

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.

- Using the CoC Application Detailed Instructions while completing the application in e-snaps.

- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.

- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.

- Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: MD-501 - Baltimore CoC

1A-2. Collaborative Applicant Name: City of Baltimore - Mayor's Office

1A-3. CoC Designation: CA

1A-4. HMIS Lead: City of Baltimore - Mayor's Office

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	Yes	Yes
EMT/Crisis Response Team(s)	Yes	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	No
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
VA & Veteran Service Providers	Yes	Yes	Yes
HOPWA/HIV/AIDS Service Providers	Yes	Yes	Yes
Legal Services Providers and Fair Housing Organizations	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

The CoC solicits input from individuals and organizations primarily through the committees of the CoC, which all have a specific focus area relating to preventing and ending homelessness. Each committee is open to the public and new members are regularly solicited at CoC meetings, through the CoC's website, and the CoC listserv (open to the public).

For example, the CoC's Youth and Young Adult workgroup oversees strategies to end youth homelessness. The workgroup consists of several youth providers (CoC-funded, RHY-funded, and privately-funded), homeless and formerly homeless youth, a street outreach team, school district staff, the Public Justice Center and Homeless Persons Representation Project (legal services), philanthropic partners, and local government officials. Another example is the Mayor's Veteran Challenge workgroup, which consists of behavioral health providers, the VA, SSVF, CoC-funded providers, formerly homeless veterans, and employment and benefits providers.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Loving Arms Basic Center & Outreach	Yes	Yes	Yes
AIRS City Steps - Geraldine Young Family Life Center	Yes	Yes	Yes
AIRS City Steps - Carriage House	Yes	Yes	Yes
AIRS City Steps - Restoration Gardens	Yes	Yes	Yes
AIRS City Steps - Youth Resource Center	Yes	Yes	No
Youth Empowered Society - Drop In Center & Rapid Re-Housing	No	Yes	No
Hearts and Homes	Yes	Yes	No
Family League	No	Yes	No

1B-1c. List the victim service providers (CoC Program and non-CoC

**Program funded) who operate within the CoC's geographic area.
Then select "Yes" or "No" to indicate if each provider is a voting member
or sits on the CoC Board.**

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
House of Ruth	Yes	Yes
TurnAround	No	No
Power Inside	Yes	No

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

The CoC releases a public request for proposals (RFP) each year for Continuum of Care Program funding. The RFP is publicly disseminated to the CoC listserv and through the Collaborative Applicant (CA) website, and solicits applications for bonus projects, renewal projects, and/or new projects created through reallocated funds. The CoC hosted several webinars open to the public to provide information about the competition and assist agencies in preparing their applications. Information about the CoC Competition is available year-round on the CA website so that agencies can prepare for the NOFA period.

New project applicants are scored and ranked on the following: project design, how the project addresses local priority needs, how the project aligns with local strategies and HUD's priority to end homelessness, budget appropriateness and accuracy, match, leveraging, CoC participation, community collaboration, organizational capacity, use of Housing First, and implementation timeline.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Bi-Monthly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

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

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

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	1
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The Mayor's Office of Human Services is the Collaborative Applicant for the CoC as well as the ESG/HOPWA Recipient for Baltimore City. MOHS and the CoC work very closely with Baltimore Housing (DHCD/HABC), which oversees the development of the Consolidated Plan. MOHS and Baltimore Housing meet at least once per month throughout the year to coordinate the set-aside homeless vouchers, operation of project-based voucher programs, provide PIT and HMIS data to the Con Plan jurisdiction, and coordinate development of the CAPER, Annual Action Plan, and Consolidated Plan. Additionally, Baltimore Housing participates in bimonthly CoC meetings and sits on the CoC's board. The CoC and Housing Authority also participate in strategic planning and resource sharing with CoCs and PHAs through the 25 Cities Initiative on a monthly basis. The Director of Baltimore Housing sits on the CoC board and attends bimonthly meetings as well as monthly committee meetings.

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

MOHS and the CoC's Resource Allocation Committee (RAC) collaborate on all aspects of the ESG allocations process. MOHS and the RAC work together to set the funding priorities for all state and federal funds dedicated to homeless services in Baltimore City: CoC, ESG, HOPWA, and State funds. The Committee and MOHS conduct a local competition to select new and renewal ESG sub-recipients, review and score all applications, and make final ESG allocations. The CoC's Data and Performance Committee (DPC) develops performance measures, benchmarks, and regular performance reports for all state- and federally-funded projects, including ESG. These reports are provided to the CoC and MOHS. MOHS co-leads this committee with a CoC board member, and all of the committee members are also CoC members. MOHS utilizes the DPC-developed measures and benchmarks in all ESG contracts and for monitoring purposes. The CoC and MOHS also collaborated in creating ESG and CoC written standards.

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

The CoC coordinates with a variety of victim service providers (VSPs) that offer

ES, outreach, TH, & RRH (funded by ESG, CoC, VAWA, DOJ, and HHS). The CoC partnered with VSPs for Coordinated Access (CAS) to create a trauma-informed housing assessment that includes intimate partner violence, sex work, and trafficking. Persons fleeing DV may complete a housing assessment with VSP or non-VSP providers. At non-VSPs, clients may choose not to share information with other agencies in the CAS. Clients may turn down a housing offer and are still eligible for future offers. VSPs have separate but comparable data systems that protect client confidentiality and provide aggregate data to the CoC. VSPs practice strict confidentiality, including not confirming or denying participation, and restricting facility access to pre-approved individuals. The CoC trains TBRA programs on client rights to select housing outside of the CoC's geo area, increasing available safe housing options.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of Baltimore City	24.00%	Yes-HCV

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

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

The CoC utilizes State of Maryland and local funds to support over 30 projects providing outreach, shelter, and eviction prevention services. Several foundations that serve on the CoC's board provide private funding for rapid rehousing and diversion projects. Additionally, local private organizations such as the Maryland Association for Supportive Housing, which has over 160 member organizations, provide short- to long-term affordable rentals and assisted living to individuals experiencing homelessness. This summer, the CoC is working with several multifamily housing owners to adopt a homeless preference for their units (all family units). The CoC plans to expand these

partnerships next year to include additional senior, low-income, and disabled units in multifamily developments and in Section 811 developments.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
Law-Enforcement Assisted Diversion (LEAD) program development underway (Low-level offenders would be taken to a service provider and not arrested)	<input checked="" type="checkbox"/>
Stabilization Center in development (persons intoxicated in public would be diverted from jail and ERs)	<input checked="" type="checkbox"/>
Homeless Docket, Mental Health Docket, Drug Court, and Veterans Court support diversion from incarceration to services	<input checked="" type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

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

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

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

Not applicable.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

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

The Coordinated Access process can be accessed through 211 or any one of 50+ programs with navigators, including outreach, shelters, drop-ins, and health providers. A property was acquired in 2016 for a walk-in site for families. Outreach staff assist persons least likely to access the system on their own. Clients are assessed for level of interventions escalating according to need: mainstream services, eviction prevention, ES, TH, RRH, and PSH. The assessment is based on predictors of mortality and prolonged homelessness. After sorting for eligibility criteria and client preferences, chronically homeless, high-scoring vulnerable, and veteran clients are prioritized with length of homelessness used as a tiebreaker. Navigators assist clients throughout the intake process and have access to a Flex Fund to overcome cost barriers to permanent housing entry. The CoC is in the final stage of developing a prioritized, real-time by-name list in HMIS & has a real-time veteran BNL in place.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list,

enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services Providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA Medical Center and VA-Funded Service Providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment/Workforce Development Programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	41
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	4
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	37
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>

Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>

Need for specialized population services:

Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

The CoC prioritized programs in the ranking order serving chronically homeless individuals and those with the highest vulnerability by ranking permanent supportive housing programs first, followed by outreach and safe haven projects (projects serve almost exclusively chronically homeless or clients with tri-morbidity). The renewal project scoring criteria included whether the project had dedicated chronic beds and/or served vulnerable target populations, and awarded points for adopting housing first, which would increase housing options and accessibility for the most vulnerable clients who have difficulty complying with strict program regulations/rules. When reviewing projects for reallocation, the CoC took into account whether the project serves priority populations that typically have experienced significant trauma (ex: chronic substance users, families with children, and survivors of domestic violence).

