

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:
 - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
 - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
 - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange 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

1A-4. HMIS Lead: City of Frederick

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	No	No
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	Yes	Yes
EMT/Crisis Response Team(s)	Yes	Yes	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Downtown Partnership/Main Street Association	Yes	No	No
Religious Institutions / St. Vincent de Paul Society	Yes	Yes	Yes
Legal Aid Bureau	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 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 (subject matter experts have also been recruited for specific subcommittees). Furthermore, membership in the FCCH is open to anyone and the minimal dues of \$20 per year can be waived due to financial hardship. The subcommittees (which serve as workgroup) include a broad range of representatives from agencies, foundations, religious institutions, advocacy organizations, and private individuals including people that are formerly homeless. In addition, the CoC is often working to broaden its membership and to recruit new providers. At present the CoC is working on recruiting organizations that provide services to homeless veterans and their families.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Frederick County Public Schools, School Support and Homeless Coordination	No	Yes	Yes
Student Homelessness Initiative Partnership	No	Yes	Yes
Mental Health Management Agency of Frederick County	No	Yes	Yes
Way Station, Inc.	No	No	No
Frederick County Department of Social Services	No	No	No
Mental Health Association of Frederick County	No	Yes	Yes
Frederick Community Action Agency	No	Yes	Yes
Frederick Police Department	No	Yes	Yes
On Our Own	No	Yes	Yes

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Heartly House	Yes	Yes
Frederick Police Department	Yes	Yes
Frederick Regional Health System	Yes	Yes
Frederick County Division of Citizen Services, Child Advocacy Center	Yes	Yes

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
(limit 1000 characters)**

The Frederick County Coalition for the Homeless (FCCH) serves as the CoC organization for Frederick (city) and Frederick County, Maryland. The FCCH has established both standing committees and ad hoc committees based on the needs of the coalition. Individual committee members, which are primarily representatives of organizations, generally volunteer to serve on one or more committees. One exception is the FCCH Strategic Planning Committee that has an established membership which includes the executive directors of all emergency shelters, transitional housing programs, and permanent supportive housing programs as well as the executive directors/CEOs of at least two (2) philanthropic foundations and the United Way of Frederick County. The Strategic Planning Committee is responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of "Opening Doors."

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 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.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation? Monthly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	2	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	2	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	2	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	2	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	2	100.00 %
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**1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).
(limit 1000 characters)**

There are two Consolidated Plan jurisdictions within the CoC. Frederick, MD is an entitlement city. CoC members participate on an annual basis with planning efforts for the City of Frederick Consolidated Plan and assist at other times as needed or requested. Interactions include updates on available resources, bed counts, and utilization; sharing information from the recently implemented Strategic Plan to End Homelessness; and providing testimony to staff and elected officials regarding the use of CDBG funding. Two shelter providers, the Religious Coalition and the Community Action Agency, have received CDBG funding for public services and renovations to shelter facilities. The Maryland Department of Housing and Community Development operates the Small Cities CDBG Program and develops a Consolidated Plan for the non-entitlement jurisdictions in MD. CoC members have provided similar testimony and input for the development of the State Consolidated Plan.

**1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities.
(limit 1000 characters)**

The CoC works closely with two (2) ESG recipients and four (4) sub-recipients in order to provide input to local ESG funding requests, the development of performance standards, and the evaluation of outcomes for ESG-funded activities. The two (2) ESG grantees are the City of Frederick and the Frederick County Government; there are no ESG entitlement jurisdictions within the CoC. Therefore the sub-recipient agencies apply to the local governments, which then apply to the State of Maryland Department of Housing and Community Development. The CoC helps by establishing a shared vision, mission and objectives with the ESG recipients and sub-recipients. In addition, the CoC works to engage "cross-systems" leadership and obtains commitments to HMIS participation, coordinated assessment, vulnerability screening, resource sharing, and coordination, especially when transitioning emergency shelter residents to transitional housing or permanent supportive housing.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

