and system. Sharing of user names and passwords is expressly forbidden. In addition, each user of the software and system must agree to the End User License Agreement located in the Terms of Use in the software and system, i.e. the program. Users have a thirty-day refusal period to reject the End User License Agreement. If refused, the user is not licensed to access and use the software and the system and therefore shall not access and use the software and the system. The Agency shall promptly notify in writing the HMIS Specialist for instructions on uninstalling and return of software, system and/or unused product.

The Executive Director also oversees the implementation of data security policies and standards and will:

- a. Assume responsibility for integrity and protection of client-level data entered into the Service Point system;
- b. Establish business controls and practices to ensure organizational adherence to the HMIS Policies and Procedures;
- c. Communicate control and protection requirements to agency custodians and users;
- d. Authorize data access to agency staff and assign responsibility for custody of the data;
- e. Monitor compliance and periodically review control decisions.

Effective Date: 01-03-2006

Revisions Date:

1.6 Agency Administrator

Policy: Every Participating Agency must designate one person to be the Agency Administrator.

Each Agency must ensure that each user of the software and system obtains a unique user license. Only those with a user license may access and use the software and system. Sharing of user names and passwords is expressly forbidden. In addition, each user of the software and system must agree to the End User License Agreement located in the Terms of Use in the software and system, i.e. the program. Users have a thirty-day refusal period to reject the End User License Agreement. If refused, the user is not licensed to access and use the software and the system and therefore shall not access and use the software and the system. The Agency shall promptly notify in writing the HMIS Specialist for instructions on uninstalling and return of software, system and/or unused product.

The designated Agency Administrator holds responsibility for the administration of the system software in his or her agency. This person will be responsible for:

- a. Editing and updating agency information
- b. Granting technical access to the software system for persons authorized by creating usernames and passwords;
- c. Training new staff persons on the uses of the Service Point software system including review of the Policies and Procedures in this document and any agency policies which impact the security and integrity of client information.
- d. Ensuring that access to the Service Point system be granted to authorized staff members only after they have received training.
- e. Notifying all users in their agency of interruptions in service.
- f. The Agency Administrator is also responsible for implementation of data security policy and standards, including.
- g. Administering agency-specified business and data protection controls
- h. Administering and monitoring access control
- i. Providing assistance in the backup and recovery of data
- j. Detecting and responding to violations of the Policies and Procedures or agency procedures.

Effective Date: 01-03-2006

Revisions Date:

1.7 End User

Policy: Staff requiring legitimate access to HMIS shall be granted such access.

All individuals at the FCCH and at the Participating Agency levels who require legitimate access to the software system will be granted such access. Individuals with specific authorization can access the system software application for the purpose of conducting data management tasks associated with their area of responsibility. FCCH agrees to authorize use of the Service Point Software system only to users who need access to the system for technical administration of the system, report writing, data analysis and report generation, back-up administration or other essential activity associated with carrying out HMIS responsibilities.

The Participating Agency agrees to authorize use of the Service Point Software system only to users who need access to the system for data entry, editing of client records, viewing of client records, report writing, administration or other essential activity associated with carrying out participating agency responsibilities.

Users are any persons who use the Service Point software for data processing services. They must be aware of the data's sensitivity and take appropriate measures to prevent unauthorized disclosure. Users are responsible for protecting institutional information to which they have access and for reporting security violations. Users must comply with the data security policy and standards as described in these Policies and Procedures. They are accountable for their actions and for any actions undertaken with their usernames and passwords.

The Participating Agency will designate the end users and communicate the end user's name and level of access to FCCH before the user can begin using the system. The communication can be made in the form of an e-mail transmission or a letter.

All End User's shall sign an End User License Agreement (Attachment XIII) prior to obtaining access to HMIS.

Effective Date: 01-03-2006

Revisions Date:

Section Two: Participation Requirements

2.1 Participation Requirements

Policy: FCCH staff shall communicate all requirements for participation in HMIS.

FCCH staff and Participating Agencies will work to ensure that all sites receive the benefits of the system while complying with all stated policies.

Effective Date: 01-03-2006

Revisions Date:

2.2 System Requirements

Policy: Each computer accessing HMIS shall meet Minimum System Requirements.

- a. High Speed Internet Connection Greater than 56k/v90 (128 KBPS, DSL, or Cable).
- b. Computer with one (1) Gigahertz Pentium Processor (PC or Mac OS x 10.2 or higher).
- c. Web browser must be at least Microsoft Internet Explorer 6.0 or Netscape 7.0.
- d. Hard drive with at least Nine (9) Gigabytes and sixty-four (64) megabytes of RAM.
- e. SVGA monitor with 800x600 resolution.
- f. Keyboard and mouse.

Effective Date: 01-03-2006

Revisions Date:

2.3 Participation Agreement Requirements

Policy: Each Participating Agency shall comply with Participation Agreement Requirements.

- a. Identification of Agency Administrator. This person will be responsible for creating usernames and passwords and monitoring software access.
- b. A Meeting of Agency Executive Director, Program Manager/Administrator and Agency Administrator with FCCH staff member(s) is required to assess and complete Agency Information Security Protocols.
- c. The Agency Administrator and designated staff persons must commit to attending all training(s) prior to accessing the system online. Staff will not be allowed to attend training until all Information Security paperwork is complete and signed by Executive Director.
- d. Interagency Data Sharing Agreements must be established between any shelter/service program where sharing of client level information is to take place. See Attachment VI: Interagency Data Sharing Agreement.
- e. Client Consent Forms must be signed by all clients to authorize the sharing of their personal information electronically with other Participating Agencies through the Service Point software system. See Attachment VII Client Consent Form as an example.
- f. Participation Agreements must be signed by Participating Agencies. See Attachment I Participation Agreement.
- g. Agencies are required to enter minimal data elements as defined by the Homeless Management Information Systems (HMIS); Data and Technical Standards Final Notice.

Effective Date: 01-03-2006

Revisions Date:

2.4 Implementation Requirements

Policy: Each Participating Agency shall comply with Implementation Requirements.