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

In June 2016, an announcement was posted on the Collaborative Applicant's website regarding the upcoming NOFA competition. A CoC meeting was held on 6/26/2016 to solicit CoC member and public input on funding priorities and the proposed ranking and scoring criteria. On 7/14/2016, the CA's website was updated with the local competition guidelines (including reallocation, ranking, and scoring criteria), NOFA timeline, a project application guide, and the project application templates. A bidder's conference webinar was held on 7/28/2016 and the recording was posted to the CA website. The CA also cross-posted all materials and announcements to the CoC email listserv.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached). 09/12/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 08/26/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

The Collaborative Applicant conducts at least one annual monitoring visit at each sub-recipient. Site visits for fiscal compliance and technical assistance are scheduled separately and in addition to the annual program visits. The frequency of site visits is based on how the sub-recipient scores on a risk assessment (high-medium-low risk). The risk assessment evaluates each sub-recipient's fiscal controls and audits, ability to spend funds, cash flow and expenses, timely APRs, compliance with CoC program regulations and the CoC's written standards, and participant eligibility. Client outcomes and HMIS data quality/compliance are reviewed at least quarterly by the CoC's Data and Performance Committee and the Collaborative Applicant/HMIS Lead, and the CoC Board as needed. These performance measures include utilization, housing stability, length of time homeless, exit destinations, participant income increases, and mainstream benefit connections.

1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Yes

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

CoC Charter: Page 6 HMIS Policies and Procedures: Page 7 -8

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

Yes

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

Yes

2A-4. What is the name of the HMIS software

ClientTrack

used by the CoC (e.g., ABC Software)?

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

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$493,012
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$493,012

2B-2.2 Funding Type: Other Federal

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

2B-2.3 Funding Type: State and Local

Funding Source	Funding

City	\$164,338
County	\$0
State	\$0
State and Local - Total Amount	\$164,338

2B-2.4 Funding Type: Private

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

2B-2.5 Funding Type: Other

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

2B-2.6 Total Budget for Operating Year	\$657,350
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 05/02/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	1,171	45	828	73.53%
Safe Haven (SH) beds	20	0	20	100.00%
Transitional Housing (TH) beds	1,560	41	1,071	70.51%
Rapid Re-Housing (RRH) beds	521	22	499	100.00%
Permanent Supportive Housing (PSH) beds	4,045	0	2,153	53.23%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

ES and TH beds: Coverage rates are low due to two large rescue missions. The CoC is actively working with one mission to begin contributing to HMIS -it is expected that the project will start contributing data by October 2016. When Coordinated Access is built into HMIS (early 2017), it will be a key incentive for projects to participate. Without participating in HMIS, they will be unable to refer their clients to CoC housing.

PSH: Homeless Housing Choice Voucher beds, at 34% of total PSH beds, are a key factor in the low bed coverage rate. The CoC will work with SSO providers where voucher clients receive services to enter client information into designated voucher projects to ensure that the projects are represented in HMIS. The CoC continues to encourage other PSH projects to participate in HMIS. Since the 2016 HIC, two projects with a total of 55 beds have started participation in HMIS while another project with 13 beds has agreed to begin participation October 1, 2016.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	<input checked="" type="checkbox"/>
VASH:	<input checked="" type="checkbox"/>
Faith-Based projects/Rescue mission:	<input checked="" type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input type="checkbox"/>

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	1%	3%
3.3 Date of birth	0%	0%
3.4 Race	0%	2%
3.5 Ethnicity	1%	2%
3.6 Gender	0%	0%
3.7 Veteran status	4%	3%
3.8 Disabling condition	6%	0%
3.9 Residence prior to project entry	9%	5%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	24%	35%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	0%	7%

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

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

None	<input type="checkbox"/>
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2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?

10

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

Quarterly

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

Project

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

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
VA Outreach, CRRC, VASH (read-only access)	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

Not applicable.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count?** Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy)** 01/31/2016
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD?** Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy)** 05/02/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

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

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

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

HMIS data was pulled for all participating housing projects while surveys were sent out to all known non-participating organizations asking them to complete PIT required data on any housing projects. Research was conducted to

determine if there were any new non-participating organizations to be included in the PIT. The HMIS data was compiled with the survey data. Since HMIS non-participating organizations were only asked for aggregate numbers there was no efficient way to deduplicate clients counted both in HMIS as well as in the surveys, however it is unlikely that the same client was represented at two housing projects on the same night. Some HMIS non-participating organizations were unable to provide data on sub populations. In these cases numbers were extrapolated based on average population proportions if there was 80% complete data representation from similar projects. We chose this method because we believed it would be the most inclusive view of clients housed in the CoC.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)

The CoC extrapolation method was changed from 2015 to 2016. In 2015, 80% of the data was not reported for either Transitional Housing or Emergency Shelter projects therefore there was not the HUD standard amount of data to perform a non-random extrapolation per the PIT and HIC Methodology Guide. For that reason, the methodology for 2016 was changed to only extrapolate if 80% of the data was collected for the project type with missing data.

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

Two PSH Projects were excluded because they were actually Supportive Services only Projects. One TH project was included because they are a privately-funded project that serves homeless clients that we were previously unaware of.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Training:	<input checked="" type="checkbox"/>
Follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
Technical assistance with providers	<input checked="" type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

Not Applicable.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

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

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/25/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/15/2015

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

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

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology. (limit 1000 characters)

Mobile surveys were conducted over 2 nights in places not intended for human habitation by volunteer groups led by experienced provider team leaders. Due to jurisdiction's size (2,800+ miles of roads and alleys), a "complete coverage" count was not feasible. Using information from police, outreach, and service providers, each of the City's 55 Community Statistical Areas (CSAs) was categorized as a "known location area" (where homeless persons were known to frequent) or "random sample area." All known location areas were covered, as well as a sample of other CSAs chosen using the Excel random function. Providers recruited to be survey sites conducted surveys over a 7 day period, with help from volunteers. Service providers were required to complete a webinar training and to designate one staff person to oversee the count at their site, ensure interview space was provided, and oversee the distribution of \$5 gift card incentives.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count). (limit 1000 characters)

Only unsheltered persons were offered the survey this year, leading to a more efficient use of volunteer time. A tally count of persons sleeping in places not intended for human habitation was not used, based on new HUD guidance regarding the need to prevent duplication with the service-based count, which likely caused a small decrease in the unsheltered count. Per new HUD guidance, survey sites extended their count window to 7 days, likely increasing the unsheltered count.

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth. (limit 1000 characters)

In 2015, the CoC implemented a magnet event for youth held in the evening during the week of the PIT Count. Additionally, the CoC improved recruitment of youth volunteers by paying them a volunteer stipend. Youth volunteers served in the planning of the PIT count and during the outdoor and service-based counts.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

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

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

A web-based mobile app survey was used for the first time with paper offered as a back-up, potentially increasing the number and accuracy of surveys completed. Mobile tablets were distributed to volunteer teams to facilitate use of the app. A youth magnet event and stipends for youth volunteers were organized, causing a small increase in youth counted. Survey incentives increased from \$3 to \$5. Lastly, additional survey site partners and volunteers were recruited.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	2,754	2,725	-29
Emergency Shelter Total	1,055	1,011	-44
Safe Haven Total	40	20	-20
Transitional Housing Total	1,364	1,357	-7
Total Sheltered Count	2,459	2,388	-71
Total Unsheltered Count	295	337	42

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

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	3,776
Emergency Shelter Total	2,264
Safe Haven Total	81
Transitional Housing Total	1,734

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

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

(limit 1000 characters)

The CoC partners with Social Services and four projects to provide eviction prevention and short-term rental assistance, stabilizing over 4,000 at-risk households each year. Agencies utilize best-practice diversion strategies like identifying social supports, increasing access to food and utility assistance, and applying for income supports and mainstream services such as TANF. The CoC funds a legal services program that educates tenants on housing rights, provides legal representation to at-risk households, and mediates landlord-tenant conflicts. The CoC has two shelter diversion programs for families with complex needs and immediately places them in rapid rehousing. The CoC regularly reviews HMIS data to identify risk factors--most common are recent stays in institutions such as jail, substance abuse facilities, psychiatric hospitals, and foster care. The CoC is working with these systems to explore datasharing that could further identify prevention/diversion opportunities.