The CoC makes every effort to coordinate with victim and non-victim service providers to ensure that survivors of domestic violence are provided housing and supportive services that provide and maintain safety and security. A primary way that this occurs is supporting the transition of survivors of domestic violence from a DV Emergency Shelter operated by Heartly House to transitional housing operated by Advocates for Homeless Families and the Community Action Agency. The Heartly House Emergency Shelter is time-limited and transitional housing is often needed to ensure stability, continued safety, and self-sufficiency. Service providers ensure and maintain the safety, security and "client choice" of clients/survivors by maintaining strict client confidentiality and privacy; utilizing a single domestic violence access point (i.e., Heartly House) for assessment and system entry; and by using a domestic violence hotline, which is also directly operated by Heartly House.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of the City of Frederick	24.00%	Yes-Public Housing
State of Maryland Department of Housing and Community Development	0.00%	No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

Subsidized or low-income housing opportunities that target persons experiencing homelessness other than CoC, ESG, Housing Choice Vouchers, and Public Housing are: 1) Housing First Program operated by the Frederick Community Action Agency (FCAA); 2) Residential Rehabilitation Program and HUD 811 Housing operated by the Way Station; and 3) privately-owned HUD-subsidized multifamily rental housing. The FCAA Housing First Program currently has 21 housing units of which 13 are CoC funded. The remainder are funded by the City of Frederick Moderately Priced Dwelling Unit Program, HUD Section 8 Project-Based Rental Assistance, or donations. The Way Station operates an extensive mix of special needs housing funded through the Maryland Residential Rehabilitation Program and HUD 811 housing. Lastly, the FCAA is currently involved in promoting a Homeless Preference for privately-owned HUD subsidized rental developments. The FCAA is currently receiving technical assistance from TAC in an effort to locally implement HUD Notice 2013-21.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
Coordinated assessment and street outreach by the Frederick Community Action Agency in partnership with the Frederick Police Department, Directed Patrol Unit (Downtown Squad)	<input checked="" type="checkbox"/>
Police Directed Patrol Unit that works to connect homeless persons with service providers	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)**

Not applicable.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)**

The CoC has developed a "decentralized" coordinated assessment system wherein 4 emergency shelter or transitional housing providers and 2 permanent supportive housing providers are using the same Universal Client Intake Form and Client Vulnerability Assessment. In addition, 3 providers that work with homeless families have initiated a face-to-face Coordinated Assessment System. Representatives from the 3 agencies now meet with homeless families and families at-risk of homelessness on Wednesday afternoons in order to streamline the intake process, coordinate care, and expedite access to shelter or permanent housing. In general the Coordinated Assessment System is helping people to move through the system faster, reducing new entries into homelessness by coordinating prevention and diversion activities, improving data collection and quality, and providing a forum for accurate information on the types of assistance needed by families and individuals that are experiencing homelessness.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Emergency Shelter Providers / Programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Transitional Housing Providers / Programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Permanent Supportive Housing Providers / Programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	7
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	7
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Monitoring criteria	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Need for specialized population services	
Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None	<input type="checkbox"/>

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

When determining priority, the CoC Grants Review Committee considered the severity of needs/vulnerabilities of participants through a review of the following criteria: 1) review and scoring of performance outcomes (i.e., exceeded, met or not met); 2) is the project screening-out "hard-to-serve" persons; 3) is the project "low barrier"; 4) does the project utilize a "housing first" approach; 5) amount of matching funds; 6) amount of leveraged resources; and 7) does the project serve people with special needs/vulnerabilities such as chronic homelessness, low- or no income, substance abuse history, ex-offenders including felons, those resistant to services/service plan, those with health or behavioral health impairments/disabilities, those with high utilization of emergency services, those coming from the streets/unsheltered situations, those with vulnerability to illness, death, victimization, or human trafficking, and persons that are Lesbian, Gay, Bisexual, Transgender or Questioning.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)**