- a. All Participating Agencies must read and understand all participation requirements and complete all required documentation prior to implementation of the system and all implementation requirements must be complete and on file with FCCH prior to using the system.
- b. **Information Security Protocols-** FCCH staff will assist Participating Agencies in the completion of all required documentation. A meeting of Agency Executive Director or, Program Manager/Administrator and Agency Administrator with FCCH staff member(s) to assist in completion of the Agencies' Information Security Protocols.
- c. **Participating Agreement-** refers to the document agreement made between the participating agency and FCCH for HMIS. This agreement includes commitment to minimal data as defined by Homeless Management Information Systems (HMIS); Data and Technical Standards Final Notice. This document is the legally binding document that refers to all laws relating to privacy protections and information sharing of client specific information.
- d. Upon completion of the Security Assessment, each agency must agree to abide by all policies and procedures set forth in the HMIS Security Manual. The Executive Director will be responsible for signing the Participation Agreement.
- e. **Resource Point-** Service Point provides a resource directory component that tracks service referrals for clients. Each Participating Agency must compile a list of referral agencies and verify that the information has been entered into Resource Point.

Effective Date: 01-03-2006

Revisions Date:

2.5 Interagency Data Sharing

Policy: Each Participation Agency shall comply with Interagency Data Sharing procedures.

Data Sharing throughout the entire Frederick County Homeless Management Information System (HMIS) will be supported upon completion of the System-wide Data Sharing Agreement (Attachment VIII). Data sharing for Domestic Violence, Mental Health, and Substance Abuse agencies will only be supported upon completion of an Interagency Data Sharing Agreement (Attachment VII) by Participating Agencies wishing to share client identified data. In order for the Interagency Data Sharing Agreement to be fully executed, a formal written document must be signed by the Executive Directors of each of the Participating Agencies involved in the data sharing.

- a. Participating Domestic Violence, Mental Health, and Substance Abuse Agencies wishing to share information electronically through the Service Point System are required to provide, in writing, an agreement that has been signed between the Executive Directors of Participation Agencies. See Attachment VII: Interagency Sharing Agreement.
- b. The Executive Director is responsible for abiding by all the policies stated in any Interagency Sharing Agreement.
- c. Executive Directors wishing to participate in a data sharing agreement will contact FCCH staff to initiate the process.
- d. Each participating agency retains a copy of the Interagency Data Sharing Agreement and a master is filed with FCCH.
- e. Agency Administrators receive training on the technical configuration to allow data sharing.
- f. Each Client whose record is being shared must agree via a written client consent form to have their data shared. A client must be informed what information is being shared and with whom it is being shared. An Agency's failure to adhere to HIPAA laws shall be subject to HIPAA regulations. Agency must also adhere to the Maryland Confidentiality of Medical Records Act (MCMRA).
- g. Any user found to be in violation of security protocols will be sanctioned accordingly. Sanctions may include but are not limited to; a formal letter of reprimand, suspension of system privileges, revocation of system privileges, termination of employment and criminal prosecution;
- h. Any agency that is found to have consistently and or flagrantly violated security protocols may have their access privileges suspended or revoked;
- i. Written Client Consent Procedure for Electronic Data Sharing: As part of the implementation strategy of the system software, every Participating Agency must have client consent procedures and completed forms in place when electronic data sharing is to take place. Client consent procedures must be on file with FCCH prior to the assignment of user accounts to the site by FCCH staff. See Attachment X: Client Consent Form.

Effective Date: 01-06-2006

Revisions Date:

2.6 Confidentiality and Informed Consent

Policy: Each Participating Agency shall comply with Confidential and Informed Consent Protocol.

All Participating Agencies agree to abide by all privacy protection standards and agree to uphold all standards of privacy as established by FCCH. Participating Agencies shall develop procedures for providing fact sheets to clients about the usage of HMIS. In addition, Participating Agencies are required to use written client consent forms when information is to be shared with another agency.

All clients shall be provided a Client Fact Sheet (Attachment IX) for non-shared records that their information will be entered into a computerized record keeping system (HMIS) that the client must sign. The Participating Agency should provide an oral explanation of HMIS and the terms of consent. The agency shall post the fact sheet within the agency. The fact sheet will include the following information:

- a. What Service Point is, a web based information system that homeless services agencies across the state use to capture information about the persons they serve;
- b. Why the agency uses it, to understand their clients' needs and help the programs plan to have appropriate resources for the people they serve, and to inform public policy;
- c. **Who Has Access-** Only staff who work directly with clients or who have administrative responsibilities can look at, enter, or edit client records;
- d. No information will be released to another agency without written consent;
- e. **Right of Refusal-** Client has the right to not answer any question, unless entry into a program requires it; Client has the right to know who has added to, deleted, or edited their Service Point record; Information that is transferred over the web is through a secure, encrypted connection;
- f. **How Information is Used-** Case manager tells client what services are offered on site or by referral through the assessment process; Case manager and client can use information to assist clients in obtaining resources that will help them meet their needs.
- g. Each Client whose record is being shared electronically through HMIS must agree via a written client consent form to have their data shared. A client must be informed what information is being shared and with whom it is being shared. The Participating Agency agrees not to release client identifiable information to any other organization pursuant to federal and state law without proper client consent. See attached Client Consent Form.
- h. The participating Agency will uphold Federal and State Confidentiality regulations to protect client records and privacy. In addition, the Participating Agency will only release client records with written consent by the client, unless otherwise provided for in the regulations.
- i. The Participating Agency will abide specifically by the Federal confidentiality rules as contained in 42 CFR Part 2 regarding disclosure of alcohol and/or drug abuse records. In general terms, the Federal rules prohibit the disclosure of alcohol and/or drug abuse records unless disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Participating Agency understands that the Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients.
- j. The Participating Agency will abide specifically by COMAR 07.01.07.00 through 07.01.07.9999. In general, this law provides guidance for the confidentiality of personal client information.

- k. The Participating Agency will not solicit or input information from clients unless it is essential to meet minimum data requirements, provide services, or conduct evaluations or research.