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

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.

(limit 1000 characters)

The average length of time individuals and families remain homeless has reduced 13% in the past year. Between 2015 and 2016, the CoC increased the number of rapid rehousing placements and permanent supportive housing beds by 25%. The CoC implemented Coordinated Access in 2014 and utilizes a common assessment to collect eligibility information, verify the number and duration of homeless episodes, and assess vulnerability. The CoC has adopted HUD's prioritization for all PSH, prioritizing clients by chronic homelessness, then length of homeless history, then highest vulnerability score. The CoC worked with the local PHA, which oversees more PSH subsidies than any other program, to merge 2 intake appointments and to implement a pre-inspected unit pilot program. The CoC participates in a high-utilizer taskforce with the local health department, EMS, law enforcement, and hospitals to identify the longest stayers and frequent users. The CoC reviews length of time homeless data quarterly.

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

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

**3A-4a. Exits to Permanent Housing Destinations:
Fill in the chart to indicate the extent to which projects exit program**

participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	1,124
Of the persons in the Universe above, how many of those exited to permanent destinations?	570
% Successful Exits	50.71%

3A-4b. Exit To or Retention Of Permanent Housing:
 In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	1,486
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	1,398
% Successful Retentions/Exits	94.08%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

The CoC has tracked returns to homelessness through HMIS for two years, and are consistently at 9-13%, dependent on project type. The CoC uses a veteran by-name list (BNL) for case conferencing, identifying system barriers causing frequent exit/reentry, and assessing program performance. These practices will be applied to other populations once a BNL in HMIS (early 2017). The CoC has a housing stability flex fund that covers utility debt, moving costs, housecleaning, or unit repair costs to prevent a client's return to homelessness. The CoC is working with partners to create a data warehouse to identify and intervene with high utilizers of hospitals, jails, and homeless programs. The CoC implemented standards of care in 2016 that require all projects in the CoC to adopt a voluntary services model and prevent discharges as much as possible. TH, RRH, and PSH projects typically conduct followup calls/visits with clients that moved to permanent housing to check in and offer assistance.

3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase

**program participants' cash income from employment and non-employment non-cash sources.
(limit 1000 characters)**

Clients enrolled in CoC projects in 2014-2015 increased total cash income by 39% for stayers and 48% for leavers, and increased benefits by 40%. The CoC and Health Care for the Homeless promote the use of SOAR to increase acceptance rates of SSI/SSDI applications by training providers, providing application technical assistance, and providing outreach to people living in shelters or on the street. All projects use Maryland SAIL and EarnBenefits to help clients apply for multiple benefits/cash assistance at one time. Three programs worked with the CoC to promote Medicaid enrollment under the expansion and continue promoting re-enrollment requirements each year. Projects work with DORS to enroll individuals with disabilities into appropriate work placements. Most CoC-funded projects provide assistance to clients through partner agencies like the Mayor's Office of Employment or with their own staff for resume writing and employment search if they are seeking mainstream employment.

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

Over 10 employment/workforce development programs (including the Mayor's Office of Employment Development and their one-stop career centers, Humanim, Center for Urban Families, and community colleges) partner with the CoC to foster employment and income growth. Of the 41 renewal projects included in the NOFA, 39 projects (95%) either have a relationship with an employment organization or operate their own structured employment program. These workforce programs provide services including resume assistance, job search/placement, and vocational training. MOED serves on the CoC board and participates in the CoC's Income and Employment workgroup. The CoC's new initiative, Journey to Jobs, is a cross-sector effort to support homeless jobseekers, remove barriers related to criminal charges and child support, negotiate data-sharing and coordinated metrics, and advocate for policy reform. The CoC engages at local and state levels to provide recommendations on workforce investment plans.

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

Not applicable. The City did a "complete count" during the most recent unsheltered count in January 2015. No areas were excluded.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and No

extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)?

**3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?
(limit 1000 characters)**

Not applicable. The CoC did a "complete count" during the most recent unsheltered count in January 2015. No areas were excluded.

**3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached.
(mm/dd/yyyy)** 08/01/2016

**3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data.
(limit 1500 characters)**

Not applicable. The CoC submitted the complete system performance measure report on 8/1/2016.

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

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

- 1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;**
- 2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and**
- 3. The highest needs for new and turnover units.**

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	449	585	136
Sheltered Count of chronically homeless persons	373	417	44
Unsheltered Count of chronically homeless persons	76	168	92

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015.
(limit 1000 characters)**

The above table was filled out per HUD instructions in the attached AAQ ID 82090. The increase in unsheltered chronically homeless persons can be attributed to the nearly double number of volunteers that participated in the unsheltered count for 2015 compared to 2013. The increased number of volunteers increased the number of people on each team assigned to a geographic area, and as a result, teams were better able to canvas areas such as alleys and building lobbies than in previous years. Additionally, volunteers were better trained to ask the questions that determine chronic homelessness resulting in a more accurate count. The increase in the overall total number of chronically homeless persons is due more to data quality and increased training on the chronic homeless definition. The number of projects we have in HMIS has increased over the last year, resulting in more accurate numbers of chronically homeless and less reliance on client self-reported data.

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	165	219	54

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

Two CoC-funded projects increased the number of dedicated chronic beds in their programs due to increased leveraged funding. One project's household compositions changed, which increased the number of dedicated beds.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status? Yes

3B-1.3a. If "Yes" was selected for question 3B-1.3, attach a copy of the CoC's written standards or other evidence that clearly shows the incorporation of the Orders of Pages 1-3

Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found.

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? No

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was "Yes" what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If "No" was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)

It is unknown if the goal of ending chronic homelessness will be met by 2017 due to two primary factors: the new definition and documentation requirements outlined in the Final Rule released in January 2016, and the extent to which individuals will qualify under the new definition. The CoC has contracted with our HMIS vendor to implement Coordinated Access within HMIS, which would include documenting the homeless history and disability status of each individual according to the new definition. The new feature is anticipated to be released in early 2017. Once the new system has been implemented and sufficient data has been collected, we will have better information as to the extent of chronic homelessness. In the FY2015 competition, the CoC created 110 new units of dedicated permanent supportive housing and will continue to add other mainstream resources such as vouchers. In FY2016, the CoC will significantly expand rapid re-housing, which will slow the rate at which people fall into chronic homelessness by connecting more households quickly to permanent housing.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

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

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)

In order to meet this goal, the CoC will focus on 5 core strategies over the next few years: expand rapid rehousing programs; continue to expand Coordinated Access to all homeless and non-homeless housing placement opportunities, streamline existing referral and lease-up processes, implement best practices for family reunification and connecting families with mainstream resources that can support permanent housing, and utilize housing first practices and prioritization to serve the most vulnerable families. The CoC is conducting a pilot project with multifamily property owners to adopt a homeless preference to increase access to affordable housing. The CoC reallocated approximately 9% of the CoC portfolio this year to create new RRH, which includes over 100 new family units, and will continue to increase the portion of ESG allocated to RRH (from the current 30%). To date, increases in RRH have led to a 50% reduction in family shelter stays.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	89	126	37

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

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
Partnership with legal service provider who does "know your rights" trainings for clients	<input checked="" type="checkbox"/>
CoC reviews program-level policies and procedures during annual monitoring	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count,		
FY2016 CoC Application		Page 43	09/13/2016

	most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	210	225	15
Sheltered Count of homeless households with children:	210	225	15
Unsheltered Count of homeless households with children:	0	0	0

