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

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

- CoC Consolidated Application - CoC Project Listings

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

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

For Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): (dropdown values will be changed)	MD-509 - Frederick City & County CoC
Collaborative Applicant Name:	City of Frederick
CoC Designation:	CA

1B. Continuum of Care (CoC) Operations

Instructions:

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

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

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

Name of CoC Structure: Frederick County Coalition for the Homeless

How often does the CoC conduct open meetings? Monthly

Are the CoC meetings open to the public? Yes

Is there an open invitation process for new members? Yes

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

The meetings are open to the public and fliers announcing the public meetings are posted in human service agencies and other public places. Members can also invite other people to attend the meetings and to join the Coalition. As the Bylaws state, "Organizations, agencies, and individuals may become members by a verbal or written request at a regular Coalition meeting". A copy of the Bylaws is attached.

Are homeless or formerly homeless representatives members part of the CoC structure?	Yes
If formerly homeless, what is the connection to the community?	Community Advocate

Does the CoC provide

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

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

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

Written agendas are typically prepared by the elected chairperson of the Coalition with input from members of the Executive Committee. Both written agendas and written minutes are distributed via email and U.S. mail (as needed) to distributed to 115 members and interested supporters each month. The centralized assessment system used by the Coalition is the Bowman ServicePoint HMIS, which is utilized by all homeless service providers in Frederick County, Maryland (with the exception of one DV provider). The HMIS assessment system is both coordinated and centralized because, given consumer authorization, all homeless service providers can have access to intake, assess, and disposition data entered into ServicePoint HMIS. Two (2) local government member agencies of the Coalition have local responsibility for monitoring ESG grants and members of the Coalition's Grant Review Committee are also becoming involved in the ESG monitoring process.

Does the CoC have the following written and approved documents:

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

1C. Continuum of Care (CoC) Committees

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, LGBT homeless issues, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meets less than quarterly, please explain.

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Executive Committee	The executive committee is comprised President, Vice-President, Secretary and two (2) of the at-large members; the standing committee establishes agendas for meetings, arranges guest speakers and presenters, and deals with structural issues such as incorporation and tax-exempt status.	Monthly or more
CoC and HMIS Planning Committee	A standing committee that coordinates the CoC planning and application submission; HMIS implementation, reporting, administration, and trouble-shooting; and coordination of the annual Point-in-Time Survey and AHAR processess.	Monthly or more
Grant Review Committee	A standing committee that performs reviews and monitorings including reviews of grant applications, Annual Progress Reports, and other Quality Assurance activities. The committee recommends CoC project priorities and rankings for approval by the Coalition membership. The committee also periodically reviews applications under the following grants: CoC, FEMA Food & Shelter, and State of Maryland ETHS and HPP funds.	quarterly (once each quarter)
Strategic Planning Committee	A standing committee comprised of the Executive Directors of all shelter, TH, and PH programs and the Executive Directors of three major local foundations/funding sources. The committee meets monthly to develop and facilitate the steps necessary to achieve the long-term plans of the Coalition including the development of a strategic plan to end homelessness in Frederick County.	Monthly or more
Advocacy Committee	A standing committee that monitors, local, state, and national legislative issues, disseminates advocacy topics to FCCH members, and works to advocate for additional resources to address homelessness, affordable housing, and high-quality services.	Bi-monthly

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

1D. Continuum of Care (CoC) Member Organizations

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

Membership Type
Public Sector
Private Sector
Individual

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

Instructions:

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

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

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

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

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

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Total Number	1	6	1	1	1	3	

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill	1	6	1	1	1	3	
Substance abuse	1	6	1	1	1	3	
Veterans		3	1	1		3	

HIV/AIDS		2		1		2	
Domestic violence	1	4	1	1	1	1	
Children (under age 18)	1	6		1	1	3	
Unaccompanied youth (ages 18 to 24)	1	6	1	1		2	

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	1	6	1	1	1	3	
Authoring agency for consolidated plan		1					
Attend consolidated plan planning meetings during past 12 months	1	3		1		1	
Attend consolidated plan focus groups/ public forums during past 12 months	1	3		1		1	
Lead agency for 10-year plan							
Attend 10-year planning meetings during past 12 months		2					
Primary decision making group	1	2				3	

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

Instructions:

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

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

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

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

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

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	2	4	3	1	18	

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill		2	2	1	15	
Substance abuse		2	2	1	14	
Veterans		3	2	1	16	
HIV/AIDS		3	2	1	17	
Domestic violence		2	2	1	11	
Children (under age 18)		3	2	1	15	
Unaccompanied youth (ages 18 to 24)		2	2	1	14	

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group	1	4	3		11	
Authoring agency for consolidated plan						
Attend consolidated plan planning meetings during past 12 months	1	1			6	
Attend Consolidated Plan focus groups/ public forums during past 12 months	1	1			6	
Lead agency for 10-year plan			1			

Attend 10-year planning meetings during past 12 months	1	3	2		10	
Primary decision making group		4	3	1	17	

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

Instructions:

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

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

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

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

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

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number	2	1	4

Number of Individuals Serving Each Subpopulation

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

HIV/AIDS			
Domestic violence			
Children (under age 18)			1
Unaccompanied youth (ages 18 to 24)			

Number of Individuals Participating in Each Role

	Homeless	Formerly Homeless	Other
Roles			
Committee/Sub-committee/Work Group	1	1	2
Authoring agency for consolidated plan			
Attend consolidated plan planning meetings during past 12 months			
Attend consolidated plan focus groups/ public forums during past 12 months			
Lead agency for 10-year plan			
Attend 10-year planning meetings during past 12 months			2
Primary decision making group	2	1	2

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

Instructions:

The CoC solicitation of project applications and the project application selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s). Where applicable, describe how the process works.

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

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

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

The CoC Grants Review Committee is 5 members, none of whom were applicants for funding. The committee has established objective criteria to be used to review each application and thereby establish a basis for ranking projects: 1) percentage of other funds leveraged; 2) percentage of funds expended for TH supportive services; 3) percentage of funds expended for PH; 4) percentage of clients exiting into PH; 5) percentage of the number of actual people served as compared to the projected number; 6) percentage of beds the project provides in relation to the total number of beds funded by all projects; 7) evaluation of renewal projects that fill an on-going need; and 8) evaluation of new projects that fill a need for PH. Site visits and client surveys will occur during the FY2012 grant year.

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

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

The CoC uses the following steps to work with providers that express an interest in applying for HUD funds: 1) CoC members meet with providers to review their project, the NOFA, and criteria for project eligibility; 2) CoC members invite providers to participate in training sessions including HUD webinars; 3) CoC members link providers to HUD CPD Field Office staff and conduct joint meetings as needed; 4) CoC members provide HMIS and APR training and review the requirements to participate in HMIS; and 5) CoC members provide technical assistance and mentoring to assist providers with writing grant applications and understanding e-snaps. CoC members work with providers throughout this process and offer technical assistance by reviewing project applications and providing feedback. During this round, the CoC Lead, Mike Spurrier assisted two (2) renewal applicants that had turnover of staff by preparing one project application and by thoroughly reviewing a second project application.