Effective Date: 01-06-2006

Revisions Date:

2.7 Minimal Data Elements

Policy: Each Participating Agencies shall input Minimum Data Elements.

Participating Agencies that collect client data through HMIS will, at a minimum, collect all data contained within the Profile Screen. The profile screen will be compatible with the requirement set forth by Homeless Management Information Systems (HMIS); Data and Technical Standards Final Notice. The minimal data elements will ensure that agencies are collecting and inputting quality data. The Participating Agency is responsible for ensuring that all clients are asked a minimal set of questions for use in aggregate analysis; these questions are contained within the Profile Screen.

Effective Date: 01-06-2006

Revisions Date:

2.8 Information Security Protocols

Policy: Participating Agencies must develop and have in place minimum information security protocols.

At a minimum, a Participating Agency must develop rules, protocols or procedures to address each of the following:

- a. Assignment of user accounts;
- b. Unattended workstations;
- c. Physical access to workstations;
- d. Policy on user account sharing;
- e. Client record disclosure;
- f. Report generation, disclosure and storage.

Information Security Protocols or procedures will protect the confidentiality of the data and to ensure its integrity at the site, as well as, the confidentiality of the clients.

Effective Date: 01-06-2006

Revisions Date:

2.9 Implementation Connectivity

Policy: Each Participating Agency is required to obtain an adequate Internet connection.

An adequate internet connection is defined as 56K/v90 or greater, preferably 128 KBPS, DSL, or Cable. Proper Connectivity ensures proper response time and efficient system operation of HMIS. FCCH staff are committed to informing all participating agencies about availability of Internet providers. Obtaining and maintaining an Internet connection greater than 56K/v90 is the responsibility of the participating agency.

Effective Date: 01-06-2006

Revisions Date:

2.10 Maintenance of Onsite Computer Equipment

Policy: Each Participating Agency shall maintain onsite computer equipment.

Participating Agencies commit to a reasonable program of data and equipment maintenance in order to sustain an efficient level of system operation. Participating Agencies must meet the technical standards for minimum computer equipment configuration, Internet connectivity, data storage and data back up. Participating Agencies will ensure that an equipment and data maintenance program is adopted.

The Executive Director will be responsible for the maintenance and disposal of on-site computer equipment and data used for participation in HMIS including the following:

- a. The Participating Agency is responsible for maintenance of on-site computer equipment. This includes purchase of and upgrades to all existing and new computer equipment for the utilization of HMIS.
- b. The Participating Agency is responsible for supporting a backup procedure for each computer connecting to Service Point.
- c. FCCH staff members are not responsible for troubleshooting problems with Internet Connections.
- d. As a matter of course, each agency should install virus protection software on all computers.
- e. The Participating Agency agrees to only download and store data in a secure format.
- f. The Participating Agency agrees to dispose of documents that contain identifiable client level data by shredding paper records, deleting any information from diskette before disposal, and deleting any copies of client level data from the hard drive of any machine before transfer or disposal of property. FCCH staff are available to consult on appropriate processes for disposal of electronic client level data.

Effective Date: 01-06-2006

Revisions Date:

Section Three: Training

3.1 Training Schedule

Policy: FCCH shall conduct regular HMIS training.

FCCH staff will provide HMIS training on an as-needed basis at the request of participating agencies.

Effective Date: 01-06-2006

Revisions Date:

3.2 User, Administrator, and Security Training

Policy: Each HMIS User must attend appropriate trainings.

All users must undergo security training before gaining access to the system. This training must include a review of HMIS Policies and Procedures. FCCH staff will provide data security training to ensure that staff are properly trained and knowledgeable of HMIS Policies and Procedures.

Agency staff must attend end user training. Agency Administrators must also attend an Administrator training and a Report Writer I training in addition to end user training. Agencies will be notified of scheduled training sessions.

FCCH is responsible for training all new users. Users must receive Service Point training prior to being granted user privileges for the system.

Effective Date: 01-06-2006

Revisions Date:

Section Four:

User, Location, Physical and Data Access

4.1 Access Privileges to System Software

Policy: Each Participating Agency shall adhere to standard procedures in requesting and obtaining system access.

Participating Agencies will apply the user access privilege conventions set forth in this procedure. Allocation of user access accounts and privileges will be made according to the format specified in this procedure:

- a. User access and user access levels will be deemed by the Executive Director of the Participating Agency in consultation with the Agency Administrator. The HMIS Specialist/Administrator will generate username and passwords within the administrative function of Service Point.
- b. The HMIS Specialist/Administrator will create all usernames using the First Initial of First Name and Last Name format. For example, John Doe's username would be JDoe. In the case where there are two people with the same first initial and last name, a sequential number should be placed at the end of the above format. For example, John Doe and Jane Doe would be JDoe1, JDoe2.
- c. Passwords are automatically generated from the system when a user is created. Agency Administrators will communicate the system-generated password to the user.
- d. The user will be required to change the password the first time they log onto the system. The password must be between 8 and 16 characters and contain 2 numbers.
- e. Passwords expire every 45 days.
- f. The Agency Administrator shall terminate the rights of a user immediately upon termination from their current position. If a staff person is to go on leave for a period of longer than 45 days, their password should be inactivated within 5 business days of the start of their leave. The Agency Administrator is responsible for removing users from the system informing FCCH. The Agency Administrator must update the access list and signed agreement on a quarterly basis.
- g. FCCH must have a list from every Participating Agency detailing every user within the agency. All new users must be submitted to FCCH before they can gain access to the system. All users that leave must be terminated in the system within one business day. The change must also be made with FCCH.
- h. Upon request the Agency Administrator or Executive Director must disclose the password of any user within that agency.

Effective Date: 01-06-2006

Revisions Date:

4.2 Access Levels for System Users

Policy: Appropriate access levels shall be assigned to each HMIS user.

Participating Agencies will manage the proper designation of user accounts and will monitor account usage. The Participating Agency agrees to apply the proper designation of user accounts and manage the use of these accounts by agency staff. User accounts will be created by the HMIS Specialist/Administrator and deleted by the Agency Administrator under authorization of the Participating Agency's Executive Director.