The CoC made the local competition review, ranking and selection criteria publicly available through two (2) public mediums: 1) the information was posted on the website of the City of Frederick (www.cityoffrederick.com) on 11/17/2015; and 2) the information was also published in the Frederick News-Post (local newspaper) on 11/18/2015. Evidence of public posting are attached. At present the CoC does not have its own website, but a website is being developed.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)

11/17/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)

No

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

The CoC, through the HMIS Committee, closely monitors recipient performance on a quarterly basis. The CoC and the HMIS Committee produces quarterly reports showing recipient production toward the HUD-established performance goals for the most recent quarter and year-to-date. The CoC and the HMIS Committee also provide a summary report to the officers of the FCCH and to each recipient agency. This information is also reviewed by the CoC Grants Review Committee as part of the annual "rating and ranking" process.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU. 6

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

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

ServicePoint HMIS

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

Bowman Systems, Inc.

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

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

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

2B-2.1 Funding Type: Federal - HUD

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

2B-2.2 Funding Type: Other Federal

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

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$7,564
County	\$0
State	\$0
State and Local - Total Amount	\$7,564

2B-2.4 Funding Type: Private

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

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$13,741
Other - Total Amount	\$13,741

2B-2.6 Total Budget for Operating Year	\$21,305
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/04/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	137	29	108	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	137	8	129	100.00%
Rapid Re-Housing (RRH) beds	0	0	0	
Permanent Supportive Housing (PSH) beds	49	0	49	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

The CoC is very fortunate to have 100% bed coverage in HMIS (except for the domestic violence provider) and the CoC has worked very hard to make this a reality.

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.
 (limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input checked="" type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Quarterly

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	0%	2%
3.3 Date of birth	0%	0%
3.4 Race	2%	0%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	0%	1%
3.8 Disabling condition	0%	1%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	2%	0%
3.15 Relationship to Head of Household	3%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	2%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

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

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input type="checkbox"/>
VA Grant and Per Diem (GPD):	<input type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
Health Care for the Homeless (HCH) Program	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)

At present, there are no VA Grant and Per Diem (GPD) and there are no Runaway and Homeless (RHY) funded projects within the CoC. The VA Supportive Services for Veteran Families (SSVF) provider (Friendship Place) is actually located in adjacent Montgomery County, Maryland, but also serves Frederick County; therefore, that provider is using the HMIS in Montgomery County, Maryland.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/28/2015
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/04/2015

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. 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"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

Sheltered population data was collected and the count was produced through direct enumeration including interviews of shelter residents (i.e., a complete census count). Data collected through direct enumeration/complete census count 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 persons sheltered on January 28, 2015 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.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

There were no changes in methodology from the sheltered PIT count in 2014 to the sheltered PIT count in 2015. The CoC continues to utilize direct enumeration or interviews of sheltered persons with review of HMIS data for accuracy and consistency. This process consistently generates a complete census count of all shelter facilities.

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

Not applicable.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input type="checkbox"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

There were no significant changes to the way the CoC implemented its sheltered PIT count. Historically, data quality for the sheltered PIT count has been excellent. 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 28, 2015 completed the PIT survey.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/28/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/04/2015

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input checked="" type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 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, foodbanks, a health care center, a day shelter, a workforce investment center, and a day-labor business. Enumerators conducted direct interviews with persons that were homeless and later compared the information with HMIS and non-HMIS data in order to obtain as accurate data as possible. This combination of methods, along with de-duplication techniques, proved to be very effective.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

There were no changes in methodology from the unsheltered PIT count in 2014 to the unsheltered PIT count in 2015. The CoC continues to utilize direct enumeration or interviews of sheltered persons with review of HMIS data for accuracy, consistency, and complete coverage. When combined with HMIS, this process consistently generates a complete census count.