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

The above table was filled out per HUD instructions in the attached AAQ ID 82090. There was a small increase in the number of sheltered homeless households with children. This is due to the expansion of the city's largest family shelter in mid-2015.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

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

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

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

	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
Violence at home	<input checked="" type="checkbox"/>
Been pregnant or gotten someone pregnant	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	15	25	10

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)

Not applicable.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$1,319,466.00	\$1,750,718.00	\$431,252.00
CoC Program funding for youth homelessness dedicated projects:	\$364,534.00	\$367,306.00	\$2,772.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$954,932.00	\$1,383,412.00	\$428,480.00

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	20
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	20
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	55

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)

LEAs attend the bimonthly CoC meetings and participated in creating the CoC's Youth and Young Adult Strategic Plan. Additionally, the LEA assisted in planning and executing YouthReach, an annual homeless youth count co-led by the CoC and homeless youth providers. LEAs also attend meetings for the Children's Coordinator Program, which funds staff positions in the city's family shelters to act as liasons to the school system and facilitate services to families and youth. The CoC attends strategic planning sessions on homelessness for the school system, trains Community School Coordinators and LEAs on youth and family homelessness, and attends coordination meetings regarding enrollment, transportation, and services for homeless youth. The CoC provides data on homeless families to the school system for planning purposes and grant applications, and will incorporating school system staff as navigators into the Coordinated Access System over the next six months.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are

**required to follow.
(limit 2000 characters)**

The CoC raises private funds for children's program coordinator positions in each of the city's three family shelters. The staff educate families on educational rights of homeless students, assist families with enrollment and transportation arrangements, and act as advocates and liaisons to the school system. The CoC requires all homeless programs to verify school enrollment for all children K-12 within 48 hours of entry, coordinate with the school to ensure proper transportation has been obtained within 7 days, and hold an informational session with all families at least quarterly. The CoC also partners with the Public Justice Center, a legal advocacy organization, which provides training to shelters and homeless programs on student rights as well as the school system's homeless liaisons and staff. The CoC and Baltimore City Public Schools staff meet regularly, along with provider coalitions, to coordinate on projects such as the homeless youth count and identify students and their families that may be eligible for homeless programs. The CoC has also coordinated with the school system to review their training materials and informational packets that are distributed to all families at the beginning of each year, which provides information about eligibility and referral opportunities for families that may be at-risk or experiencing homelessness.

**3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)**

Yes. Several HUD-funded projects have written agreements with programs that serve infants, toddlers, and children. Dayspring and St. Vincent de Paul both have several HUD-funded projects and also operate Head Start and Early Head Start Centers. St. Vincent de Paul also has a co-located nursery (PACT) in one of their residential projects in addition to operating a summer camp for homeless children residing in family emergency shelters and transitional housing projects. Additionally, many HUD-funded projects work closely with Healthy Start and Bmore for Health Babies, though they do not have written agreements in place.

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

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	372	234	-138
Sheltered count of homeless veterans:	337	234	-103
Unsheltered count of homeless veterans:	35	0	-35

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

The above table was filled out per HUD instructions in the attached AAQ ID 82090.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF. (limit 1000 characters)

The CoC and VA have developed a by-name list to identify all veterans experiencing homelessness in Baltimore, and utilize the CoC's HMIS to identify,

assess, and engage all veterans entering homelessness. The VA outreach team, SSVF, and veteran service providers funded by the CoC utilize biweekly case conferencing to ensure each veteran is assigned a follow-up agency appropriate for their eligibility. The VA screens each person on the list through their database to determine if the person is VA-eligible or ineligible and assigns staff to follow up as necessary. CoC projects have been provided with information on services provided by the VA's walk-in clinic and how to refer clients who might be eligible. Once Coordinated Access is programmed into HMIS this year, the VA will be able to receive referrals for services automatically through the system.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	301	269	-10.63%
Unsheltered Count of homeless veterans:	0	35	0.00%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016. No

This question will not be scored.

3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016? (limit 1000 characters)

The above table was filled out per HUD instructions in the attached AAQ ID 82284. It is anticipated that the CoC and VA have enough permanent supportive housing resources to end chronic veteran homelessness by the end of 2016. The CoC has met nearly all of the federal criteria except for length of stay in GPD and offering permanent housing every two weeks to veterans enrolled in GPD. However, there are a significant number of Grant and Per Diem beds that remain at high utilization rates. Additionally, the CoC continues to see significant inflow of veterans from outside of the metropolitan area (approximately 20%). It is anticipated that the CoC and VA will be able to expedite housing referrals once Coordinated Access is programmed into HMIS, as all veteran providers are currently participating in the system.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	42
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	42
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

The CoC coordinates with Health Care Access Maryland, Maryland's central region Connector Entity for Medicaid and other Affordable Care Act options. The Connector program enrolled 6,098 people into QHPs and 16,662 into Medicaid in FY16 and served a total of 35,415 individuals with insurance needs. Eligibility processed a total of 33,484 applications for Medicaid. Specific data for homeless individuals is not available. Healthcare for the Homeless is also a key partner in this work. Staff at these agencies offer on-site enrollment services and mobile Navigators and Assisters who help people enroll in health insurance

plans. Both organizations have presented and shared information at outreach and CoC meetings, and both organizations have street outreach teams within their agency that help connect persons experiencing homelessness with insurance. The CoC is currently working with HCAM to facilitate a data matching strategy to flag clients in HMIS who are due for Medicaid recertification.

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

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Medicaid Navigators and Assisters	<input checked="" type="checkbox"/>
Care Coordination	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	41
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	41
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	41
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	41
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	100%

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

Direct outreach and marketing:	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">X</div>
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Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
Coordination and Data Sharing with EMS and Emergency Departments	<input checked="" type="checkbox"/>
Outreach Coordination with Police (especially police assigned to homeless detail)	<input checked="" type="checkbox"/>
Citizen use of 311 (Call center for city services) to request outreach	<input checked="" type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	159	245	86

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

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

Not applicable.

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

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

Not applicable.

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

Not applicable.

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. Yes

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

This response does not affect the scoring of this application.

CoC Governance:	<input checked="" type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Revision of CoC charter and bylaws, HEARTH Act training, CoC board membership	01/01/2016	4

4C. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Project Ranking N...	09/12/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	Consolidated Appl...	09/12/2016
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	CoC Reallocation,...	09/12/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Rating and Rankin...	08/08/2016
05. CoCs Process for Reallocating	Yes	CoC Reallocation,...	09/12/2016
06. CoC's Governance Charter	Yes	CoC Governance Ch...	09/12/2016
07. HMIS Policy and Procedures Manual	Yes	HMIS Policies and...	08/08/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	HABC Admin Plan -...	08/05/2016
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No	CA PSH Prioritiza...	08/05/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	HDX SPM Report	08/08/2016
14. Other	No	HUD AAQ 82090	09/09/2016
15. Other	No	HUD AAQ 82284	09/09/2016

Attachment Details

Document Description: Project Ranking Notification - Public Posting

Attachment Details

Document Description: Consolidated Application Posting Evidence

Attachment Details

Document Description: CoC Reallocation, Scoring, Ranking Process

Attachment Details

Document Description: Rating and Ranking Public Posting

Attachment Details

Document Description: CoC Reallocation, Scoring, Ranking Process

Attachment Details

Document Description: CoC Governance Charter and Bylaws

Attachment Details

Document Description: HMIS Policies and Procedures

Attachment Details

Document Description:

Attachment Details

Document Description: HABC Admin Plan - Set Aside for Homeless

Attachment Details

Document Description:

Attachment Details

Document Description: CA PSH Prioritization

Attachment Details

Document Description:

Attachment Details

Document Description: HDX SPM Report

Attachment Details

Document Description: HUD AAQ 82090

Attachment Details

Document Description: HUD AAQ 82284

Submission Summary

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

Page	Last Updated
1A. Identification	08/12/2016
1B. CoC Engagement	09/11/2016
1C. Coordination	09/13/2016
FY2016 CoC Application	Page 60
	09/13/2016