Were there any written complaints received by the CoC regarding any matter in the last 12 months?	No

If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters)

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

Instructions:

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

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

Emergency Shelter: No

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

HPRP Beds: Not Applicable

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable
(limit 750 characters)

Safe Haven: Not Applicable

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

Transitional Housing: No

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

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

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

Permanent Housing: No

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

Note: Four (4) additional PH beds were added, but after the HIC was submitted.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding:	Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24 hour period during the last ten days of January 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012?	Yes
If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters)	
Indicate the type of data sources or methods used to complete the housing inventory count (select all that apply):	HMIS plus housing inventory survey
Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply):	Follow-up, Updated prior housing inventory information, Training, Instructions, HMIS, Confirmation
Must specify other:	
Indicate the type of data or method(s) used to determine unmet need (select all that apply):	HUD unmet need formula
Specify "other" data types:	
If more than one method was selected, describe how these methods were used together (limit 750 characters)	

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

Select the HMIS implementation coverage area:	Single CoC
Select the CoC(s) covered by the HMIS (select all that apply):	MD-509 - Frederick City & County CoC
Is there a governance agreement in place with the CoC?	Yes
If yes, does the governance agreement include the most current HMIS requirements?	Yes

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

Does the HMIS Lead Agency have the following plans in place?	Data Quality Plan, Privacy Plan, Security Plan
Has the CoC selected an HMIS software product?	Yes
If 'No', select reason:	
If 'Yes', list the name of the product:	ServicePoint HMIS
What is the name of the HMIS software company?	Bowman Systems, Inc.
Does the CoC plan to change HMIS software within the next 18 months?	No

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	01/02/2006
Indicate the challenges and barriers impacting the HMIS implementation (select all the apply):	No or low participation by non-HUD funded providers, Inadequate resources, Inadequate staffing, Poor data quality

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters)

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters)

The initial challenges involved securing "buy-in" from non-HUD funded providers and obtaining the financial resources needed to fully implement a CoC-wide HMIS system. After several lengthy meetings, the non-HUD funded providers agreed to participate and grants were obtained from the Abell Foundation and the Baltimore County CoC; these grants paid for HMIS implementation, training, and 1-year licenses for all providers in Frederick County. The Frederick Community Action Agency (FCAA) serves as the local systems administrator/HMIS lead and all providers have continued to pay annual license fees. Except for the local DV provider, the CoC now has 100% participation in HMIS, but 2 non-HUD funded providers have been slow to enter data. The FCAA is helping with data-entry (at no cost) in order to address this problem, improve data quality, and achieve full participation in AHAR. Adequate financial resources to pay for data-entry is always a challenge.

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

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

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

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

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	
ESG	
CDGB	
HOPWA	
HPRP	
Federal - HUD - Total Amount	

Funding Type: Other Federal

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

Funding Type: State and Local

Funding Source	Funding Amount
City	$23,008
County	
State	$4,225
State and Local - Total Amount	$27,233

Funding Type: Private

Funding Source	Funding Amount
Individual	
Organization	
Private - Total Amount	

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	$10,685

Total Budget for Operating Year	$50,398

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

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

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

If Other, explain (limit 750 characters)

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

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

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

*** Emergency Shelter (ES) beds**	86%+
*** HPRP beds**	Housing type does not exist in CoC
*** Safe Haven (SH) beds**	Housing type does not exist in CoC
*** Transitional Housing (TH) beds**	86%+
*** Rapid Re-Housing (RRH) beds**	Housing type does not exist in CoC
*** Permanent Housing (PH) beds**	86%+

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

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

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

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

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

Types of Services	Volume coverage percentage
Outreach	100%
Rapid Re-Housing	100%
Supportive Services	100%

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

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	1
Transitional Housing	7
Safe Haven	0

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	0%	12%
Date of birth	0%	1%
Ethnicity	0%	1%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	0%	0%
Gender	2%	0%
Veteran status	2%	0%
Disabling condition	2%	3%
Residence prior to program entry	2%	2%
Zip Code of last permanent address	5%	6%
Housing status	3%	3%
Destination	0%	0%
Head of household	0%	0%

How frequently does the CoC review the quality of project level data, including ESG? At least Quarterly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters)

All homeless service providers/shelters in Frederick County are participating in HMIS. The system administrator/lead agency, the Frederick Community Action Agency, provides training to all HMIS agencies, performs periodic compliance evaluations, and performs other quality assurance activities/reviews in order to identify null values, duplicate entries, and other data entry problems. Once identified, system administrators work with agency administrators (and their staff) and Bowman Systems in order to address and correct any deficiencies, problems, or errors. Null values have decreased significantly since last year.

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

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

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

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

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

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

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

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

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

Integrating or warehousing data to generate unduplicated counts:	At least Monthly
Point-in-time count of sheltered persons:	At least Annually
Point-in-time count of unsheltered persons:	At least Annually
Measuring the performance of participating housing and service providers:	At least Quarterly
Using data for program management:	At least Quarterly
Integration of HMIS data with data from mainstream resources:	At least Annually

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

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

2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

*** Unique user name and password**	**At least Quarterly**
*** Secure location for equipment**	At least Annually
*** Locking screen savers**	At least Annually
*** Virus protection with auto update**	At least Monthly
*** Individual or network firewalls**	At least Monthly
*** Restrictions on access to HMIS via public forums**	At least Semi-annually
*** Compliance with HMIS policy and procedures manual**	At least Quarterly
*** Validation of off-site storage of HMIS data**	At least Annually

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards and other HMIS Notices? At least Quarterly

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? At least Monthly

Does the CoC have an HMIS Policy and Procedures Manual? Yes

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

HMIS Lead Agency	X
Contributory HMIS Organizations (CHOs)	X

If 'Yes', indicate date of last review or update by CoC:	09/17/2012
If 'Yes', does the manual include a glossary of terms?	Yes
If 'No', indicate when development of manual will be completed (mm/dd/yyyy):	

2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

*** Privacy/Ethics training**	At least Quarterly
*** Data security training**	At least Quarterly
*** Data quality training**	At least Quarterly
*** Using data locally**	At least Quarterly
*** Using HMIS data for assessing program performance**	At least Quarterly
*** Basic computer skills training**	At least Quarterly
*** HMIS software training**	At least Quarterly
*** Policy and procedures**	At least Quarterly
*** Training**	At least Quarterly
*** HMIS data collection requirements**	At least Quarterly

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

Instructions:

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

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

How frequently does the CoC conduct the its sheltered point-in-time count:	annually (every year)
Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy):	01/24/2012
If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012?	Not Applicable
Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012?	Yes

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

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

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

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

The Point-in-Time Survey was conducted on January 24, 2012. A total of 285 homeless persons (comprised of 211 adults and 74 children) completed the point-in-time survey; the largest household type was 169 single-individuals. A total of 213 persons (140 adults and 73 children) were sheltered in emergency or transitional shelter facilities. This reflected a slight increase of 5 additional people when compared with the 2011 (PIT) count. A total of 280 persons were surveyed in 2011 (208 adults and 72 children), but a total of 236 people were sheltered in 2011 (164 adults and 72 children); a colder winter in 2011 may account for more people seeking shelter at a Cold Weather Shelter. It is important to note that the total PIT count of both sheltered and unsheltered persons stayed well below 300 persons in 2012 (it was 303 in 2010).

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

Need/Gap	Identified Need/Gap (limit 750 characters)
*** Housing**	By using the HUD unmet need formula, the CoC identified the need for year-round shelter for homeless individuals; more transitional housing for both homeless individuals and homeless families; a significant need for permanent supportive housing for both individuals and families; and other permanent housing for both individuals and families.
*** Services**	Easily accessible outpatient and inpatient treatment services for alcohol, drug, and poly-substance abuse was identified as a primary need or gap. Other services included support and supportive housing for people that are homeless and seriously mentally ill including people with dual diagnoses.
*** Mainstream Resources**	Mainstream resources included better access to employment and job training programs that often tend to serve the most successful people rather than the most needy and assistance with applying for disability benefits, which is being addressed through the SOAR project.

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

Instructions:

Accuracy of the data reported in the sheltered point-in-time count is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

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

Survey providers:	X
HMIS:	X
Extrapolation:	
Other:	X

If Other, specify:

Direct enumeration/interviews of people (adults and children) that were homeless and sheltered on January 24, 2012; enumerators met one-on-one with shelter residents and conducted PIT interviews.

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

Sheltered population data was collected and the count was produced through direct enumeration including interviews of shelter residents. Data collected through direct enumeration was then compared with HMIS data to determine the accuracy of enumerations and correct any discrepancies. Lastly, shelter providers were interviewed as needed to clarify any discrepancies or potential duplicate surveys. One hundred percent (100%) of the providers and 100% of the clients sheltered on January 24, 2012 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.

2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons. Sheltered chronically homeless persons are those living in emergency shelters only.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

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

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

If Other, specify:

Direct enumeration including interviews of people that were homeless and sheltered on January 24, 2012; enumerators met one-on-one with shelter residents and conducted PIT interviews that included questions about subpopulation data/criteria. In some cases, data collected during direct interviews was compared with HMIS data and/or non-HMIS client level information (such as data in client charts or records) in order to clarify or verify responses, especially minimization of problems such as substance abuse/addiction and serious mental illness.