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	<input type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

There were no significant changes to the way the CoC implemented its unsheltered PIT count for 2015. Historically, data quality for the unsheltered PIT count has been excellent. Training was provided at monthly meetings of the Frederick County Coalition for the Homeless (i.e., the 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 confirm the accuracy of individual surveys. A "blitz count" with multiple teams was done on 1/28/2015. A subsequent tabulation/follow-up meeting was held to review, clarify, de-duplicate, and tabulate the final count of 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) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	246	311	65
Emergency Shelter Total	86	127	41
Safe Haven Total	0	0	0
Transitional Housing Total	111	124	13
Total Sheltered Count	197	251	54
Total Unsheltered Count	49	60	11

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	607
Emergency Shelter Total	417
Safe Haven Total	0
Transitional Housing Total	190

3A-2. Performance Measure: First Time Homeless.

**Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)**

Through a strategic planning process, the CoC has identified the following risk factors for becoming homeless for the first time: domestic violence, family disputes, divorce, separation, or death of a spouse; lack of child support; loss of income that can be contributed to loss of employment, decreased work hours, reduction in pay, illness, hospitalization, or disability; eviction from Public Housing or loss of a Housing Choice Voucher; and chronic substance abuse or decompensation due to serious mental illness. Efforts to reduce the number of persons becoming homeless for the first time include: 1) eviction prevention financial assistance; 2) coordinated assessment by 3 agencies meeting together with families at-risk of homelessness; 3) legal assistance and representation through the Legal Aid Bureau; and 4) diversion through transportation assistance to reunite individuals and families with extended family.

3A-3. Performance Measure: Length of Time Homeless.

**Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)**

CoC providers of shelter and transitional housing utilize the ServicePoint HMIS to track and record the length of time that individuals and families have remained homeless through the use of “program entry and exit” dates. The CoC recently completed an extensive strategic planning process which resulted in the development of a comprehensive Plan to End Homelessness in Frederick County, Maryland. The CoC used HUD CoC Planning Grant funds and a grant from the Community Foundation of Frederick County to hire OrgCode Consulting, which worked on the strategic plan and developed specific action steps for each of the four (4) major goals of the plan. Strategies to reduce the length of time that individuals and families remain homeless include: 1) Rapid Rehousing (RRH) with rent assistance for up to 6 months; 2) financial assistance to security deposits, first-month’s rent, and utility deposits; 3) energy assistance through LIHEAP; and 4) applying for all available subsidized housing.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	52
Of the persons in the Universe above, how many of those exited to permanent destinations?	24
% Successful Exits	46.15%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	52
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	51
% Successful Retentions/Exits	98.08%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC’s efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

The CoC has implemented the following strategies to identify individuals and families who return to homelessness and to minimize the number of additional returns to homelessness: 1) the CoC utilizes ServicePoint HMIS to monitor and record returns to homelessness by program participants who exit transitional housing and permanent supportive housing (the CoC does not have any PH-RRH projects at this time); 2) Coordinated Assessment with 3 agencies to evaluate needs and develop case plans; 3) eviction prevention assistance and case management to keep families and individuals in their housing; 4) benefit assistance and legal assistance to ensure the families and individuals receive TANF, Medicaid, SNAP Food Stamps and other benefits; 5) SOAR program to assist people that are disabled and help them to receive SSI/SSDI benefits; and 6) continuing-care case management to assist families and individuals that move into housing and to prevent recidivistic episodes of homelessness.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)

The CoC has implemented the following strategies to increase the rate by which homeless individuals and families increase income from employment sources: 1) development of a partnership with WorkForce Services that includes participation in orientation sessions, classroom instruction, job search, and job placement activities; 2) attainment of higher education (i.e., 2-year degrees) in order to increase income (sponsored by Advocates for Homeless Families); and 3) introductory-level supportive employment through the Green Jobs Program sponsored by the Community Action Agency. Two efforts to increase income from non-employment sources are: 1) the SSI/SSDI Outreach, Assessment, and Recovery (SOAR) Program operated by the Community Action Agency; and 2) the Child Support Enforcement operated locally by the Department of Social Services. Child Support represents a significant source of income for single-parent families that are forced into homelessness due to DV, separation, or divorce.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)

The primary mainstream employment organization that the CoC is working with is Frederick County WorkForce Services, the local WIA agency. In addition to WorkForce Services, the local “one-stop career center” includes the Maryland Division of Workforce Development and Adult Learning, which offers specialized services for veterans and youth seeking employment. As the lead organization, WorkForce Services provides weekly orientation sessions, computer classes and IT training, seminars and classroom instruction such as workshops on resume preparation, job search activities, and job placement. Free transportation to WorkForce Services is provided by the Frederick Community Action Agency. At present, 100% of the CoC-funded TH and PSH projects have a very strong relationship with WorkForce Services, the major mainstream employment organization in Frederick County, Maryland. Currently there are no Safe Haven or PH-RRH projects in the Frederick County CoC.