1D. CoC Discharge Planning	08/17/2016
1E. Coordinated Assessment	08/19/2016
1F. Project Review	09/12/2016
1G. Addressing Project Capacity	09/11/2016
2A. HMIS Implementation	08/12/2016
2B. HMIS Funding Sources	09/11/2016
2C. HMIS Beds	09/11/2016
2D. HMIS Data Quality	08/12/2016
2E. Sheltered PIT	09/11/2016
2F. Sheltered Data - Methods	08/17/2016
2G. Sheltered Data - Quality	08/17/2016
2H. Unsheltered PIT	09/11/2016
2I. Unsheltered Data - Methods	09/13/2016
2J. Unsheltered Data - Quality	08/12/2016
3A. System Performance	09/13/2016
3B. Objective 1	09/13/2016
3B. Objective 2	09/12/2016
3B. Objective 3	09/11/2016
4A. Benefits	09/12/2016
4B. Additional Policies	09/12/2016
4C. Attachments	09/12/2016
Submission Summary	No Input Required

Meister, Danielle

From: Meister, Danielle
Sent: Friday, August 26, 2016 6:42 PM
To: Meister, Danielle
Subject: FY2016 CoC Competition - Project Ranking Released
Attachments: FY-2016 CoC NOFA Ranking - 8-26-2016.pdf

Dear community partners,

The Continuum's Resource Allocation Committee has completed the project ranking for the FY2016 Continuum of Care Competition, which can be found attached to this email and on the MOHS website: <http://human-services.baltimorecity.gov/funding-opportunities/fy2016-continuum-care-funding-competition>.

The committee anticipates making minor changes to the funding amount and ranking order of new projects within Tier 2 once the budgets have been finalized with each provider. The CoC's Consolidated Application, which will include the final ranking, is anticipated to be released on or before September 9th.

Tie-breakers were applied for renewal projects that received the same score according to the *Local Competition Process and Timeline* document; first by housing first adoption, second by permanent housing stability/exit rate, and third by utilization.

Please note that all projects and funding amounts reflected in the ranking are not final until after the NOFA competition has concluded and HUD has issued funding awards.

If you have any questions regarding the ranking, please submit them to mohs.hsp.application@baltimorecity.gov.

Thank you,

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You can now [sign up online](#) to receive updates from the Continuum of Care!

FY2016 CoC NOFA Project Ranking
As of 8/26

FY2016 CoC Maximum Available Funding

CoC's Annual Renewal Demand	\$20,031,494
Tier 1 Portion	\$18,629,289
Tier 2 Portion	\$1,402,205
Eligible Bonus Project Funding	\$1,001,575
Total FY2016 Available Funding	\$21,033,069

New Project Funding

Bonus Project Funding	\$1,001,575
Amount Available from Reallocation	\$1,498,369
Funding Available for New Projects	\$2,499,944

Tier	Rank	Applicant Name	Project Name	Renewal Status	Project Type	GIW Annual Renewal Amount	Partial Reallocation Amount	New Annual Renewal Amount	Cumulative Total	Total Score
1	1	City of Baltimore - Mayor's Office	MOHS - HMIS Project	Renewal	HMIS	\$362,812	0	\$362,812	\$362,812	N/A
1	2	City of Baltimore - Mayor's Office	MOHS - HMIS Project - Expansion	First Year	HMIS	\$130,200	0	\$130,200	\$493,012	N/A
1	3	City of Baltimore - Mayor's Office	Coordinated Access SSO	First Year	CA SSO	\$341,470	0	\$341,470	\$834,482	N/A
1	4	City of Baltimore - Mayor's Office	Project PLASE Veteran PSH Scattered-Site	First Year	PSH	\$1,216,518	0	\$1,216,518	\$2,051,000	N/A
1	5	City of Baltimore - Mayor's Office	Health Care for the Homeless - Homeward Bound Bonus Project	First Year	PSH	\$1,081,445	0	\$1,081,445	\$3,132,445	N/A
1	6	City of Baltimore - Mayor's Office	Associated Catholic Charities - Project FRESH Start	Renewal	PSH	\$102,638	0	\$102,638	\$3,235,083	94.7%
1	7	City of Baltimore - Mayor's Office	Project PLASE - Scattered Site PHP	Renewal	PSH	\$240,767	0	\$240,767	\$3,475,850	90.5%
1	8	City of Baltimore - Mayor's Office	Associated Catholic Charities - Project BELIEVE PHP	Renewal	PSH	\$117,283	0	\$117,283	\$3,593,133	90.5%
1	9	City of Baltimore - Mayor's Office	At Jacobs Well PHP	Renewal	PSH	\$23,968	0	\$23,968	\$3,617,101	90.5%
1	10	City of Baltimore - Mayor's Office	SVdP Home Connections PHP	Renewal	PSH	\$463,834	0	\$463,834	\$4,080,935	90.5%
1	11	City of Baltimore - Mayor's Office	SVdP Home Connections III	Renewal	PSH	\$125,436	0	\$125,436	\$4,206,371	90.5%
1	12	City of Baltimore - Mayor's Office	GEDCO Justice Housing (formerly GEDCO S+C)	Renewal	PSH	\$330,585	0	\$330,585	\$4,536,956	90.0%
1	13	City of Baltimore - Mayor's Office	Marian House - TAMAR 2 PHP	Renewal	PSH	\$93,933	0	\$93,933	\$4,630,889	89.5%
1	14	City of Baltimore - Mayor's Office	St. Ambrose Housing Aid Center S+C III (formerly WAR)	Renewal	PSH	\$66,440	0	\$66,440	\$4,697,329	89.5%
1	15	City of Baltimore - Mayor's Office	St. Ambrose Housing Aid Center PHP (Formerly Newborn)	Renewal	PSH	\$42,175	0	\$42,175	\$4,739,504	89.5%
1	16	City of Baltimore - Mayor's Office	Project PLASE - Rental Assistance Program	Renewal	PSH	\$1,629,284	0	\$1,629,284	\$6,368,788	89.5%
1	17	City of Baltimore - Mayor's Office	St. Ambrose Housing Aid Center PHP II	Renewal	PSH	\$36,016	0	\$36,016	\$6,404,804	89.5%
1	18	City of Baltimore - Mayor's Office	MOHS - Homeward Bound PHP	Renewal	PSH	\$807,752	0	\$807,752	\$7,212,556	85.7%
1	19	City of Baltimore - Mayor's Office	AIRS Shelter Plus Care Program	Renewal	PSH	\$1,509,426	\$78,877	\$1,430,549	\$8,643,105	85.7%
1	20	City of Baltimore - Mayor's Office	St. Ambrose Housing Aid Center S+C	Renewal	PSH	\$149,490	0	\$149,490	\$8,792,595	85.7%
1	21	City of Baltimore - Mayor's Office	Marian House S+C Expansion	Renewal	PSH	\$52,893	0	\$52,893	\$8,845,488	84.2%
1	22	AIDS Interfaith Residential Services, Inc.	AIRS CoC YIP Youth SHP	Renewal	PSH	\$154,010	0	\$154,010	\$8,999,498	83.8%
1	23	City of Baltimore - Mayor's Office	Associated Catholic Charities - REACH Combined	Renewal	PSH	\$742,942	0	\$742,942	\$9,742,440	81.0%
1	24	City of Baltimore - Mayor's Office	PEP Samaritan Project	Renewal	PSH	\$695,228	0	\$695,228	\$10,437,668	81.0%
1	25	City of Baltimore - Mayor's Office	Women's Housing Coalition (Merged 7/12/2016)	Renewal	PSH	\$890,375	0	\$890,375	\$11,328,043	80.4%
1	26	City of Baltimore - Mayor's Office	GEDCO Justice Housing Case Management	Renewal	PSH	\$34,995	0	\$34,995	\$11,363,038	79.0%
1	27	City of Baltimore - Mayor's Office	SVdP Home Connections II - Samaritan Project	Renewal	PSH	\$500,986	\$5,639	\$495,347	\$11,858,385	76.2%
1	28	City of Baltimore - Mayor's Office	Dayspring Programs Tenant Based S+C	Renewal	PSH	\$361,728	\$35,795	\$325,933	\$12,184,318	74.3%
1	29	City of Baltimore - Mayor's Office	Marian House - Serenity Place PHP	Renewal	PSH	\$31,730	0	\$31,730	\$12,216,048	73.7%
1	30	City of Baltimore - Mayor's Office	Project PLASE - Medically Fragile SRO	Renewal	PSH	\$70,478	0	\$70,478	\$12,286,526	71.4%
1	31	City of Baltimore - Mayor's Office	St. Ambrose Housing Aid Center II (formerly WAR - Responsibility Matters S+C)	Renewal	PSH	\$127,668	0	\$127,668	\$12,414,194	68.4%
1	32	City of Baltimore - Mayor's Office	BHSB SRA Multi-Grant S+C (formerly BMHS)	Renewal	PSH	\$3,781,928	0	\$3,781,928	\$16,196,122	68.4%
1	33	City of Baltimore - Mayor's Office	GEDCO - Supportive Housing Harford House and Micah House	Renewal	PSH	\$104,006	0	\$104,006	\$17,555,472	66.7%
1	34	City of Baltimore - Mayor's Office	Marian House TAMAR S+C	Renewal	PSH	\$625,359	\$11,358	\$614,001	\$16,810,123	63.2%
1	35	City of Baltimore - Mayor's Office	Marian House PH	Renewal	PSH	\$70,577	0	\$70,577	\$16,880,700	63.2%
1	36	AIDS Interfaith Residential Services, Inc.	AIRS CoC SHP - Adult Case Management	Renewal	PSH	\$188,563	0	\$188,563	\$17,069,263	61.1%
1	37	City of Baltimore - Mayor's Office	Dayspring Programs PHP	Renewal	PSH	\$296,792	0	\$296,792	\$17,366,055	61.1%
1	38	City of Baltimore - Mayor's Office	Dayspring Village @ Patterson Park	Renewal	PSH	\$85,412	0	\$85,412	\$17,451,466	60.0%
1	39	Behavioral Health System Baltimore	HOPE Ethel Elan Safe Haven	Renewal	SH	\$399,670	0	\$399,670	\$17,851,136	67.8%
1	40	AIDS Interfaith Residential Services, Inc.	AIRS CoC GYFLC SHP	Renewal	TH	\$213,296	0	\$213,296	\$18,064,432	84.2%
1	41	Behavioral Health System Baltimore	PEP Mobile Outreach and Treatment Project	Renewal	Outreach	\$364,687	0	\$364,687	\$18,429,119	N/A
Tier 2, Rank Order TBD		City of Baltimore - Mayor's Office	SVDP - Front Door RRH	New through Reallocation	RRH	N/A	N/A	TBD		N/A
Tier 2, Rank Order TBD		City of Baltimore - Mayor's Office	YES Rapid Re-Housing	New through Reallocation	RRH	N/A	N/A	TBD		N/A
Tier 2, Rank Order TBD		City of Baltimore - Mayor's Office	HCAM - Rapid ReLink RRH	New through Bonus	RRH	N/A	N/A	TBD		N/A
Tier 2, Rank Order TBD		City of Baltimore - Mayor's Office	Associated Catholic Charities - MSP Youth Haven	New through Bonus	PSH	N/A	N/A	TBD		N/A
Tier 2, Rank Order TBD		City of Baltimore - Mayor's Office	HCAM Coordinated Access SSO	New through Reallocation	CA SSO	N/A	N/A	TBD		N/A