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

Sheltered subpopulation data was collected and the count was produced through a combination of direct enumeration including interviews of shelter residents; a comparison with HMIS to determine the accuracy of enumerations; and surveys with shelter providers especially when needed to clarify any discrepancies or potential duplicate surveys. Provider expertise was an important factor in this portion of the PIT because homeless clients may have a tendency to minimize or not recognize certain subpopulation problems such as alcohol addiction, drug addiction, or serious mental illness. One hundred percent (100%) of the providers and 100% of the clients sheltered on January 24, 2012 completed the PIT survey. A subsequent tabulation meeting was held with shelter providers to review, clarify, and tabulate the final count of all the sheltered homeless populations including the tabulation of subpopulation data.

2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

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

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

If Other, specify:

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters)

Three (3) non-HMIS de-duplication techniques were utilized by the CoC: 1) Client names were recorded on all survey/interview forms, thereby allowing enumerators to prevent duplicate surveys or remove and destroy/shred any duplicate
surveys; 2) Completed surveys were compared (by name) with client data in HMIS to prevent duplication and ensure accuracy; and 3) a follow-up meeting was conducted with all shelter providers and enumerators to compare data, remove/destroy duplicate surveys, and clarify any questions or discrepancies about PIT reporting and tabulation.

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

Sheltered subpopulation data was collected and the count was produced through a combination of direct enumeration including interviews of shelter residents; a comparison with HMIS to determine the accuracy of enumerations; and surveys with shelter providers especially when needed to clarify any discrepancies or potential duplicate surveys. Instruction and training of providers/enumerators was an important factor in this portion of the PIT because homeless clients may have a tendency to minimize or not recognize certain subpopulation problems such as alcohol addiction, drug addiction, or serious mental illness. In addition, it was important to have consistency among all providers and enumerators in order to obtain accurate data. Reminders such as follow-up telephone calls and emails occurred in order to remind providers about the PIT survey and to repeatedly re-distribute instructions and survey tools. One hundred percent (100%) of the providers and 100% of the clients sheltered on January 24, 2012 completed the PIT survey. A subsequent tabulation or follow-up meeting was held with shelter providers to review, clarify, de-duplicate, and tabulate the final count of all the sheltered homeless populations including the tabulation of subpopulation data; any discrepancies were addressed during this meeting.

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

Instructions:

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

How frequently does the CoC conduct an unsheltered point-in-time count?	annually (every year)
Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy):	01/24/2012
If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012?	Not Applicable
Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012?	Yes

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

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

The PIT count done in January 2011 recorded 44 single adults (32 males and 12 females) that were unsheltered; 29 of those unsheltered reported a chronic substance abuse problem and refused to enter a Cold Weather Shelter because they preferred to camp in wooded areas of Frederick County and continue to abuse alcohol and drugs. The unsheltered population increased significantly in 2012 to 82 people including 70 single individuals (47 males and 23 females) and a single-parent mother with a child that was in the process of applying for transitional housing. Both chronic substance abuse and serious mental illness, coupled with a milder winter, accounted for an unwillingness to enter the Cold Weather Shelter, although beds were available.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

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

If Other, specify:

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the unsheltered populations and subpopulations (limit 1500 characters)

The most recent Point-in-Time Survey for both sheltered and unsheltered homeless populations was conducted on January 24, 2012. Survey tools were distributed and thoroughly discussed at a regular monthly meeting of the Frederick County Coalition for the Homeless (FCCH). All emergency shelter, transitional housing, permanent supportive housing, and motel placement providers were instructed on how to use the survey instrument and when to conduct the Point-in-Time Survey. Whenever possible, surveys were to be completed directly by homeless persons; however, the shelter and street outreach staff could utilize administrative or HMIS data if a person was unable to directly complete the survey. A street count was coordinated by the Frederick Community Action Agency and enumerators visited public places and service providers where
persons that are homeless tend to congregate. Examples include public libraries, soup kitchens, food banks, a health care clinic, a day shelter, and a day-labor business. Enumerators conducted direct interviews with persons that are homeless and later compared the information with HMIS in order to obtain as accurate data as possible (e.g., some subpopulation problems such as substance abuse or serious mental illness may be minimized and under-reported on interview surveys).

2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count:	Complete Coverage

If Other, specify:

2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

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

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

If Other, specify:

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters)

Unsheltered population data was collected and the count was produced through a combination of: 1) direct enumeration/interviews of homeless persons; 2) a comparison with HMIS to determine the accuracy of enumerations; and 3) surveys with Outreach Workers and other providers (when needed) to clarify any discrepancies (this was important to ensure that people located and surveyed on the streets were not "re-surveyed" when a seasonal shelter opened at 6:30 p.m.). One hundred percent (100%) of the unsheltered homeless persons located on January 24, 2012 completed the PIT survey. A subsequent tabulation meeting was held to review, clarify, de-duplicate, and tabulate the final count of all the unsheltered and sheltered homeless populations; this allowed enumerators the opportunity to directly discuss issues with shelter providers and outreach workers. Two (2) non-HMIS de-duplication techniques were utilized by the CoC: 1) Full names of all clients were recorded on all survey forms as a unique identifier, thereby allowing enumerators to prevent duplicate surveys or remove/destroy any duplicate surveys; and 2) a follow-up meeting was conducted with all shelter providers, street outreach workers and enumerators to compare data, remove/destroy duplicate surveys, and clarify any questions or discrepancies about PIT reporting and tabulation. The CoC's HMIS was also utilized to reduce duplication and to check or confirm personal data such as subpopulation data.

Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan
(limit 1500 characters)

The CoCs efforts to the reduce the number of unsheltered homeless households with dependent children includes a plan with five (5) major components: 1) HOMELESSNESS/EVICTION PREVENTION ASSISTANCE including emergency financial assistance, legal assistance including landlord/tenant counseling, and case management; 2) "safety-net" EMERGENCY MOTEL PLACEMENTS are provided as an alternative to emergency shelter for homeless families; 3) OUTREACH SERVICES to the streets, emergency shelters, food banks, soup kitchens, and motels, primarily performed by the Frederick Community Action Agency (FCAA), in order to identify, assess and engage homeless families in transitional housing programs that provide case management, education, and job training; 4) an extensive network of TRANSITIONAL HOUSING for homeless families including facilities operated by four (4) different CoC provider agencies - transitional beds for families make up the largest number of beds in the CoC; and 5) a wide-array of PERMANENT HOUSING PROGRAMS aimed at increasing the stock and diversity of affordable housing for families - some examples include HOPE VI Housing that has increased the stock of subsidized public housing and Moderately Priced Dwelling Unit (MPDU) Ordinances
(inclusionary zoning) that require developers to build more affordable housing units in new residential housing developments.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation
(limit 1500 characters)

The 2 primary providers of homeless outreach services, the Frederick Community Action Agency (FCAA) and the Way Station, have continued to expand and
enhance their OUTREACH SERVICES in order to better identify, assess, and engage unsheltered homeless persons. Both agencies provide regular (often daily) outreach and treatment services to homeless persons residing on the streets, in emergency shelters, and in other places not meant for human habitation. The Way Station, Inc., a psychosocial rehabilitation and housing program for people experiencing mental illness, provides street outreach services and operates Mobile Mental Health Treatment and Assertive Community Treatment (ACT) Programs staffed by Social Workers, Nurses, and Psychiatrists. The FCAA operates McKinney-Vento funded PATH and Health Care for the Homeless (HCH) Programs that provide outreach, case management, nursing, and medical services to people who are homeless including persons sleeping on the streets. The FCAA PATH and HCH Programs are staffed by Outreach Workers, Case Managers, and Nurse Practitioners that provide outreach to the streets, wooded areas, rest stops, libraries, emergency shelters, and other locations frequented by people who are homeless. The FCAA also operates a soup kitchen, food bank, primary care clinic, transitional shelter for homeless families, and a Housing First Program, all of which serve unsheltered homeless populations.