3A-7. Performance Measure: Thoroughness of Outreach.

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)**

Member agencies of the CoC utilize ServicePoint HMIS to identify and track persons who are unsheltered. Through the Coordinated Assessment system, CoC agencies complete Client Intake Forms on all individuals and families that are applying for emergency shelter, transitional housing (TH), or permanent supportive housing (PSH). The intake forms are then entered into ServicePoint HMIS and entry dates are updated when an individual or family is admitted into emergency shelter, TH, or PSH. A CoC member agency, the Frederick Community Action Agency (FCAA) provides extensive outreach services on the streets and in the woods of Frederick County; FCAA outreach workers complete client intake forms in all such locations. A second provider, Way Station also performs street outreach, mobile crisis services, and Assertive Community Treatment (ACT). CoC-funded agencies currently utilize the Coordinated Assessment as the main strategy to move unsheltered persons into emergency shelters, TH, or PSH.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? No

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)**

Not applicable.

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	90	89	-1
Sheltered Count of chronically homeless persons	57	38	-19
Unsheltered Count of chronically homeless persons	33	51	18

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

The CoC experienced very little change in the number of chronically homeless persons. A total of 90 chronically homeless persons were counted in 2014 and this dropped very slightly to 89 chronically homeless persons in 2015. However, more chronically homeless persons were unsheltered in 2015, perhaps due to warmer temperatures in 2015 and the fact that the emergency shelter for adults was often filled to capacity during January-March 2015. For example, the temperature on January 28, 2015 was a high of 36 degrees and a low of 16 degrees compared to a high of 34 degrees and a low of 1 degree on January 30, 2014 (i.e., PIT dates for 2014 and 2015). Unfortunately, the continuing lack of subsidized permanent supportive housing has meant little decrease in the number of chronically homeless persons.

3B-1.2. From the FY 2013/FY 2014 CoC Application: 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. (read only)

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.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

The CoC was able to accomplish both strategies, but not to the degree envisioned in the FY 2013/2014 CoC Application. The local Housing First PSH Program is operated by Friends for Neighborhood Progress in partnership with the Frederick Community Action Agency. In FY 2014, the Housing First PSH Program had a total of 18 units with a total of 22 beds. During the latter part of 2014 and into early 2015, the Housing First PSH Program added three (3) additional units with a total of 4 beds. Two (2) of the additional units are being subsidized through the City of Frederick's Moderately Priced Dwelling Unit (MPDU) program and one (1) unit that serves 2 people is being subsidized through donations to Friends for Neighborhood Progress. The CoC will continue to work to subsidize additional Housing First PSH units through the City of Frederick's MPDU Program (i.e., inclusionary zoning).

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	22	26	4

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

As indicated in 3B-1.2a., the CoC added 3 additional Housing First PSH units with a total of 4 beds during the latter part of 2014 and the early months of 2015. Two (2) of the additional Housing First PSH units are being subsidized through the City of Frederick's Moderately Priced Dwelling Unit (MPDU) program and 1 unit that serves 2 people is being subsidized through donations to Friends for Neighborhood Progress (CoC member agency). The CoC will continue to work to subsidize additional Housing First PSH units through the City of Frederick's MPDU Program. At present, the Housing First PSH Program operated by Friends for Neighborhood Progress in partnership with the Frederick Community Action Agency has a total of 21 units with a total of 26 beds, all of which are serving chronically homeless persons that are disabled. It is also important to note that a total of 15 beds are funded through the CoC program and the other 11 beds are subsidized through matching and leveraged resources.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ? Yes