There are nine (9) levels of access to the Service Point system (described in Attachment XII: Service Point Access Matrix). These levels should be reflective of the access a user has to client level paper records and access levels should be need-based. Need exists only for those shelter staff, volunteers, or designated personnel who work directly with (or supervise staff who work directly with) clients or have data entry responsibilities. Access levels are as follows:

- a. **Resource Specialist I:** Access is limited to the Resource Point module. This role allows the user to search the database of area agencies and programs and view the detail screens for each agency or program. Access to client or service records is not given. A Resource Specialist cannot modify or delete data.
- b. **Resource Specialist II:** Access is the same as a Resource Specialist I, however, this person is considered an agency-level Information and Resource Specialist who updates their own agency and program information.
- c. **Resource Specialist III:** Access is the same access as Resource Specialist II, however, this person is a system-wide Information and Resource Specialist who can update any agency or program information. This access level can also edit the system-wide news.
- d. **Volunteer:** Access to Resource Point module and limited access to Client Point, and limited access to service records. A volunteer can view or edit basic demographic information about clients (the profile screen), but is restricted from viewing detailed assessments. A volunteer can enter new client records, make referrals, or check-in/out a client from a shelter. Normally, this access level allows a volunteer to complete the intake and then refer the client to agency staff or a case manager.
- e. **Agency Staff:** Agency staff has access to Resource Point, limited access to Client Point, full access to service records and access to most functions in Service Point. However, Agency Staff can only access basic demographic data on clients (profile screen). All other screens are restricted, including assessments and case plan records. They have full access to service records. Agency Staff can also add news items to the newswire feature. There is no reporting access.
- f. **Case Manager:** Case Managers have access to all features excluding administrative functions. They have access to all screens within Client Point, including the assessments and full access to service records. There is full reporting access.
- g. **Agency Administrator:** Agency Administrators have access to all features, including agency level administrative functions. This level can add and remove users for his or her agency and edit their agency and program data. They have full reporting access. They cannot access the following administrative functions: Assessment Administration, Picklist Data, Licenses, Shadow Mode, or System Preferences.
- h. **Executive Director:** Same access rights as Agency Administrator, but ranked above Agency Administrator.
- i. **System Operator:** System Operators have no access to Client Point or Shelter Point. They have no access to reporting functions, but do have access to administrative functions. The System Operator can setup new agencies, add new users, reset passwords,

and access other system-level options. The system operator helps to maintain the system, but does not have access to any client or service records. The system operator can order additional user licenses and modify the allocations of licenses.

- j. System Administrator I:** Has the same access rights to client information (full access) as Agency Administrator. However, this user has full access to administrative functions.
- k. System Administrator II:** System Administrator II has full and complete access to the system. However, this user does not have the option of choosing a Provider other than the default Provider assigned to their ID.

Effective Date: 01-06-2006

Revisions Date:

4.3 Location Access Privileges to System Server

Policy: Participating Agencies shall enforce the location access privileges to the system server.

Only authorized computers will be able to access the system from authorized locations. Access to the system will only be allowed from computers specifically identified by the Executive Director and Agency Administrator of the Participating Agency. Those designated computers will be registered with the FCCH. Laptops and off-site installations will require an additional security form stating that use will not be for unauthorized purposes from unauthorized locations. See Attachment VI: Laptop and Off-Site Installation Access Privileges to System Server Commitment Form.

Effective Date: 01-06-2006

Revisions Date:

4.4 Access to Data

Policy: Participating Agencies shall enforce the user access privileges to system data server.

The user access privileges to system data server are as stated below:

- a. **User Access:** Users will only view the data entered by users of their own agency unless they are sharing a client with another participating agency. Security measures exist within the Service Point software system which can restrict agencies from viewing each other's data;
- b. **Raw Data:** Users who have been granted access to the Service Point Report Writer tool have the ability to download and save client level data onto their local computer. Once this information has been downloaded from the Service Point server in raw format to an agency's computer, this data then becomes the responsibility of the agency. A participating Agency should develop protocol regarding the handling of data downloaded from the Report Writer;
- c. **Agency Policies Restricting Access to Data:** The Participating Agencies must establish internal access to data protocols. These policies should include who has access, for what purpose, and how they can transmit this information. Issues to be addressed include storage, transmission and disposal of this data;
- d. **Access to Statewide Service Point Data:** Access will be granted based upon policies developed by the Maryland State HMIS Consortium.

Effective Date: 01-06-2006

Revisions Date:

4.5 Access to Client Paper Records

Policy: Participating Agencies shall establish procedures to handle access to client paper records.

These procedures will:

- a. Identify which staff has access to the client paper records and for what purpose. Staff should only have access to records of clients, which they directly work with or for data entry purposes;
- b. Identify how and where client paper records are stored;
- c. Develop policies regarding length of storage and disposal procedure of paper records;
- d. Develop policies on disclosure of information contained in client paper records.

Effective Date: 01-06-2006

Revisions Date:

4.6 Physical Access Control

Policy: Each Participating Agency shall adhere to Physical Access Control Procedures.

Physical access to the system data processing areas, equipment, and media must be controlled. Access must be controlled for the transportation of data processing media and other computing resources. The level of control is contingent on the level of risk and exposure to loss. Personal computers, software, documentation and diskettes shall be secured proportionate with the threat and exposure to loss. Available precautions include equipment enclosures, lockable power switches, equipment identification, and fasteners to secure the equipment.

- a. FCCH staff with the Agency Administrators within Participating Agencies will determine the physical access controls appropriate for their organizational setting based on HMIS security policies, standards and guidelines;
- b. All those granted access to an area or to data are responsible for their actions. Additionally, those granting another person access to an area, are responsible for that person's activities;
- c. Printed versions of confidential data should not be copied or left unattended and open to unauthorized access;
- d. Media containing client-identified data will not be shared with any agency other than the owner of the data for any reason. HMIS data may be transported by authorized employees using methods deemed appropriate by the participating agency that meet the above standard. Reasonable care should be used, and media should be secured when left unattended;
- e. Magnetic media containing HMIS data that is released and or disposed of from the Participating Agency and Central Server should first be processed to destroy any data residing on that media;
- f. Degaussing and overwriting are acceptable methods of destroying data;
- g. Responsible personnel must authorize the shipping and receiving of magnetic media, and appropriate records must be maintained;
- h. HMIS information in hardcopy format should be disposed of properly. This may include shredding finely enough to ensure that the information is unrecoverable.