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

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

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

How many permanent housing beds are currently in place for chronically homeless persons?	17
In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	21
In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	75
In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	200

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless
(limit 1000 characters)

During the next 12 months several steps will be taken to create new permanent housing beds for the chronically homeless including: 1) Friends for Neighborhood Progress and the Frederick Community Action Agency will apply for HUD CoC Permanent Housing Bonus to fund the leasing of two (2)additional one-bedroom permanent housing units (bringing the total to 19 Housing First beds in 16 units); 2) Way Station, Inc. will apply for HUD Section 811 funding in order to acquire, rehabilitate and operate additional units of group home housing that will serve persons that are chronically homeless and severely mentally ill; and 3) the City of Frederick in partnership with the Frederick Community Action Agency will utilize fee-in-lieu payments under the City's Moderately Priced Dwelling Unit (MPDU) program to fund the leasing and/or acquisition of additional housing units to create new permanent housing beds for the chronically homeless.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless
(limit 1000 characters)

The CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years includes three (3) major initiatives: 1) Friends for Neighborhood Progress and other non-profit organizations will continue to apply for philanthropic foundation and HUD CoC funding in order to lease units as permanent housing for the chronically homeless under the Housing First model; 2) Way Station, Inc. will continue to apply for HUD Section 811 funding in order to acquire group home housing for the chronically homeless and other persons will serious mental illness; and 3)the City of Frederick in partnership with the Frederick Community Action Agency will utilize developer-paid fee-in-lieu payments under the City's Moderately Priced Dwelling Unit (MPDU) program to fund the leasing and/or acquisition of additional housing units to create new permanent housing beds for the chronically homeless.

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

Simply put, people that are chronically homeless are most in need of permanent supportive housing and the highly-acclaimed Housing First model best meets the needs of this vulnerable population. Within the local CoC, two organizations, Friends for Neighborhood Progress and the Frederick Community Action Agency, have partnered together to operate a small, but very successful Housing First program. Currently the program leases or owns 14 units that are housing 17 chronically homeless adults. The City of Frederick is poised to pass legislation that would permit housing developers to pay a fee of $16,100 per Moderately Priced Dwelling Unit (MPDU) under the City's MPDU ordinance. A significant portion of this fee will be set aside to provide housing for the City's chronically homeless population, which was 90 persons according to the 2012 PIT count. Through the creative and innovative use of MPDU fee-in-lieu payments it is highly likely that the CoC will be able to meet the national goal of ending chronic homelessness by 2015.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each CoC-funded permanent housing project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicted on form 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months?	92%
In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	92%
In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	100%
In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	100%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

In the next 12-months, the CoC will continue the effective steps that it is currently taking in order to maintain its current success rate of 92% of the participants remaining in permanent housing for at least 6 months. The steps to be maintained include: 1) continuation of intensive case management and resident management services for all formerly homeless persons now residing in permanent housing; 2) continuation of home visits and unit inspections by case managers, outreach workers, and resident managers; 3) continuation of financial literacy and life skills training as provided by case managers and housing counselors from the Frederick Community Action Agency; 4) mobile mental health treatment as provided by psychiatrists and clinical social workers from the Way Station; 5) crisis intervention including emergency financial assistance for utilities and other necessities; and 6) group meetings of Housing First participants.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

The CoC feels that it currently has a successful plan to help homeless persons remain in permanent housing for six months or more; therefore, as a long-term plan the CoC will continue to refine and enhance its existing efforts. Those efforts include: 1) the provision of intensive case management and resident management services for formerly homeless persons now residing in permanent housing; 2) the provision of regular, frequent and unannounced home visits and unit inspections by case managers, outreach workers, and resident managers; 3) the provision of financial literacy and life skills training by case managers and housing counselors from the Frederick Community Action Agency; 4) the provision of mobile mental health treatment by psychiatrists and social workers from the Way Station; 5) the provision of crisis intervention services including emergency financial assistance for utilities and other necessities; and 6) quarterly group meetings of Housing First participants.

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

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each transitional housing project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report h(APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on from 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	61%
In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	65%
In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	75%
In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	80%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

The CoC will take the following steps to increase the percentage of homeless persons moving from transitional housing to permanent housing: 1) enhance intensive case management services to persons residing in transitional housing; 2) increase opportunities for mental health and addiction treatment by increasing referrals to treatment programs such as Frederick County Substance Abuse Services and Behavioral Health Partners; 3) the CoC will invite more mental health and addiction providers to join the CoC and be more involved in developing client-centered case plans for homeless persons; 4) the local Housing Authority recently completed a HOPE VI project that created approximately 100 more subsidized housing opportunities for homeless persons; and 5) case managers from the Service-Linked Housing Program operated by the Community Action Agency will continue to provide intensive case management and home visits for graduates from transitional housing.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

The long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent includes four key components: 1) continue to provide and improve intensive case management services in all transitional housing programs; 2) continue to improve access to health, mental health and addiction treatment by applying for funding to establish a Federally Qualified Health Center (FQHC); 3) continue to promote job training, adult education and employment opportunities including living-wage job opportunities through partnerships with the WIA/One-Stop Employment Partnership; and 4) continue to develop affordable housing opportunities through innovative measures like the City of Frederick's adoption of a Moderately Priced Dwelling Unit (MPDU) ordinance.

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

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Cash Income.

In this section, CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit?	36%
In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?	36%
In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?	45%
In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit?	60%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more
(limit 1000 characters)

Over the next 12-months, the CoC will take the following steps in order to maintain or exceed the current 36% of persons that are employed at program exit: 1) continue to refer clients and work closely with the local WIA/One-Stop Employment Partnership in order to access training, job placement, and other services; 2) continue to refer clients to Frederick Community College for GED classes; 3) Advocates for Homeless Families will continue to operate a very successful 2-year transitional housing program that helps participants to achieve self-sufficiency through higher education and training; 4) Frederick Community Action Agency will continue to operate the Green Jobs Supportive Employment Program for chronically homeless adults; and 5) continue to refer clients to other mainstream workforce training and supportive employment programs being operated by Goodwill Industries, Way Station, and Maryland Division of Occupational Rehabilitation Services.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more
(limit 1000 characters)

The CoC's long-term plan to increase or maintain the percentage of persons employed at program exit to at least 60% includes the following: 1) enhanced collaboration with the local WIA/One-Stop Employment Partnership and other job development/job training organizations; 2) expansion of adult education opportunities for homeless persons such as GED classes, vocational training programs, apprenticeships, and community college; 3) expansion of transitional housing programs that provide support for families while they complete community college and vocational training programs; and 4) continued referrals to and support of other "mainstream" workforce training and supportive employment efforts such as programs being operated by Goodwill Industries, Way Station, Maryland Division of Occupational Rehabilitation Services, and Open Doors/Experience Works.

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

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

Instructions:

Access to mainstream resources is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?	61%
in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	65%
in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	80%
in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	100%

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

The CoC's short-term plan includes several key components: 1) continued efforts to recruit more mainstream providers to join the CoC and participant in planning efforts; 2) the continued provision of intensive case management services that focus on accessing mainstream benefits; 3) training of case managers and outreach workers to learn about mainstream benefits available through Department of Social Services, County Health Department, Veterans Administration, and Social Security Administration; 4)implementation of the SSI/SSDI Outreach, Assessment, and Recovery SOAR program that is being operated locally by the Frederick Community Action Agency; 5) increased utilization of the State of Maryland SAILOR online eligibility program through which participants can apply for TANF, Food Stamps, and Medicaid; and 6) continued coordination with agencies the administer mainstream benefit programs.

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

The CoC's long-term plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more includes several major efforts: 1) full utilization by all providers and projects of the State of Maryland SAILOR program and other online assessment, eligibility, and application resources; 2) utilization of hand-held wireless technology to access SAILOR and other online resources in order to apply for benefits during outreach to the streets and woods; 3) implementation of online HMIS assessment modules that determine eligibility for State and Federal mainstream benefits; 4) continued expansion of the SSI/SSDI Outreach, Assessment, and Recovery SOAR program in order to assist disabled participants to obtain SSI/SSDI benefits; and 5) full implementation of the Health Navigator/Connector program to ensure that all participants access all health care benefits available through the Patient Protection and Affordable Care Act (PPACA).

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

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

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

What is the current total number of homeless households with children as reported on the most recent point-in-time count?	39%
In 12 months, what will be the total number of homeless households with children?	35%
In 5 years, what will be the total number of homeless households with children?	20%
In 10 years, what will be the total number of homeless households with children?	10%

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters)

During the next 12-months, the CoC will take the following steps in order to decrease the number of homeless households with children: 1) continue to operate the local Homelessness Prevention Program operated by the Religious Coalition for Emergency Human Needs - the HPP program provides financial assistance to prevent evictions and utility shut-offs; 2) continue to coordinate eviction prevention activities with CoC member agencies including the Religious Coalition, Dept. of Social Services, Frederick Community Action Agency, and Legal Aid; 3) continue to provide financial assistance for security and utility deposits in order to help re-house homeless families; and 4) continue to provide intensive case management services to families that have graduated from transitional housing and need support to prevent recidivistic episodes of homelessness.

Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children
(limit 1000 characters)

The CoC's long-term plan to decrease the number of homeless households with children includes the following components: 1) increase affordable housing units (both rental and homeownership units) through the development of Moderately Priced
Dwelling Units (MPDUs) - both the City of Frederick and the Frederick County have recently passed MPDU or inclusionary zoning ordinances; 2) expand job training and adult education opportunities through partnerships with the Frederick County Business Employment Center (WIA/One-Stop) and Frederick Community College; and 3) expand intensive case management services in order to assist lower-income families to prevent homelessness or recidivistic episodes of homelessness.

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

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

Instructions:

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

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

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

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

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

The CoC does not have any SSO projects.

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

At present all of the CoC-funded TH projects are crucial to breaking the inter-generational cycle of homelessness. Rather than utilizing reallocation, the CoC plans to utilize developer-paid fee-in-lieu payments under the City's Moderately Priced Dwelling Unit (MPDU) program to fund the leasing and/or acquisition of additional housing units to create new permanent housing beds for the chronically homeless. Given the pace of development in Frederick County, Maryland, the MPDU fee-in-lieu payments stand to provide more funding than the reallocation of TH projects.

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

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

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

If "Other," explain:

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

Foster Care: As the administering agencies for the Maryland Foster Care Program,Social Services Administration (SSA) of the Maryland Department of Human
Resources (DHR) and the local Departments of Social Services are prohibited from discharging children and youth into homelessness. Unfortunately, many of the homeless youth encountered by service providers/shelter providers have left foster care without completing their designated goals and service plans, which would have provided a stable, planned departure from care. The protocols that address the issue of youth leaving foster care are contained in the Maryland Foster Care Program Manual and in directives from the DHR Social Services Administration. The Social Services Administration also has guidelines for using Chafee funds, which also address the issue of housing for youth leaving foster care. These protocols apply to all local Departments of Social Services in Maryland. A copy of the implemented protocol is available upon request.

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

Not Applicable - a discharge plan for foster care has been implemented.

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

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

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

Social workers with the Frederick County Department of Social Services are locally responsible for administering and operating the State of Maryland Foster Care Program in Frederick County, Maryland. Under the leadership of Martha Sprow, LCSW-C, Assistant Director of Social Services, the social workers work aggressively to assist youth that are "aging out" of the foster care system or otherwise transitioning to the mainstream community. Social workers assist transitioning youth to obtain housing including options such as living independently, living with friends, living with extended family members, or occasionally staying at the Maryland Sheriff's Youth Ranch until a housing placement is secured. During the past 19 years of operation, only two (2) unaccompanied youth that were transitioning out of the Maryland Foster Care system have found it necessary to be sheltered at the Frederick Transitional Shelter operated by the Frederick Community Action Agency.

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

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

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

If "Other," explain:

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

Health Care: There are no publicly-funded health care institutions or systems of care in Frederick County, Maryland. The only hospital with inpatient facilities, Frederick Memorial Hospital, is a private not-for-profit institution and does not receive public funding other than Medicare and Medicaid reimbursements/payments for direct patient care.

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

Not Applicable, there are no publicly-funded health care institutions or systems of care in Frederick County, Maryland.

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

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

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

Persons that are homeless and hospitalized at Frederick Memorial Hospital (the only hospital in Frederick County, Maryland) routinely go to following resources upon discharge from the hospital: Nursing homes including Citizens Nursing Home that is operated by the Frederick County government; Montevue Home, an independent living facility for the indigent elderly that is also operated by the Frederick County government; adult foster care that is operated by the Frederick County Department of Social Services; Catoctin View Apartments (public housing for the elderly) that is operated by the Frederick Housing Authority; Frederick Rescue Mission and the Religious Coalition for Emergency Human Needs - both faith-based programs operate shelters for homeless adults; and the Frederick Community Action Agency's Transitional Shelter, which is funded by McKinney-Vento. Although the resources are somewhat limited, the stakeholders work together very closely and make every effort to ensure that aftercare planning is both appropriate and effective.

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

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

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

If "Other," explain:

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

Mental Health: The Maryland Mental Hygiene Administration (MHA) utilizes Health General Article of Annotated Code 10-809 as its discharge policy for publicly funded
psychiatric facilities. The Health General Article of Annotated Code 10-809 prohibits discharges from state facilities to homelessness. Each facility is required to prepare a written aftercare plan. The inpatient hospital social worker or treatment team must complete a needs assessment upon entry into the hospital and develop a treatment plan that addresses needs such as mental health, housing, substance abuse, job skills, and life skills. An aftercare plan is required before release from the hospital; the plan must include medical care, psychiatric care, housing, vocational and social rehabilitation, case management and other supportive services. A copy of the implemented protocol is available upon request.

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

Not Applicable: A discharge plan for mental health has been implemented.

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

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

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

The Maryland Mental Hygiene Administration operates several State Psychiatric Hospitals that serve Frederick County, Maryland. The State hospitals include Finan State Hospital, Spring Grove State Hospital, and Springfield State Hospital. Discharge and aftercare planning at State Psychiatric Hospitals is excellent and most persons that were homeless prior to admission are transitioned to the Way Station, Inc., a community-based psycho-social rehabilitation program that operates approximately 300 slots of community-based "group home" housing (most group homes have 3 or fewer clients that share a housing unit). Frederick Memorial Hospital also operates a partial-hospitalization program for persons that are transitioning from inpatient treatment to outpatient treatment and living in the community. This system of care has been very effective in preventing the discharge of people back into homelessness.

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

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

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

If "Other," explain:

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

Corrections: The Frederick County Detention Center (FCDC) is the only Corrections facility located in Frederick County, Maryland and is a division of the Frederick County Sheriff's Department. The FCDC has developed a protocol to release a list of incarcerated inmates to the Frederick Community Action Agency (FCAA); the list is updated weekly and then emailed to the FCAA. The FCAA uses the list to run inmate names through the HMIS database and determine if any of the inmates were homeless prior to incarceration. The process allows FCAA case managers, FCDC counselors, and community-based providers to identify inmates for case management, re-entry assistance and shelter. In addition, FCDC staff, mental health, and homeless providers meet monthly to coordinate care for inmates that are seriously mentally ill and homeless prior to incarceration. Copies of the Pre-Release Policy (Policy No. 4-130) and the Pre-Release Questionnaire are available upon request; the documents represent the formal policies established by the Sheriff's Department.

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

Not Applicable: A discharge plan for corrections has been implemented.

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

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

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

The Frederick County Detention Center (FCDC) hosts a monthly meeting with community-based stakeholders in order to identify inmates that were homeless, seriously mentally ill, and/or addicted prior to incarceration. FCDC staff then work closely with community-based providers to ensure mental health and addictions treatment while incarcerated and transition to community-based resources upon release from the Detention Center. The Frederick Rescue Mission, a faith-based program that is not funded by McKinney-Vento, also performs outreach to the Detention Center. Working together, these agencies allow inmates to "transition" to community-based resources such as the Rescue Mission's men's shelter, Way Station's group home program, or back to family members upon release from the Detention Center. This system of coordinated care has worked extremely well to ensure that people are not being released into homelessness and have been connected with community resources for the treatment of mental health and addictions problems.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?	Yes
If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan:	The goals include: 1) Retain affordable housing stock and increase availability of affordable owner-occupied units; 2) Assist homeless persons and persons at-risk of becoming homeless; 3) Expand levels of public services for persons with special needs; and 4) Improve the safety and livability of neighborhoods.

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

The CoC was very involved with the local Homeless Prevention and Rapid Re-Housing Program (HPRP) initiative. The Religious Coalition for Emergency Human Needs (RCEHN), a member agency of the CoC, was serving as the lead agency for the local HPRP initiative and has continued HPRP efforts with ESG, State, Local and private foundation funding. The RCEHN established and continues an HPRP with 3 components: 1) prevention of homelessness through financial assistance to prevent evictions (i.e., short-term rental assistance), case management, and financial literacy training; 2) rapid re-housing activities including financial assistance for short-term rental assistance, security deposits, utility deposits, utility payments, and moving assistance; and 3) supportive services such as outreach, case management, landlord-tenant mediation, and referrals to the Legal Aid Bureau.