3B-1.4a. If "Yes", attach the CoC's written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC's update. 1

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	21
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	0
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	2
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	0.00%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? No

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

The CoC is in need of additional funding to subsidize the leasing of units for the Housing First PSH program. Funding to pay for the leasing costs of PSH units is the single most necessary "resource" that is needed to help the CoC to reach the goal of ending chronic homelessness by 2017. To this end, the Housing Authority of the City of Frederick (HACF) recently announced that it will set aside ten (10) Housing Choice Vouchers for the Housing First PSH program and the CoC is applying for an additional seven (7) units of PSH through this CoC Application. All of the Housing First PSH units within the CoC are dedicated to serving chronically homeless persons that are disabled.

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)

The CoC will take the following steps to rapidly rehouse families within 30 days of becoming homeless: 1) utilize the Coordinated Assessment system to identify families in need of Rapid Rehousing (RRH) and as an "entry point" for RRH; 2) recruit landlords to provide housing opportunities for families that are homeless; 3) encourage 2 PHAs to adopt "homeless preferences" for Housing Choice Voucher Programs; 4) with technical assistance from HUD and TAC, encourage privately owned HUD subsidized multifamily housing complexes to adopt a homeless preference; 5) assist households to find and secure rental housing; 6) based on the availability of funding provide financial assistance to cover move-in costs, deposits, utility and rental assistance for up to 6 months; 7) provide case management to help families achieve stability and rent self-sufficiency; and 8) remain available to address future crises and to prevent recidivistic episodes of homelessness.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	0	0	0

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
All family shelters (i.e., emergency shelters, transitional housing, and permanent supportive housing) willingly serve two-parent households	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	36	37	1
Sheltered Count of homeless households with children:	36	37	1
Unsheltered Count of homeless households with children:	0	0	0

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

There was a very slight increase in the total number of homeless households with children as reported in the 2015 PIT count compared to the 2014 PIT count. In 2014, there were 36 families and all were sheltered. In 2015 this increased by one (1) family to a total of 37 families and, once again, all of the families were in shelter. Being located within the Washington, DC Metropolitan Statistical Area, the CoC is faced with high rents and an equally high demand for rental housing. Therefore, it is very difficult for lower-income families to afford market-rate rental housing. Families that are very low-income and end up homeless are often in need of subsidized that is available through Public Housing, Housing Choice Vouchers, or Project-Based Section 8 housing. The fact that the number of homeless families has remained stable from 2014 to 2015, at a time when the U.S. is coming out of economic recession, is actually a very positive outcome. The CoC anticipates decreases in future years.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
History of mental and/or physical disabilities	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	3	1	-2

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)

The CoC is using the Coordinated Assessment process as a means to identify and engage unaccompanied youth/children and youth-headed households. Fewer youth are living in unsheltered situations because the CoC performs the following interventions: 1) reuniting youth with immediate or extending family (including bus transportation vouchers); 2) arranging "informal" housing placements with friends (this has proven to be a successful option); 3) ensuring behavioral health support through counseling and treatment available in the school system or through community-based providers; and 4) ensuring continued school attendance and performance by coordinating services and support with the public school system. For example, options may include transferring to Flexible Evening High or taking classes through the Frederick County Virtual School (an online program). These efforts, along with access to shelter and transitional housing, have contributed to a decrease in unsheltered homeless youth.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$0.00	\$0.00	\$0.00
CoC Program funding for youth homelessness dedicated projects:	\$0.00	\$0.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$0.00	\$0.00	\$0.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	8
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	4
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	15

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)

The Frederick County Public Schools (FCPS) Homeless Education Program Administrator (Cathy Cullen) and her supervisor, the Director of School Support Services (Kathleen Hartsock) regularly attend local CoC meetings and provides direct support to CoC service providers to ensure that homeless children are able to attend school as required by State and Federal law. The CoC and representatives of the public school system have worked closely together on CoC strategic planning efforts; to ensure continued access to public school for homeless children including transportation to "home schools"; on developing safeguards to prevent discrimination against and bullying of homeless children; to ensure access to health care through a school-based health center operated by the Community Action Agency (CoC member); and to ensure access to schools supplies, clothing, shoes, and other necessities.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenilee justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