Effective Date: 01-06-2006

Revisions Date:

4.7 Unique User Identification (ID) and Password

Policy: Authorized users shall be granted a unique user ID and password.

Only authorized users will be granted a User ID and Password to ensure that only authorized users will be able to enter, modify, or read data.

- a. Each user will be required to enter a User ID with a Password in order to logon to the system;
- b. User ID and Passwords are to be assigned to individuals;
- c. The User ID will be the first initial and full last name of the user. If a user has a first initial and last name that is identical to a user already in the system, the User ID will be the first initial and last name plus the number 01;
- d. The Password must be no less than eight and no more than sixteen characters in length;
- e. The password must be alphanumeric.
- f. Discretionary Password Reset- Initially each user will be given a password for one time use only. The first or reset password will be automatically generated by Service Point and will be issued to the User by the System Administrator. Passwords will be communicated in written or verbal form. The first time, temporary password can be communicated via email. FCCH staff are not available to agency staff to reset passwords, only an Agency Administrator can reset a password.
- g. Forced Password Change (FPC)- FPC will occur every forty-five days once a user account is issued. Passwords will expire and users will be prompted to enter a new password. Users may not use the same password consecutively, but may use the same password more than once.
- h. Unsuccessful Logon- If a User unsuccessfully attempts to logon three times, the User ID will be "locked out", access permission revoked and unable to gain access until their password is reset in the manner stated above.
- i. Access to computer terminals within restricted areas should be controlled through a password or through physical security measures;
- j. Each user's identity should be authenticated through an acceptable verification process;
- k. Passwords are the individual's responsibility, and users cannot share passwords;
- l. Any passwords written down should be securely stored and inaccessible to other persons. Users should not store passwords on a personal computer for easier log on.

Effective Date: 01-06-2006

Revisions Date:

4.8 Right to Deny User and Participating Agency's Access

Policy: Violations of Security Protocols shall result in denial to HMIS.

Participating Agency or a user access may be suspended or revoked for suspected or actual violation of the security protocols. Serious or repeated violation by users of the system may result in the suspension or revocation of an agency's access. The suspension or revocation process is as follows:

- a. All potential violations of any security protocols will be investigated;
- b. Any user found to be in violation of security protocols will be sanctioned accordingly. Sanctions may include but are not limited to; a formal letter of reprimand, suspension of system privileges, revocation of system privileges, termination of employment and criminal prosecution;
- c. Any agency that is found to have consistently and or flagrantly violated security protocols may have their access privileges suspended or revoked;
- d. All sanctions are imposed by the Chairperson of the FCCH.

Effective Date: 01-06-2006

Revisions Date:

4.9 Data Access Control

Policy: Participating Agencies and FCCH staff shall monitor access to system software.

Agency Administrators at Participating Agencies and FCCH staff will regularly review user access privileges and remove identification codes and passwords from their systems when users no longer require access. Agency Administrators at Participating Agencies and FCCH staff must implement discretionary access controls to limit access to HMIS information when available and technically feasible. Participating Agencies and FCCH staff must audit all unauthorized accesses and attempts to access HMIS information. Participating Agencies and FCCH staff also must audit all off-campus accesses and attempts to access HMIS. Audit records shall be kept at least six (6) months, and Agency Administrators and FCCH staff will regularly review the audit records for evidence of violations or system misuse.

Effective Date: 01-06-2006

Revisions Date:

4.10 Auditing: Monitoring, and Violations

Policy: FCCH staff will monitor access to all systems that could potentially reveal a violation of information security protocols.

Violations will be reviewed for appropriate disciplinary action that could include termination of employment or criminal prosecution. All exceptions to these standards are to be requested in writing by the Executive Director of the Participating Agency and approved by the Chairperson of the FCCH as appropriate. Monitoring shall occur as follows:

- a. Monitoring compliance is the responsibility of the HMIS Specialist;
- b. All users and custodians are obligated to report suspected instances of noncompliance.

Violations are as follows:

- a. FCCH staff will review standards violations and require or recommend the agency through corrective and disciplinary actions;
- b. Users should report security violations to the Agency Administrator, and the Agency Administrator will report to the HMIS Specialist.
- c. Should there be a violation by the Agency Administrator, end users may report directly to the HMIS Specialist.

Effective Date: 01-06-2006

Revisions Date:

4.11 Local Data Storage

Policy: Client records containing identifying information that are stored within the Participating Agency's local computers are the responsibility of the Participating Agency.

Participating Agencies should develop policies for the manipulation, custody, and transmission of client-identified data sets. A Participating Agency will develop policies consistent with Information Security Policies outlined in this document regarding client-identifying information stored on local computers.

Effective Date: 01-06-2006

Revisions Date:

4.12 Transmission of Client Level Data

Policy: Client level data will be transmitted in such a way as to protect client privacy and confidentiality.

Administrators of the Central Server data must be aware of access-control vulnerabilities for that data while they are in transmission within the network. Transmission will be secured by 128-bit encryption provided by SSL Certificate protection, which is loaded at the HMIS server.

Effective Date: 01-06-2006

Revisions Date:

Section Five: Technical Support and System Availability

5.1 Planned Technical Support

Policy: FCCH staff shall offer technical support to all Participating Agencies on use of the system software.

FCCH staff will assist agencies in:

- a. Start-up and implementation;
- b. On-going technical assistance;
- c. Training;
- d. Technical assistance with report writing and any other additional modules.

Effective Date: 01-06-2006

Revisions Date:

5.2 Participating Agency Service Request

Policy: FCCH staff shall respond to requests for services.