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

Member agencies of the CoC have served as the lead entities for the local Neighborhood Stabilization Program (NSP) initiative that helped low-, middle and
moderate-income families to purchase foreclosed and abandoned homes. The Frederick County Department of Housing and Community Development, a CoC member agency, served as the lead entity for the Frederick County Neighborhood Conservation Initiative (NCI) funded under NSP. The NCI program provided up to $30,000 in down-payment and closing costs assistance to income-eligible households that are first-time homebuyers and are interested in buying and living-in (as their primary residence) foreclosed homes located in four (4) eligible ZIP code areas in Frederick County, Maryland. Other partner agencies involved with the NSP/NCI program include: Frederick Community Action Agency (a HUD-Approved Housing Counseling Agency that provides all counseling for program participants), City of Frederick, City of Brunswick, Interfaith Housing Alliance, Habitat for Humanity, and the Frederick County Association of Realtors. At present all awarded NSP funds have been expended. With the exception of NSP and very limited CDBG funding, there are no other HUD-managed ARRA or HUD VASH programs operating in Frederick County, Maryland (Frederick County is not eligible for HUD-VASH vouchers at this time). A local HOPWA grant is administered by the Housing Authority of the City of Frederick and four (4) different providers - Advocates for Homeless Families, Frederick Community Action Agency, Heartly House, and the Religious Coalition for Emergency Human Needs - all receive ESG grants to support the operation of a homelessness prevention program and emergency and transitional shelters.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?	Yes
If 'Yes', describe the established policies that are in currently in place:	Service providers, especially shelter providers, are aware of federal and state laws requiring school attendance; the provisions of the McKinney-Vento Act concerning educational services; and have adopted internal policies requiring linkage to the school system utilizing support offered by the Frederick County Public Schools Homeless Education Program.

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

The Program Administrator of the Frederick County Public Schools (FCPS) Homeless Education Program 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 homeless children are linked to the program. Brochures and posters advertising the "educational rights" of homeless children and their parents have been distributed to all service and shelter providers in the CoC and the information is available for review by homeless families at each shelter facility in the CoC (copy attached). FCPS staff are also aware of local resources and services available for homeless families and routinely make direct referrals to appropriate shelters and service providers. The Head Start Program and a number of childcare and pre-school providers are also involved in similar outreach and referral efforts.

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

The CoC includes 6 emergency shelter and transitional housing providers and 2 permanent supportive housing providers (all are member agencies of the Frederick County Coalition for the Homeless). Of the 6 emergency shelter and transitional housing providers, 4 of the programs specifically serve homeless families with children (the other 2 programs serve homeless single adults). Out of the 4 programs that serve homeless families, 2 programs - Advocates for Homeless Families (AFHF)and the Frederick Community Action Agency (FCAA) - both serve single-parent families with children, two-parent families with children, and families with a pregnant family member. Two-parent families are allowed to reside together in transitional housing operated by both AFHF and the FCAA. The other 2 family programs include a DV provider and a faith-based program that serves homeless single-parent families. The same is true for permanent housing, the Shelter Plus Care program operated by the Mental Hygiene Administration serves two-parent families with children. Federal, State, and Local laws all prohibit discrimination based on familial status and mainstream housing resources recognize the importance and value of serving intact two-parent families with children.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future (limit 1500 characters)

Frederick County has a relatively small number of homeless veterans; only seven (7) individuals reported being veterans on the 2012 PIT survey. Despite this small number, several mainstream services are available for homeless veterans. The Martinsburg VA Medical Center located in Martinsburg, West Virginia serves Frederick County and the Martinsburg VAMC operates a Homeless Domiciliary Care Program, long-term housing including HUD-VASH vouchers, a Peer Housing Location Assistance Group, and three (3) transitional living facilities. Free transportation to the VAMC is provided by local Veterans Support Organizations and the Frederick Community Action Agency. A VAMC Outpatient Clinic opened in Frederick County on the base at Fort Detrick in early 2011. A Regional Resource Coordinator for the Maryland's Commitment to Veterans Program as well as a Maryland Veterans Commission Office are both located in Frederick and the programs are easily accessible to all shelter providers. These State of Maryland programs assist all veterans (including homeless veterans) to apply for VA benefits and other services. Lastly, Way Station, Inc., a psycho-social rehabilitation program and CoC member agency, has a targeted program to work with veterans diagnosed with a serious mental illness. Homeless veterans can access services in Frederick County through a seamless "no wrong door" approach and the CoC plans to continue to build upon these efforts in the future.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future
(limit 1500 characters)

The most recent PIT survey conducted on January 26, 2011 found zero (0) homeless youth in Frederick County, Maryland. Over the past twenty (20) years, very few homeless youth have been encountered in Frederick County. The few that have been encountered have often been youth that are aging out of the State foster care system and literally have nowhere to go. In terms of resources, the Frederick Community Action Agency will admit homeless youth to its transitional shelter that primarily serves homeless families (31-bed facility).

In addition the Frederick Community Action Agency provides vouchers for Greyhound Buses in order to reconnect homeless youth with their immediate or extended families (staff must contact families by telephone to ensure that the homeless youth has a verifiable place to stay). Another option is to look at transferring homeless youth to transitional housing for homeless youth in Wicomico County, Maryland, but this option has typically been a last resort. The aforementioned efforts are consistent with the CoC strategic planning goals and the size of the youth homeless population is closely monitoring through the annual PIT and through HMIS. For the foreseeable future, the CoC plans to utilize the aforementioned strategies to continue to meet the needs of the very small youth homeless population in Frederick County.

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

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

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

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

The CoC for Frederick City and Frederick County, Maryland is NOT an entitlement jurisdiction of ESG funding; therefore, all ESG funding is passed-through and awarded by the Maryland Department of Housing and Community Development. Local agencies apply to the Maryland Department of Housing and Community Developoment (DHCD) for ESG funding and Maryland DHCD makes all of the decisions about which agencies are awarded ESG funding. At present Maryland DHCD does consult with local CoCs about how ESG funds are to be allocated each year. However, all of the local ESG providers coordinate with the CoC after ESG awards have been announced.

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

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

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

Instructions:

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

Has the CoC developed a strategic plan? Yes

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

Yes, the CoC works with providers to coordinate the implementation of a housing and service delivery system that meets the needs of homeless individuals and families. Practically all of the local agencies that provide housing and social services to homeless individuals and families are member agencies of the CoC. By working together under the umbrella of the CoC, the member agencies have developed a near seamless continuum of care system for homeless families and individuals. There are certainly gaps or needs in the continuum and many of these are due to the lack of financial resources, but, through the CoC, agencies are able to work together, plan, prioritize, and coordinate the delivery of housing and services that meets the needs of homeless families and individuals. For example, the CoC is currently helping the City of Frederick to develop a plan to utilize a portion of the fee-in-lieu payments under the City's Moderately Priced Dwelling Unit (MPDU) program to provide additional housing resources (e.g., permanent supportive housing, affordable housing, rapid re-housing) for the City's homeless population.

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

The City of Frederick Department of Planning administers the CDBG program and is responsible for completing the Consolidated Plan for the City of Frederick, Maryland. The CoC typically provides information through two means: 1) the Department of Planning contacts the CoC and requests specific information on homeless statistics, client demographics, PIT counts, and resources; and 2) CoC member agencies provide testimony and input on the Consolidated Plan through written and verbal testimony at public hearings. City Planning staff have also previously presented the Consolidated Plan to the membership of the CoC.

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

Until recently, the CoC has relied on a 10-Year Plan developed and implemented by the State of Maryland; however, the CoC recently initiated a Strategic Planning process that will result in a development of a Strategic Plan to End Homelessness in Frederick County, Maryland. The President/CEO of the Community Foundation of Frederick County is chairing the Strategic Planning Committee that is tasked with developing the plan. The strategic planning effort is expected to completed in 2013 and then the CoC will review and update the Strategic Plan on an annual basis starting in 2014.