The Frederick County Public Schools (FCPS) Homeless Education Program Administrator (Cathy Cullen) 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 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 shelter providers in the CoC and the information is available for review by homeless families at each shelter facility. In addition, each "family shelter" provider assists its residents to access transportation to "home schools" (if desired by the parents), to obtain school supplies, and to obtain clothing and other necessities for children and youth. FCPS staff (typically Community Liaisons that work in each school) are also aware of local resources and services available for homeless families and routinely make direct referrals to appropriate shelters and service providers. During 2014, the private non-profit Student Homelessness Initiative Partnership (SHIP) was formed with the specific mission of assisting homeless students through the provision of clothing and shoes, food and meals, funding for extracurricular activities like sports and schools bands, and paying for emergency shelter through motel placements when no other options exist. The CoC, family shelter and transitional housing providers, SHIP and FCPS are working very closely together, including through Coordinated Assessment, to ensure the needs of all homeless students are addressed as quickly as possible.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	10	13	3
Sheltered count of homeless veterans:	6	5	-1
Unsheltered count of homeless veterans:	4	8	4

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The number of homeless veterans increased from 10 veterans in the 2014 to a total of 13 homeless veterans in the 2015 PIT count; however, there were 13 veterans counted during the 2013 PIT count. Poverty upon discharge, physical disabilities, mental illness including PTSD, substance abuse, dual diagnosis, lack of family support, high divorce rates, and being severely rent-burdened are all factors that contribute to veteran homelessness. The 2015 PIT count determined that 8 veterans were chronically homeless; 4 had substance abuse disorders; 2 were affected by serious mental illness; 5 had dual diagnosis; 1 had a physical disability; 6 had chronic health conditions; 3 had been in foster care during childhood; and 4 of the veterans had been institutionalized. More veterans were unsheltered in 2015, perhaps due to warmer temperatures: 1/28/2015 was a high of 36 degrees and a low of 16 degrees compared to a high of 34 degrees and a low of 1 degree on 1/30/2014.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)

The CoC has a relatively small number of homeless veterans; only 13 individuals reported being veterans on the 2015 PIT survey. Services available for homeless veterans include: 1) the VA Medical Center located in Martinsburg, WV operates a Homeless Domiciliary Care Program, long-term housing with HUD-VASH vouchers, a Peer Housing Location Assistance Group, and 3 transitional living facilities; 2) transportation to the VAMC is provided by local Veterans Support Organizations; 3) a VAMC Outpatient Clinic opened in 2011 on the base of Fort Detrick in Frederick; 4) a Regional Resource Coordinator and the Maryland Veterans Commission Office are both located in Frederick and these two State programs assist all veterans to apply for VA benefits and other services; 5) Way Station, a psycho-social rehabilitation program, has a program targeted to work with veterans diagnosed with a serious mental illness; and 6) Friendship Place operates an SSVF program that serves Frederick County.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

The CoC has established a process for prioritizing assistance to veterans who are ineligible for assistance through the U.S. Dept. of Veterans Affairs: 1) the CoC utilizes a Universal Client Intake Form that includes questions pertaining to eligibility for various programs including veteran's assistance programs; 2) the CoC recently developed and is now using a Client Vulnerability Index Form; and 3) persons in need of assistance are also assessed through the CoC's Coordinate Assessment System. Veterans that are ineligible for homeless assistance through the VA are prioritized for assistance through transitional housing and permanent supportive housing programs operated by the Community Action Agency; therefore, 4 projects have targeted up to 6 turnover beds to assist homeless veterans that are ineligible for VA homeless assistance programs. For example, a PSH resident who was chronically homeless and seriously mentally ill was discharged from the Army within 6 months of enlistment.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	12	13	8.33%
Unsheltered count of homeless veterans:	2	8	300.00%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. Yes

This question will not be scored.