All service requests will arrive from the Agency's Executive Director or the Agency Administrator. FCCH will respond to service requests; however, FCCH staff will require that proper communication channels (phone, fax, or e-mail) be established and used at all times. To initiate a service request from a Participating Agency:

- a. Agency Management Staff (Executive Director or Agency Administrator) contact assigned FCCH staff for service;
- b. FCCH staff will determine resources needed for service;
- c. FCCH staff will be available to the community of users in a manner consistent with the user's reasonable service request requirements. FCCH staff are available for Technical Assistance, questions, and troubleshooting generally between the hours of 8:30 a.m. to 4:30 p.m., Monday through Friday, excluding state and federal holidays;
- d. FCCH contacts agency management staff to work out a mutually convenient service schedule.

Effective Date: 01-06-2006

Revisions Date:

5.3 Hours of System Operation

Policy: System shall be accessible 24 hours a day 7 days a week.

The system will be available to the community of users in a manner consistent with the user's reasonable usage requirements. Members of FCCH staff agree to minimally operate the system web site twenty-four (24) hours a day/ seven days (7) a week, excluding acts of nature, or federal and state declared emergency situations.

Effective Date: 01-06-2006

Revisions Date:

5.4 Planned Interruption to Service

Policy: FCCH staff shall inform Participating Agencies of any planned interruption to service.

Participating Agencies will be notified of planned interruption to service one (1) week prior to the interruption. FCCH staff will notify Participating Agencies via e-mail the schedule for the interruption to service. An explanation of the need for the interruption will be provided and expected benefits or consequences articulated. FCCH staff will notify via e-mail that service has resumed.

Effective Date: 01-06-2006

Revisions Date:

5.5 Unplanned Interruption to Service

Policy: FCCH shall notify each Participating Agency of unplanned interruption to service in a timely manner.

Participating Agencies may or may not be notified in advance of unplanned interruption to service. Participating Agencies will be notified of unforeseen interruption to service that are expected to exceed two (2) hours. When an event occurs that makes the system inaccessible FCCH staff and Bowman Systems will make a determination to switch service to the secondary server. At this point, users will be able to resume operation. The procedure will be as follows:

- a. Event is detected;
- b. Analyzed;
- c. Repair the problem within two (2) hours or switch to secondary server;
- d. Resume operation at Participating Agency.

When production server becomes available:

- e. During the next full backup process, production server will be restored with latest data from secondary server;
- f. FCCH staff will notify via e-mail that service has resumed;
- g. Return to normal operation.

Effective Date: 01-06-2006

Revisions Date:

Section Six: **Data Release Protocols**

6.1 Data Release Authorization and Distribution

Policy: FCCH owns all data input into the system by Participating Agencies.

The Participating Agency will follow HMIS procedures for the release of all data. Participating Agencies will abide by Access to Data Policies as established by this document. Agencies shall only use data for internal use and for required reporting to funders. Any data released will conform to the following:

- a. FCCH approval is required for any other release of data;
- b. Request for data release must be submitted in writing to the Chairperson of the FCCH;
- c. Only de-identified aggregate data will be released.

Effective Date: 01-06-2006

Revisions Date:

6.2 Right to Deny Access to Client Identifying Information

Policy: FCCH staff retains authority to deny access to all client identifying information contained within the system.

No data will be released to any person, agency, or organization that is not the owner of said data. The procedure is as follows: Any request for client identifying data from any person, agency, or organization other than the owner will be forwarded to the Chairperson of the FCCH, to determine whether a release is appropriate.

Effective Date: 01-06-2006

Revisions Date:

UNIVERSAL CLIENT INTAKE FORM

Form Revised: 7/6/2010 • Revision 3

FOR STAFF USE ONLY – DO NOT COMPLETE THE GRAY SECTIONS

Client ID #:		Today's Date:	____/____/____
Outreach Contact Date:	____/____/____	Outreach Engagement Date:	____/____/____
Location of Outreach Contact:	<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Service Setting, non-residential <input type="checkbox"/> Service Setting, residential	Interviewed By:	
		Entered in HMIS By:	
Agency:	<input type="checkbox"/> AFHF <input type="checkbox"/> FCAA <input type="checkbox"/> FCDSS <input type="checkbox"/> FRM <input type="checkbox"/> HA <input type="checkbox"/> MHMA <input type="checkbox"/> RCEHN <input type="checkbox"/> Other		

1. Name – List your first, middle, and last name, and suffix (legal names only)

First Name:	Middle Name:	Last Name:	Suffix:

2. Other names used to receive services previously (for example, maiden name)

First Name:	Middle Name:	Last Name:	Suffix:

3. Social Security Number:	____--____--____ (000-00-0000)	4. Date of Birth:	____/____/____ (Month/Day/Year)
<input type="checkbox"/> Don't Know SS#	<input type="checkbox"/> Refused to Provide SS#	<input type="checkbox"/> Don't Know DOB	<input type="checkbox"/> Refused DOB

5. Current Address

Street Address:	City/Town:	State:	ZIP:

6. Phone Numbers and Email

Home:	Work:
Cell:	Email:

7. Race – Check or circle all that apply:

<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
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8. Ethnicity – Check or circle only one (1) box:

<input type="checkbox"/> Non-Hispanic Non-Latino	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
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9. Gender – Check or circle only one (1) box:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender M ⇌ F	<input type="checkbox"/> Transgender F ⇌ M	<input type="checkbox"/> Other	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
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10. Family Type – Check only one (1) box:	<input type="checkbox"/> Single Parent Female	<input type="checkbox"/> Single Parent Male	<input type="checkbox"/> Two Parent Household	<input type="checkbox"/> Single Person	<input type="checkbox"/> Two Adults – NO Children	<input type="checkbox"/> Other
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11. Family Size – Number in Family:	<input type="checkbox"/> One (1) Person	<input type="checkbox"/> Two (2)	<input type="checkbox"/> Three (3)	<input type="checkbox"/> Four (4)
	<input type="checkbox"/> Five (5)	<input type="checkbox"/> Six (6)	<input type="checkbox"/> Seven (7)	<input type="checkbox"/> Eight (8) or more
	<input type="checkbox"/> Refused			