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

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

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

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

As previously stated, the CoC for Frederick City and Frederick County, Maryland is NOT an entitlement jurisdiction of ESG funding; therefore, all ESG funding is passed-through and awarded by the Maryland Department of Housing and Community Development. Local agencies apply to the Maryland Department of Housing and Community Developoment (DHCD) for ESG funding and Maryland DHCD makes all of the decisions about which agencies are awarded ESG funding. At present the Maryland DHCD does consult with local CoCs about how ESG funds are to be allocated each year. However, once the ESG awards have been announced, the CoC works closely with four (4) local providers to coordinate ESG funded services within the continuum of homeless services; three of the four agencies that receive ESG funding also receive CoC funding. Furthermore, the CoC is incorporating the above ESG activities into its current Strategic Plan and Grant Review Process.

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?

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

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

3E. Reallocation

Instructions:

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

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

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

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

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

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

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	4	**Beds**	4	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	100	**%**	92	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	60	**%**	61	**%**
Increase the percentage of homeless persons employed at exit to at least 20%	35	**%**	36	**%**
Decrease the number of homeless households with children	35	**Households**	39	**Households**

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

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

The CoC was unable to reach two (2) numeric achievements: 1) only 92% of the homeless persons resided in permanent housing for six (6) months or longer and the CoC had proposed achieving the goal of 100% residency for six months or longer (however 92% is still well above the national goal of 80%); and 2) thirty-nine (39) households with children were counted during the 2012 PIT and the CoC had projected that only 35 households would be counted during the PIT (this reflects a small increase of 4 additional households). The permanent supportive housing programs did experience some turnover this year with 3 people (out of 38) leaving the program. This was primarily due to continued substance abuse or mental health crises and an unwillingness to engage in meaningful treatment. Thirty-nine (39) homeless households were counted during the 2012 PIT (close to the 35 projected), but the sluggish economy, the cost of housing in Frederick County, and increased domestic violence contributed to more families being sheltered in emergency shelters and transitional housing on January 24, 2012 when the PIT was conducted.

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

Annual Progress Reports (APRs) are reviewed annually by the Grant Review Committee of the CoC. The Grant Review Committee compares the performance of all HUD CoC grantees and then provides feedback to the individual provider agencies. Performance is also monitored throughout the program year by the grantees themselves (self-monitoring) in order to evaluate performance toward reaching HUD-established performance goals. All grantees/providers work closely with the CoC in order to access HMIS reports and data; this exchange of information is very beneficial in monitoring performance and in addressing HMIS reporting that may arise out of assessments or service tranactions.

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

The CoC assists project applicants to reach HUD-established performance goals in several ways: 1) Running periodic performance reports from ServicePoint HMIS; 2) facilitating discussions and meetings about best practice models (including bringing in presenters from other jurisdictions); 3) sponsoring an informal peer-to-peer mentoring program that provides assistance to new staff members and poor performers; and 4) facilitating "teamings" to discuss client situations that are problematic or not easily addressed and which may, in time, negatively impact performance. The teamings also allow providers to respond to crises with an inter-displinary approach that may help someone to remain in permanent supportive housing or achieve greater self-sufficiency while in transitional housing.

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

The CoC assists poor performers to increase capacity through several efforts: 1) facilitating meetings about "best practices" including bringing speakers from other jurisdictions or touring nearby facilities; 2)sponsoring informal peer-to-peer mentoring that provides assistance to new staff members and poor performers; 3)facilitating "teamings" to discuss client situations that are problematic, may impact performance, or cause homeless recidivism; 4) providing training on HMIS that may be helpful in tracking and improving performance; and 5) facilitating meetings with State and Federal officials in order to improve performance (an example of this is using the HUD Substantial Amendment process in order to fund more beds because local FMRs are significantly higher than actual rents).

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

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

Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
Not Applicable	N/A	$0
Not Applicable	N/A	$0
Not Applicable	N/A	$0
Not Applicable	N/A	$0
Not Applicable	N/A	$0
	Total	$0

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

The length of time that individuals and families remain homeless is tracked through the ServicePoint HMIS in two ways: 1) by tracking shelter entry and exit dates; or 2) by tracking the date of the first encounter or when the first client intake form was completed (i.e., the first date of engage in homeless services including outreach services). Although the second method may not track the entire length of time that someone is homeless, it is an effect tool for measuring the length of time homeless since the "first encounter". The CoC's ServicePoint HMIS has been significantly customized and is used for a wide-range of "service transactions" including street outreach, transportation, case management, primary health care, food and nutrition services, and shelter applications. Therefore, the HMIS is used more broadly and the CoC is not solely dependent on looking at entry and exit dates from shelters.

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

Recidivistic episodes of homelessness of individuals and families are identified and tracked through the CoC's ServicePoint HMIS. As mentioned above, the CoC's ServicePoint HMIS has been customized and is used to track a wide-range of client services including street outreach, transportation, case management, health care, food services, homelessness prevention, rapid re-housing, permanent supportive housing, and applications for shelter. This allows the database to be used more broadly in order to track the on-going progress or regress of clients that may have originally been served in emergency shelters, transitional housing, or permanent supportive housing. Essentially the ServicePoint HMIS database can be searched to compare service transactions with "newly homeless" clients against the names or Social Security numbers of previously homeless clients that remain in the database. Each shelter provider also has internal procedures to track "re-admissions" for shelter.

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

The CoC has developed and supported member agencies to develop the following specific procedures for providers with outreach efforts to engage homeless families and individuals: 1) informal "standards" for the provision of street, woods, shelter, and public places outreach by the Frederick Community Action Agency and the Way Station; 2) development and distribution of outreach publications such as fliers and handouts describing the location of shelters and feeding programs (copy included with the attachments); 3) support for training of new outreach workers and refresher training for existing outreach workers; 4)the CoC has paid for scholarships for staff to attend state/national training; 5) dissemination of outreach materials on agency websites such as the Frederick Community Action Agency at www.cityoffrederick.com/fcaa; 5) customization of the ServicePoint HMIS to include the ability to capture and report on outreach encounters; and 6) support for joint outreach efforts with multiple agencies working together to engage clients.

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

The CoC has taken the following specific steps to prevent homelessness in the jurisdiction: 1) designated the Religious Coalition for Emergency Human Needs (CoC member agency) to serve as the single point-of-entry for all persons seeking financial assistance and other resources to prevent homelessness; 2) recruited staff from the Legal Aid Bureau to join the CoC; 3) supported the targeting of ESG, State funding and private foundation funding to replace HPRP funding in an attempt to maintain the same level of financial resources for homelessness prevention; and 4) facilitated discussions with the Religious Coalition and other member agencies to support the concept of a coordinated "one-stop shop" for homelessness prevention assistance. These procedures, steps and efforts are being incorporated into a CoC Strategic Plan that is currently being developed and will be completed in 2013.

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

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

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

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

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

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2010, FY2011, and FY2012:

Year	Number of CH Persons	Number of PH beds for the CH
2010	90	11
2011	88	13
2012	95	17

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

The CoC uses the HUD definition of chronically homeless to determine chronic homeless eligibility; practically all of the homeless persons entering the Housing First program operated by Friends for Neighborhood Progress have been chronically homeless for years - some for more than 10 years at a stretch. Data is collected on client intake forms through face-to-face interviews with staff; most the chronically homeless clients have been known for years to agency staff from the Frederick Community Action Agency, Friends for Neighborhood Progress, and the Way Station. After completion of the Client Intake Form, the data is entered into the ServicePoint HMIS. Whenever necessary, information reported by clients is confirmed by conversations or emails with shelter providers, relatives, medical providers, and mainstream agencies like the Social Security Administration or the Veterans Administration. Any reported disabling conditions are medically confirmed by physicians (including psychiatrists) or nurse practitioners on staff with the Health Care for the Homeless Program operated by the Frederick Community Action Agency.

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012: 4

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters)

The number of chronically homeless persons (all adults) increased by a total of 7 people between the 2011 PIT and the 2012 PIT (a total of 88 chronically homeless persons were counted in 2011 and a total of 95 chronically homeless persons were counted in 2012). Several factors that may account for this increase include: a prolonged economic recession, the lack of affordable housing, the impact of housing gentrification in Frederick County, and a high incidence of chronic substance abuse that has been reported in all of western Maryland.