Baltimore City Continuum of Care

FY2016 HUD Continuum of Care NOFA Local Competition Process & Timeline

Released 7/14/2016, Updated 8/3/2016 & 8/15/2016

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OVERVIEW

Each year, the U.S. Department of Housing and Urban Development (HUD) releases the Continuum of Care (CoC) Program Notice of Funding Availability (NOFA), which provides over \$20 million dollars in homeless services funding to Baltimore for permanent supportive housing, rapid re-housing, transitional housing, supportive services, and CoC infrastructure projects like HMIS (Homeless Management Information System) and planning. This year's NOFA was released on June 28th, 2016.

The competitive application requires each local Continuum of Care to rank, score, and select new and renewal projects according to HUD's funding priorities and project performance. This information packet includes a timeline for the local competition and details how the Baltimore City Continuum of Care (Baltimore CoC) will evaluate renewal projects for reallocation, score and rank renewal and new projects, and make the application process available to the community.

It is expected that all agencies applying for new or renewal project funding read the CoC NOFA and available HUD resources at the [HUD website](#). You can also find helpful information, webinars, and resources on the [United States Interagency Council on Homelessness website](#) as well as the [National Alliance to End Homelessness website](#).

Designated NOFA Entities

On June 6, 2016, the Continuum of Care board approved an updated [governance charter and bylaws](#) that outlines the roles and responsibilities for the local NOFA process. The Resource Allocation Committee (RAC) of the CoC board oversees the development of the local NOFA submission to HUD, which includes:

- Developing an annual or multi-year funding strategy for allocating HUD CoC funding according to local need, HUD policy priorities, and overall system performance
- Reading and analyzing the annual Notice of Funding Availability (NOFA), developing an annual reallocation strategy, developing the annual project rating and ranking criteria, utilizing performance and program data to evaluate and rank project applications
- Developing a communications plan for informing the Continuum of Care and ensuring full participation
- Overseeing the work of the Collaborative Applicant to prepare the NOFA submission
- Approve final submission for the annual CoC application to HUD

The revised charter and bylaws also renewed the designation of the Mayor's Office of Human Services – Homeless Services Program (MOHS-HSP) as the Collaborative Applicant, HMIS Lead, and Support Entity for the Baltimore City Continuum of Care for an additional one-year term. As the Collaborative Applicant, MOHS-HSP develops the application to HUD according to the priorities, strategy, ranking, and requirements established by the Resource Allocation Committee. The Resource Allocation Committee determines which projects may have partial or full funding reallocated, which new projects will be included in the final ranking, and the project ranking order according to the measures included in this document.

All local application materials, processes, and meeting notices will be posted to the [Mayor's Office of Human Services website](#) and sent to the CoC email listserv. CoC listserv subscription is available [here](#).

FY2016 NOFA Timeline
(all dates are tentative and subject to change)

<p>June 6, 2016 12pm-2pm</p>	<p>Governance Charter & Bylaws Approval The CoC board approved the revised charter and bylaws, including designating the Collaborative Applicant and HMIS Lead for the FY2016 NOFA.</p>
<p>June 22, 2016</p>	<p>CoC Policies and Procedures Approval The CoC board Executive Committee approved the following documents for inclusion in the FY2016 NOFA:</p> <ul style="list-style-type: none"> • HMIS Policies and Procedures • Coordinated Access Policies and Procedures • Standards of Care
<p>June 23, 2016 3pm-5pm</p>	<p>Preliminary Review of Renewal Project Data The Resource Allocation Committee met to review initial renewal project performance data to determine what additional data/background is needed from providers and to finalize the draft reallocation and ranking procedures prior to community input session.</p>
<p>June 28, 2016 3pm-5pm</p>	<p>Community Input Session - CoC Reallocation, Ranking, and Scoring Criteria The Resource Allocation Committee held a webinar meeting to seek community and CoC member input into the local reallocation, ranking, and scoring criteria. Comments and suggestions were also accepted via email. The webinar recording can be viewed here.</p>
<p>July 6, 2016</p>	<p>Renewal Projects Notified of Need to Submit Performance Justifications (if necessary) The Resource Allocation Committee will contact renewal projects with data indicating that either further information is needed to fully evaluate the project’s performance, or that the project may be suitable for full or partial reallocation of funding. Renewal projects that are contacted will receive a form to complete and return to the Resource Allocation Committee by the deadline indicated in this timeline.</p>
<p>July 13, 2016 4pm</p>	<p>DEADLINE: Renewal Projects to Submit Performance Justifications to Resource Allocation Committee Projects must submit required form and information to mohs.hsp.application@baltimorecity.gov.</p>
<p>July 14, 2016</p>	<p>Local Competition Procedures Published</p> <ol style="list-style-type: none"> 1. Local Timeline and Project Evaluation Process Released 2. New and Renewal Project Applications & Guide Released