12. Veteran Status – Have you been on Active Duty in the U.S. Armed Forces? – Check or circle only one (1) box:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
--	-----------------------------	------------------------------	-------------------------------------	----------------------------------

13. Disabling Condition – Do you have a Disability or Disabling Condition? – Check or circle only one (1) box:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
---	-----------------------------	------------------------------	-------------------------------------	----------------------------------

14. Source and Amount of Income – How much did you earn from any of the following sources in the last 30 days:			
Earned Income	\$	TDAP	\$
Unemployment Insurance	\$	Social Security	\$
SSI	\$	Veteran's Pension	\$
SSDI	\$	Pension from Former Job	\$
Veteran's Disability	\$	Child Support	\$
Private Disability Insurance	\$	Alimony	\$
Worker's Compensation	\$	Other:	\$
TCA or TANF	\$	Other:	\$
Total Monthly Income:	\$	◀◀◀ How much did you earn last MONTH ?	

15. What is the highest level of school completed? – Check or circle only one (1) box:				
<input type="checkbox"/> 7 th or 8 th Grade	<input type="checkbox"/> 9 th Grade	<input type="checkbox"/> 10 th Grade	<input type="checkbox"/> 11 th Grade	<input type="checkbox"/> 12 th Grade, No Diploma
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> GED	<input type="checkbox"/> Post-Secondary School	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
<input type="checkbox"/> No Schooling Completed	<input type="checkbox"/> Nursery School to 4 th Grade	<input type="checkbox"/> 5 th or 6 th Grade		

16. Health Insurance – check or circle all health care benefits that you have:					
<input type="checkbox"/> Private Health Insurance	<input type="checkbox"/> Medical Assistance (MA) HealthChoice	<input type="checkbox"/> Maryland Children's Health Program (MCHP)	<input type="checkbox"/> Primary Adult Care (PAC)	<input type="checkbox"/> Medicare	<input type="checkbox"/> VA Health Care/Medical Services

17. Who could we contact in the event of an emergency:			
Name:		Relationship:	
Phone # 1:		Phone # 2:	
Other contact information or address for emergency contact:			

18. Family Members – Please list all family members that currently live with you:			
Name – First/Middle Initial/Last	Date of Birth (if known)	Social Security Number (if known)	Relationship
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

FOR STAFF USE ONLY – DO NOT COMPLETE THE GRAY SECTIONS – THIS SECTION WILL BE COMPLETED DURING AN INTERVIEW WITH AN AGENCY STAFF MEMBER

19. Current Living Situation/Housing Status – Check or circle only one (1) box:			
<input type="checkbox"/> Literally Homeless	<input type="checkbox"/> Housed and At Imminent Risk of Losing Housing	<input type="checkbox"/> Housed and At Risk of Losing Housing	<input type="checkbox"/> Stably Housed – see below, check one (1) box
If STABLY HOUSED , does the client rent or own the housing? Check or circle only one (1) box:		<input type="checkbox"/> Rent	<input type="checkbox"/> Own

20. Type of Most Recent Residence – Where did you stay last night? – Check only one (1) box:						
<input type="checkbox"/> Emergency Shelter Including Motel Vouchers	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Permanent Housing Program for the Formerly Homeless	<input type="checkbox"/> Psychiatric Hospital or Other Psychiatric Facility	<input type="checkbox"/> Substance Abuse Treatment Facility or Detox Center	<input type="checkbox"/> Hospital (non-psychiatric)	<input type="checkbox"/> Jail, Prison, or Juvenile Detention Center
<input type="checkbox"/> Staying or Living in a <u>Family Member's</u> Room, Apt. or House	<input type="checkbox"/> Staying or Living in a <u>Friend's</u> Room, Apt. or House	<input type="checkbox"/> Hotel or Motel – Self-Pay	<input type="checkbox"/> Foster Care Home or Foster Care Group Home	<input type="checkbox"/> Place Not Meant for Habitation – vehicle, streets, outdoors, empty building, etc.	<input type="checkbox"/> Other – Specify:	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Rental with VASH* Housing Subsidy	<input type="checkbox"/> Rental with Other Housing Subsidy (non-VASH)**	<input type="checkbox"/> Owned with Ongoing Housing Subsidy	<input type="checkbox"/> Rental – NO Ongoing Housing Subsidy	<input type="checkbox"/> Owned - NO Ongoing Housing Subsidy	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused

* Veteran's Administration Supportive Housing – Available to Active Duty Veterans Only
 ** Non-VASH subsidies include Housing Choice Vouchers (Section 8), Public Housing, Shelter Plus Care, Housing First

21. Length of Stay at Most Recent Residence (see above) – Check or circle only one (1) box:						
<input type="checkbox"/> One (1) week or less	<input type="checkbox"/> More than 1 week, but less than 1 month	<input type="checkbox"/> One (1) to 3 months	<input type="checkbox"/> More than 3 months, but less than 1 year	<input type="checkbox"/> One (1) year or longer	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused

22. ZIP Code of Last Permanent Residence:	
(Downtown Frederick is 21701)	
<input type="checkbox"/> Don't Know ZIP Code	<input type="checkbox"/> Refused to Answer

Acknowledgements and Consent to Participate in the Homeless Management Information System (HMIS)

Acknowledgements: The information that I have provided is true and accurate to the best of my knowledge. Furthermore, I understand that rules for acceptance into programs are the same for everyone without regard to race, color, national origin, age, sex or handicap. I also understand that I have the right to appeal a decision if I feel services have been incorrectly denied, reduced, suspended or terminated.

Homeless Management Information System (HMIS): HMIS is a computerized record keeping system that captures information and the service needs of people experiencing poverty or homelessness. This agency uses HMIS as their data management tool to collect information on the clients served and the services provided. The HMIS system benefits you because you may not have to complete an additional intake interview should you need services from a collaborating agency that also uses HMIS. The information shared with one or more collaborating agencies will be used to help you access services such as emergency assistance, shelter, and transitional housing. Your written consent allows this agency to share your intake information with other collaborating agencies. You have the right to request information about who has viewed or updated your HMIS record and to receive a copy of this Consent Form and the Client Fact Sheet.