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2011 and January 31, 2012:

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development		$4,000		$3,500	
Operations	$21,102				$8,000
Total	$21,102	$4,000	$0	$3,500	$8,000

4C. Continuum of Care (CoC) Housing Performance

Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded permanent housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any permanent housing projects for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	6
b. Number of participants who did not leave the project(s)	39
c. Number of participants who exited after staying 6 months or longer	6
d. Number of participants who did not exit after staying 6 months or longer	35
e. Number of participants who did not exit and were enrolled for less than 6 months	4
TOTAL PH (%)	91

Instructions:

HUD will assess CoC performance in moving participants from transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any transitional housing projects for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	87
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	36
TOTAL TH (%)	41

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

Instructions:

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

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of cash income. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 87

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	23	26%
Unemployment insurance	1	1%
SSI	4	5%
SSDI	7	8%
Veteran's disability	0	0%
Private disability insurance	0	0%
Worker's compensation	0	0%
TANF or equivalent	6	7%
General assistance	1	1%
Retirement (Social Security)	1	1%
Veteran's pension	0	0%
Pension from former job	0	0%
Child support	5	6%
Alimony (Spousal support)	0	0%
Other source	1	1%
No sources (from Q25a2.)	14	16%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4E. Continuum of Care (CoC) Non-Cash Benefits

Instructions:

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

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of non-cash benefits. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 87

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	31	36%
MEDICAID health insurance	3	3%
MEDICARE health insurance	3	3%
State children's health insurance	0	0%
WIC	3	3%
VA medical services	1	1%
TANF child care services	0	0%
TANF transportation services	0	0%
Other TANF-funded services	1	1%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	2	2%
Other source	0	0%
No sources (from Q26a2.)	12	14%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4F. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on the Energy Star Initiative go to: www.energystar.gov .

A "Section 3 business concern" is one in which: 51% or more of the owners are Section 3 residents of the area of services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; or within three years of their date of hire with the business concern were Section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The Section 3 clause can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative?	Yes
Are any projects within the CoC requesting funds for housing rehabilitation or new construction?	No

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

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

4G. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?	Yes

If 'Yes', describe the process and the frequency that it occurs:

The Frederick County Coalition for the Homeless (CoC) utilizes HUD Annual Progress Reports (APRs) to systematically analyze its projects and their ability to improve access to mainstream programs. The process involves members of the Grant Review Committee (a CoC subcommittee) reviewing each of the APRs for TH and PH projects operated by providers. In particular, the Grant Review Committee analyzes the APR to determine the number and percentage of "exiting" adult participants that obtained employment and/or accessed additional mainstream benefits during their stay in transitional housing or permanent supportive housing projects. The APRs are analyzed annually (every 12 months) and the analysis is used as a factor in the rating and ranking of applications for the HUD Continuum of Care grant submission.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?	Yes

If 'Yes', indicate all meeting dates in the past 12 months:

The Strategic Planning Committee (a standing committee of the Frederick County Coalition for the Homeless), established during the summer of 2011, serves as the CoC-wide Planning Committee and held meetings on the following dates during the past 12 months: January 11, 2012; March 21, 2012; April 18, 2012; May 9, 2012; June 13, 2012; July 18, 2012; September 12, 2012; October 3, 2012; November 1, 2012; December 5, 2012; and January 2, 2013. Members of the Strategic Planning Committee also participate in regional CoC planning issues organized through the Washington Metropolitan Council of Governments. The specific purpose of this group is to organize a standardized regional Point-In-Time Count involving jurisdictions in Washington, D.C., Maryland and Virginia.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?	Yes
Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?	Yes
If 'Yes', identify these staff members:	Provider Staff
Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff:	Yes
If 'Yes', specify the frequency of the training:	Monthly or more
Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?	Yes

If 'Yes', indicate for which mainstream programs HMIS completes screening:

HMIS is utilized to complete screening for the Maryland Primary Adult Care (PAC) Program administered by the Maryland Department of Health and Mental Hygiene; Foodbank Services operated by the Frederick Community Action Agency; Homelessness Prevention and Rapid Re-Housing Services offered by the Religious Coalition; and SOAR services operated by the Frederick Community Action Agency. The state-funded PAC program provides access to primary health care services, substance abuse treatment, emergency medical treatment, and payments for prescription medications for lower-income adults with incomes at or below 116% of the federal poverty level. The State of Maryland SAILOR system is another online tool that permits screening for and enrollment in State and Federal benefit programs (TANF, Food Stamps, Medicaid, etc.). The SAILOR system is operated by the Maryland Department of Human Resources.

Has the CoC participated in SOAR training?	Yes

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

The first SOAR training was conducted over 3 days on October 22-24, 2007 at the Frederick County Department of Social Services; nine (9) staff members representing 6 different homeless service agencies (all active members of the CoC) attended the training. The next SOAR training was held December 9-10, 2009 and 4 staff members from the Frederick Community Action Agency attended. The next SOAR training was held May 21-22, 2012 and 4 staff members from the Frederick Community Action Agency attended. A subsequent SOAR training was held on November 7-9, 2012 and a SOAR conference call was held on January 8, 2013; one staff member from the Frederick Community Action Agency participated in both of these events. Most recently the Frederick Community Action Agency was awarded a 1-year $70,090 State-funded grant to operate a SOAR program in Frederick County, Maryland.

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits.	100%
1a. Describe how service is generally provided:	
Case Managers receive training to remain aware of benefits and resources; Case Managers can then screen clients to ascertain general eligibility and use of available benefits and resources; Case Managers then "refer" clients to mainstream benefit programs. The "referrals" may include transportation and escort, assistance with completing forms, sitting through benefit interviews with clients, advocating on behalf of clients, assist with appeals over denials of assistance, obtaining necessary documentation, and contacting the Legal Aid Bureau for formal legal appeals of decisions. The SAILOR program operated by the Maryland Department of Human Resources allows Case Managers and clients to apply online for TANF, Food Stamps, Medicaid, and other types of assistance.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs:	100%
3.a Indicate for which mainstream programs the form applies:	
A standardized application or client intake form is used by all homeless assistance providers and the application form is also used for all mainstream programs operated by the Frederick Community Action Agency including the Foodbank Program, Primary Health Care Clinic, Housing Counseling Program, Medbank Program (provides assistance for obtaining prescription medications), Rental Housing Program, Housing First Program, SOAR Program, Weatherization Assistance Program, and Transportation Program.	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:	100%
4a. Describe the follow-up process:	
Follow-up to ensure that mainstream benefits are received is a function of Case Management. Systematic follow-up may include telephone calls and emails to mainstream providers; face-to-face interviews or appointments with mainstream providers; assistance with collecting and submitting necessary documentation (such as documentation needed when approved for public housing); requesting informal appeals when benefits seem improperly denied; and requesting formal appeals, often with attorneys from the Legal Aid Bureau, when all other interventions have been exhausted.	

4I. Unified Funding Agency

Instructions

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

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area?

Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area?

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

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

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

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

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

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes		
CoC-HMIS Governance Agreement	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		

Attachment Details

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Submission Summary

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1B. CoC Operations	01/16/2013
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2C. HMIS Bed Coverage	01/16/2013
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2E. HMIS Data Usage	01/11/2013
2F. HMIS Data and Technical Standards	01/16/2013
2G. HMIS Training	01/11/2013
2H. Sheltered PIT	01/16/2013
2I. Sheltered Data - Methods	01/16/2013
2J. Sheltered Data - Collections	01/16/2013
2K. Sheltered Data - Quality	01/12/2013
2L. Unsheltered PIT	01/16/2013
2M. Unsheltered Data - Methods	01/16/2013
2N. Unsheltered Data - Coverage	01/12/2013
2O. Unsheltered Data - Quality	01/16/2013
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Objective 5	01/16/2013
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Objective 7	01/12/2013
3B. Discharge Planning: Foster Care	01/14/2013
3B. CoC Discharge Planning: Health Care	01/13/2013
3B. CoC Discharge Planning: Mental Health	01/13/2013
3B. CoC Discharge Planning: Corrections	01/13/2013
3C. CoC Coordination	01/17/2013
3D. CoC Strategic Planning Coordination	01/17/2013
3E. Reallocation	01/13/2013
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4F. Section 3 Employment Policy Detail	01/13/2013
4G. CoC Enrollment and Participation in Mainstream Programs	01/17/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/14/2013
4I. Unified Funding Agency	No Input Required
Attachments	Please Complete
Submission Summary	No Input Required