FY2016 NOFA Timeline
(all dates are tentative and subject to change)

<p>July 21, 2016 9:30-11:30am</p> <p>Registration Link</p>	<p>NOFA Bidders Conference/Technical Assistance Webinar This webinar is designed for service providers applying for renewal or new project funding in the local FY2016 Continuum of Care Program Competition. The webinar will be recorded and posted to the MOHS website.</p>
<p>July 22, 2016</p>	<p>Renewal Project Applicants Notified of Acceptance/Rejection from CoC Project Ranking and Reallocations</p> <p><i>Note: Street outreach projects and non-housing first projects may be notified of their reallocation status at a later date once the draft ranking has been developed.</i></p>
<p>August 5, 2016 4pm</p>	<p>DEADLINE: New and Renewal Project Applications and Attachments Due to MOHS New Project Match Documentation Due to MOHS</p> <p>Projects must submit required materials to mohs.hsp.application@baltimorecity.gov.</p>
<p>August 6-15, 2016</p>	<p>Renewal and New Project Scoring by Resource Allocation Committee</p>
<p>August 12, 2016</p>	<p>Resource Allocation Committee Meets to Select New Projects & Draft Project Ranking</p>
<p>August 15, 2016 4pm</p>	<p>DEADLINE: Renewal Project Match Documentation Due to MOHS</p> <p>Projects must submit required materials to mohs.hsp.application@baltimorecity.gov.</p>
<p>August 18, 2016</p>	<p>Draft CoC Application Sent to CoC for Input and Review</p>
<p>August 22, 2016 3pm-5pm</p>	<p>Resource Allocation Committee Presents NOFA Summary and Ranking to CoC Board Location: The Shelter Group, Training Room 218 N. Charles Street, Suite 220, Baltimore, MD 21201</p>
<p>August 26, 2016</p>	<ul style="list-style-type: none"> • Final Project Ranking Sent to CoC • New Project Applicants Notified of Acceptance/Rejection from Project Ranking • Remaining Renewal Projects Affected by Reallocation Notified of Acceptance/Rejection from Project Ranking
<p>September 9, 2016</p>	<p>Final Consolidated CoC Application to HUD Posted to MOHS-HSP Website</p>
<p>September 13, 2016</p>	<p>CoC application, project listing, all project applications submitted to HUD</p>

CONTINUUM OF CARE PARTICIPATION

A draft reallocation, scoring, and ranking strategy for the FY2016 Continuum of Care Funding Competition was presented to the Continuum of Care membership by the Resource Allocation Committee on June 28th, 2016. Continuum of Care members asked questions, discussed, and gave verbal and written feedback regarding the factors used to determine which projects would be suitable for reallocation, how to score new and renewal projects, and how the local funding priorities (project ranking order) should be set. Comments and suggestions were reviewed by the Resource Allocation Committee and integrated into the final published version (this document). A summary of Continuum of Care member comments, questions, and suggestions in addition to the Resource Allocation Committee’s responses are included in Appendix C.

FY2016 AVAILABLE FUNDING

FY2016 CoC NOFA Available - FINAL		
Amount	Type	Description
\$20,031,494	The Annual Renewal Demand (ARD) for Baltimore City	This is the base amount that CoC is eligible to apply for
\$1,001,575	Bonus Project Funding Available (5% of ARD)	This is the maximum amount of new bonus funding CoC is eligible to apply for
\$600,945	CoC Planning Grant Funds	This provides staffing support and funding for CoC management
\$21,634,014	Total Amount of Funding Available	

During the FY2016 NOFA competition, the Baltimore CoC will maximize opportunities to create new [rapid re-housing projects for individuals, families, and unaccompanied youth](#). Over the past five years, local trend data has shown minimal increases in the number of rapid re-housing slots while permanent supportive housing has increased roughly 75%. This trend data, in combination with the recent extensive cuts to transitional housing, has created an even more urgent need for more mobility and permanent housing resources for households needing short-term and medium-term interventions to end their homelessness.

Rapid re-housing rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. Rapid re-housing programs help families and individuals living on the streets or in emergency shelters solve the practical and immediate challenges to obtaining permanent housing while reducing the amount of time they experience homelessness, avoiding a near-term return to homelessness, and linking them to community resources that enable them to achieve housing stability in the long-term. Rapid re-housing is an important component of a community’s response to homelessness.

New Bonus Project Funding

HUD allows local communities to create new projects through two methods: bonus projects and reallocation. Bonus projects are typically awarded competitively at the national level but are also required to be ranked with the CoC's other renewal and new projects.

The anticipated amount of funding available for bonus projects in Baltimore during the FY2016 competition is approximately \$1,000,000. Eligible bonus projects include:

- New permanent supportive housing projects that will serve chronically homeless families and individuals including youth experiencing chronic homelessness; and
- New rapid re-housing projects that will serve homeless individuals and families, including youth, coming directly from the streets or emergency shelters, or fleeing domestic violence situations

New Project Funding Through Reallocation

Reallocation refers to the process by which a CoC shifts funds in whole or in part from existing CoC-funded projects that are eligible for renewal to create one or more new projects. CoCs can pursue reallocations through the annual CoC Program Competition. A reallocated project must be a new project that serves new participants and has either a rapid re-housing or permanent supportive housing program design, or is dedicated to coordinated access. A new reallocated project may use resources from an existing project, including staff, but it is not simply a continuation of an existing project that serves existing participants.

Reallocating funds is one of the most important tools by which CoCs can make strategic improvements to their homelessness system. Through reallocation, CoCs can create new, evidence-informed projects by eliminating projects that are underperforming or are more appropriately funded from other sources. Reallocation is particularly important when new resources are scarce.

For FY2016, eligible new projects available through reallocation include:

- New permanent supportive housing projects that serve chronically homeless individuals and families, including unaccompanied youth.
- New rapid re-housing projects for homeless individuals and families, including unaccompanied youth, coming directly from the streets or emergency shelter, or persons fleeing domestic violence situations.
- New Supportive Services Only (SSO) projects for centralized or coordinated assessment systems.

FY2016 HUD PRIORITIES AND NATIONAL SCORING

About the NOFA

The NOFA submission consists of three parts:

- *CoC Application* – This is the CoC’s overall application, and primarily focuses on the CoC’s progress on ending homelessness, strategic initiatives, and adoption of HUD’s funding and policy priorities. It is a combination of narrative questions and data tables. The score is out of 200 points (+3 bonus points for early submission). The CoC’s application score heavily impacts the individual project scores— particularly for projects that fall in Tier 2 of the ranking (more information below).
- *Project Ranking* — This is an ordered ranking of all renewal and new projects the CoC is submitting in the application for funding. The project ranking should reflect HUD funding priorities, local need, and a data-driven process for evaluating individual project performance. Prior to the ranking process, the CoC completes a full performance evaluation of all renewal projects and determines whether to include each individual project in the ranking.

HUD requires the project ranking consist of a Tier 1 and Tier 2. HUD typically has enough funding to fund all projects that meet threshold criteria and are in Tier 1. Projects in Tier 2 are considered “at-risk” of not being funded if the overall CoC score and individual project score are not competitive at the national level. For FY2016, the tiers are as follows:

- Tier 1: 93% of Annual Renewal Demand
- Tier 2: 7% of Annual Renewal Demand + Eligible Bonus Project Funding

- *Project Applications* – Each project approved for inclusion in the local project ranking is included in the CoC’s submission to HUD. Each project application must meet HUD’s threshold review in order to receive funding in addition to the competitive scoring process.