This agency has an interagency sharing agreement with several collaborating agencies regarding clients that are served by both agencies. The collaborating agencies also have an agreement with the Frederick County Coalition for the Homeless and the agencies have security procedures regarding the protection and sharing of client data. These agencies may also use your information, without any identifying information, for reporting requirements and advocacy.

By signing this consent form, you authorize this agency:

- To share your intake information with collaborating agencies to be used for an initial intake assessment.
- To share your basic demographic information, residential, employment skills/income, military/legal, service needs, goals and outcomes, medical history, substance abuse and mental health history with collaborating agencies.
- To allow your information to be shared electronically via a secure, encrypted, web-based system with the collaborating agencies participating in the HMIS.
- To allow your records and information to be shared for a period of no greater than ten (10) years from today's date.

I, _____, do hereby (check one box below)
Client or Participant Name

- Consent
- Do Not Consent

To having information that I provided in intake interviews with staff be shared electronically with collaborating agencies using the HMIS Computerized Record Keeping System. I further consent to having my medical, mental health, and substance use history/information that I provided in intake interviews with staff to be shared electronically with the collaborating agency or agencies using the HMIS Computerized Record Keeping System. I understand that collaborating agencies are fully bound by the provisions of the Health Insurance Portability and Accountability Act (HIPAA), federal regulations governing Confidentiality and Drug Abuse Patient Records (42 CFR part 2), and the Maryland Confidentiality of Medical Records Act (MCMRA) when sharing information. I understand that I may ask to have this information removed from the HMIS computerized record keeping system at any time in the future.

Client/Participant Signature

Date

Staff Signature & Title

Date

Mike Spurrier

From: Mike Spurrier
Sent: Thursday, January 16, 2014 2:59 PM
To: rap@mhma.net; jss@mhma.net; 'marian.bland@maryland.gov' (marian.bland@maryland.gov); 'keenan.jones@maryland.gov' (keenan.jones@maryland.gov); Ken Allread (kallread@afhf88.org); Brad Petersen
Cc: Brown, Ingrid G; ann.m.schenning@hud.gov
Subject: FW: Heartly House Transitional Housing
Importance: High

Folks,

Please see the email below from Mary Ellis at Heartly House. They have decided to withdraw from the CoC competition and their funds can be re-programmed to cover the 5% cut. I need to figure out the exact numbers and will email all of you later today. This may mean that it won't be necessary to meet.

Thanks!

Mike

Mike Spurrier, CCAP, Director
Frederick Community Action Agency
100 South Market Street
Frederick, Maryland 21701
301-600-3955 (direct)
301-600-1506 (main)
301-662-9079 (fax)
www.cityoffrederick.com/fcaa (website)
www.friendsfnp.org (website)

Please consider supporting the Frederick Community Action Agency through the United Way of Frederick County #0114 or the Combined Federal Campaign #19745. For more information, please visit our websites at www.cityoffrederick.com/fcaa or www.friendsfnp.org.



From: Mary Ellis [<mailto:mellis@heartlyhouse.org>]
Sent: Thursday, January 16, 2014 1:41 PM
To: Mike Spurrier
Cc: CEO@heartlyhouse.org; shelter.dir@heartlyhouse.org

Notification to all applicants on 1/16/2014 that Heartly House withdrew from the competition. Therefore all applicants apply under Tier 1 and potentially be funded without a 5% cut.

Subject: Heartly House Transitional Housing

Importance: High

Hi Mike,

After much discussion among senior management and the Board, Heartly House has decided not to reapply for the HUD grant. We wanted to let you know as soon as possible so that money might be available to use for other organizations.

Consequently, I will not attend tomorrow's meeting on the HUD grant. However, Sharon, Joanne and I would welcome an opportunity to meet with you to discuss how Heartly House can work cooperatively with you to help our clients best find other sources of transitional housing.

Thanks,

Mary

Mary Ellis
Interim COO

Heartly House, Inc.
PO Box 857
Frederick, MD 21705
Ph. 301-418-6610 x 204
F. 301-663-4334
<http://www.heartlyhouse.org>
<http://www.facebook.com/heartlyhouse>

PUBLIC SOLICITATION AND NOTICE

Frederick County Coalition for the Homeless Frederick City & County Continuum of Care

January 2014

FY 2013 – FY 2014 Continuum of Care Program Notice of Funding Availability

Please be advised that the U.S. Department of Housing and Urban Development (HUD) has released the Notice of Funding Availability (NOFA) for the fiscal year 2013 and fiscal year 2014 Continuum of Care (CoC) Program Competition. This public notice serves to make the community aware of the CoC NOFA and program competition and describes the current grantees that are interested in applying for CoC renewal grants to continue to operate the following existing projects:

Project List for the Frederick City & County CoC as of January 16, 2014

State of Maryland, Department of Health and Mental Hygiene
Mental Hygiene Administration
Shelter Plus Care Program (2 renewal applications)
Scattered-Site Permanent Supportive Housing through Shelter Plus Care

Friends for Neighborhood Progress, Inc.
Housing First Program (1 renewal application/6 units with 8 beds)
Scattered-Site Permanent Supportive Housing

Friends for Neighborhood Progress, Inc.
Housing First Program (1 new application/2 unit with 2 beds)
Scattered-Site Permanent Supportive Housing

City of Frederick/Frederick Community Action Agency
Frederick Transitional Shelter (Renewal application)
Frederick, Maryland 21701

City of Frederick/Frederick Community Action Agency
Frederick Transitional Apartments (Renewal application)
Frederick, Maryland 21701

Advocates for Homeless Families, Inc.
Ice Street and Patrick Street Transitional Housing (Renewal application)
Frederick, Maryland 21701

For more information on the CoC NOFA and program competition or to find out information about the grant application process, please contact Mike Spurrier, Director of the Frederick Community Action Agency at 301-600-3955 or by email at mspurrier@cityoffrederick.com.

Subsequent website posting. The CoC does not have its own website so this notice was posted on the website of the City of Frederick Community Action Agency.