3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

The CoC is currently on track to end veteran homelessness by the end of 2015, the CoC is utilizing the following strategies to target resources to veterans and to end veteran homelessness as soon as possible: 1) Coordinated Assessment in order to evaluate needs, maximize resources, and establish comprehensive case plans for homeless veterans; 2) referring homeless veterans with a history of mental illness to the Way Station Veterans Program; 3) referring homeless veterans with families to Friendship Place that operates an SSVP; 4) referring all eligible veterans to the VAMC located at Martinsburg, West Virginia; 5) evaluating chronically homeless and disabled veterans for participation in the Housing First PSH program operated by the Frederick Community Action Agency; and 6) expanding the Coordinated Assessment System to include representatives from the VAMC, Way Station, and Friendship Place with the goal of conducting “Vets-ONLY” Coordinated Assessment sessions on a monthly basis.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	8
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	8
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)

The Maryland Health Benefit Exchange (MHBE) and its regional partners operate the health insurance enrollment program in Maryland. Healthy Howard, Inc. is the regional partner serving western Maryland including Frederick County. Health Navigators are stationed at the Frederick County Department of Social Services, Frederick County Health Department, and Frederick Memorial Hospital. Assisters are also located at community-based agencies including the Frederick Community Action Agency and the Asian American Center of Frederick. The established health care partnerships have led to increased enrollment in Medicaid and other Affordable Care Act options. In addition, Assisters perform outreach in order to identify, engage, and refer people that are homeless to Navigators that can assist with Medicaid enrollment. Assisters regularly perform outreach at soup kitchens, shelters, public libraries, and community health and mental health centers.

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Referral to Health Care for the Homeless Program operated by the Frederick Community Action Agency, which is also a Federally Qualified Health Center (FQHC).	<input checked="" type="checkbox"/>
Referral to ACA Navigators and Assisters that are co-located at community-based organizations and can directly enroll participants into Medicaid and other resources.	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	8
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	8
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	8
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	8
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	100%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
Street Outreach including outreach to "homeless camps"	<input checked="" type="checkbox"/>
Outreach at soup kitchens, food banks, libraries, day shelters, health care programs, and other highly utilized resources	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve any population in the HIC:	0	0	0

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135? (limit 1000 characters)

Not applicable.

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes" in Question 4B-7, 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 2500 characters)

Not applicable.

4B-8. Has the project been affected 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 2015 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, 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)

Not applicable.

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
Promote the Homeless Preference in Your Local HUD Multifamily Housing	<input checked="" type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Promote the Homeless Preference in Your Local HUD Multifamily Housing	09/03/2015	5

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes		
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure	Yes		
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes		
05. CoCs Process for Reallocating	Yes		
06. CoC's Governance Charter	Yes		
07. HMIS Policy and Procedures Manual	Yes		
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes		
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	11/14/2015
1B. CoC Engagement	11/18/2015
1C. Coordination	11/18/2015
1D. CoC Discharge Planning	11/14/2015
1E. Coordinated Assessment	11/14/2015
1F. Project Review	11/18/2015
1G. Addressing Project Capacity	11/14/2015
2A. HMIS Implementation	11/18/2015
2B. HMIS Funding Sources	11/14/2015
2C. HMIS Beds	11/18/2015
2D. HMIS Data Quality	11/14/2015
2E. Sheltered PIT	11/18/2015
2F. Sheltered Data - Methods	11/14/2015
2G. Sheltered Data - Quality	11/14/2015
2H. Unsheltered PIT	11/18/2015
2I. Unsheltered Data - Methods	11/14/2015
2J. Unsheltered Data - Quality	11/14/2015
3A. System Performance	11/18/2015
3B. Objective 1	11/18/2015
3B. Objective 2	11/18/2015
3B. Objective 3	11/18/2015
4A. Benefits	11/18/2015
4B. Additional Policies	11/18/2015
4C. Attachments	Please Complete
Submission Summary	No Input Required