Tier 2 Project Scoring

Once projects are ranked into Tier 1 and Tier 2, HUD scores all Tier 2 projects and competitively awards funds at the national level. In the FY2015 competition, Tier 2 projects that were not able to achieve the full amount of points available were cut. HUD’s scoring criteria for Tier 2 projects in the FY2016 competition is based on a 100-point scale and consists of the following:

Tier 2 Project Scoring Criteria		
Max Points	Scoring Factor	HUD Calculation
50 Points	CoC Application Score	(% of available points received on CoC application) * 50
35 Points	Ranking Order	$\text{Total Points} = 35 * (1-y)$ <p>Where “y” equals:</p> $\frac{(\text{cumulative funding for Tier 2 ranked higher than project}) + (1/2 * \text{project's funding request})}{\text{Total Tier 2 Funding Available}}$

5 Points	Project Type	5 Points: PSH, RRH, Safe Haven, HMIS, Coordinated Access, TH serving youth 3 Points: TH projects (except youth) 1 Point: SSO projects (except Coordinated Access)
10 Points	Commitment to Policy Priorities	Up to 10 Points: PH projects that apply Housing First Up to 10 Points: TH, SH, SSO projects demonstrating low-barrier policies, prioritize rapid and stable PH placements, and have no service participation requirements or preconditions to entry 10 Points: HMIS & SSO projects for coordinated assessment system
100	Total Points Available	

HUD POLICY PRIORITIES (from the FY2016 NOFA)

1. **Create a Systematic Response to Homelessness.** CoCs should create systematic supports that ensure homeless assistance is well coordinated, inclusive, and transparent.
 - a. *Measure System Performance.* CoCs should use the system performance measures developed by HUD to access how they can improve their systems for better performance. These system performance measures track the average length of homeless episodes, rates of returns to homelessness, and others to determine how effectively a CoC is serving people experiencing homelessness.
 - b. *Create an effective Coordinated Entry system.* Coordinated entry is a key step in assessing the needs of homeless individuals and families requesting assistance and prioritizing those households for assistance. Communities should integrate these processes into their outreach work so that individuals living in unsheltered are prioritized for help. This system should achieve the following goals:
 - i. *Make it easier for persons experiencing homelessness or housing crisis to access the appropriate housing and service interventions;*
 - ii. *Prioritize persons with the longest histories of homelessness and the most extensive needs;*
 - iii. *Lower barriers to entering programs or receiving assistance; and,*
 - iv. *Ensure that persons receive assistance and are housed as quickly as possible.*
 - c. *Promote participant choice.* CoCs should support the choices made by individuals experiencing homelessness. Whether this choice applies to the type or location of housing, or support programs for substance use recovery, programs should support the participant's choices.
 - d. *Plan as a system.* CoCs should coordinate homeless assistance and mainstream housing services to ensure individuals experiencing homeless receive help as quickly as possible.

The performance, eligibility criteria, target populations, and cultural competency of each provider should be monitored by CoCs. Providers should collaborate when participants move from program to program or when one program serves the same individual.

- e. *Make the delivery of homeless assistance more open, inclusive, and transparent.* The needs of all individuals and families experiencing homelessness should be represented within the CoC through inclusion of those who have experienced homelessness in the planning process and in leadership roles. CoCs should work with organizations that represent persons fleeing domestic violence, the LGBTQ community, victims of human trafficking, unaccompanied youth, individuals with disabilities, and other relevant populations in their communities to ensure client-centered service delivery and cultural competence.

2. Strategic Resource Allocation. Using performance and outcome data, CoCs should decide how to best use the resources available to end homelessness within the community, including CoC and Emergency Solutions Grant (ESG) Program funds, State and local funds, public and assisted housing units, mainstream service resources such as Medicaid, and philanthropic efforts. Decisions about resource allocation should include the following:

- a. *Comprehensive Review of Projects.* CoCs should reallocate funds to new projects whenever reallocations would reduce homelessness. Communities should use CoC approved scoring criteria and selection priorities to determine the extent to which each project is still necessary and addresses the policy priorities listed in this NOFA.
- b. *Maximizing the Use of Mainstream Resources.* HUD strongly encourages CoCs and project applicants to ensure that they are maximizing the use of all mainstream services available. While 24 CFR part 578 allows for the payment of certain supportive service costs, it is more efficient for CoCs to use mainstream resources where possible. CoCs should proactively seek and provide information to all stakeholders within the geographic area about mainstream resources and funding opportunities, particularly new opportunities made available under the Affordable Care Act and related technical assistance initiatives. Additionally, where homeless assistance projects are providing specialized services, such as employment services, mental health services, or substance abuse recovery services, they should be coordinating with State or local agencies responsible for overseeing these services to ensure that they are using best practices and that there is proper oversight of their programs.
- c. *Reviewing the Efficacy of Transitional Housing.* Recent research shows that transitional housing is generally more expensive than other housing models serving similar populations with similar outcomes. HUD also recognizes that transitional housing may be an effective tool for addressing certain needs— such as housing for underage homeless youth, safety for persons fleeing domestic violence, and assistance with recovery from addiction. HUD strongly encourages CoCs and recipients to carefully review the transitional housing projects within the geographic area for cost-effectiveness, performance, and for the number and type of eligibility criteria to determine if rapid re-housing might be a better model for the CoC’s geographic area.
- d. *Integration.* CoCs should manage their programs and services in the most integrated way to meet the needs of qualified individuals with disabilities. Programs serving chronically homeless families and individuals should ensure individuals with disabilities are interacting with individuals without disabilities as much as possible.

3. Ending Chronic Homelessness.

- a. *Increasing Units.* In order to increase the number of units for chronically homeless individuals and families and work towards the goal of ending chronic homelessness, HUD encourages CoCs to create new projects through reallocation that exclusively serve chronically homeless individuals and families and/or create a permanent housing bonus project specifically for chronically homeless individuals and families. Chronically homeless and permanent supportive housing are defined in 24 CFR 578.3. Projects are prohibited from discriminating against chronically homeless families with children.
- b. *Targeting:* Chronically homeless individuals and families should be given priority for permanent supportive housing beds not currently dedicated to this population as vacancies become available through turnover. Permanent supportive housing renewal projects serving specific disabled subpopulations (e.g., persons with mental illness or persons with substance use disorder) must continue to serve those subpopulations, as required in the current grant agreement. However, chronically homeless individuals and families within the specified subpopulation should be prioritized for entry. CoCs are encouraged to implement a process for prioritizing homeless individuals and families experiencing chronic homelessness consistent with Notice CPD 14-012: [Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.](#)
- c. *Improve Outreach.* Communities should identify and engage all persons who are experiencing sheltered or unsheltered chronic homelessness and those at risk of experiencing chronic homelessness on a continuous basis. This includes making sure individuals with disabilities and persons with Limited English Proficiency (LEP persons) have access to services and programs.

4. Ending Family Homelessness. Most families experiencing homelessness can be housed quickly and stably using rapid re-housing, although some will need the long-term support provided by a permanent housing subsidy or permanent supportive housing. CoCs should adjust the homeless services system for families to ensure that families can easily access rapid re-housing and other housing assistance tailored to their needs. CoCs should also be working with their affordable housing community to facilitate access to affordable housing units. CoCs should also ensure that their projects address the safety needs of persons fleeing domestic violence. Rapid re-housing is designed to assist homeless individuals and families, with or without disabilities, to move as quickly as possible into permanent housing and achieve stability in that housing. Rapid re-housing assistance is time-limited, individualized, and flexible, and should complement and enhance homeless system performance. HUD encourages CoCs to use reallocation to create new rapid re-housing projects for families.

5. Ending Youth Homelessness. CoCs should understand the unique needs of homeless youth and should be reaching out to youth-serving organizations to help them fully participate in the CoC. CoCs and youth serving organizations should work together to develop resources and programs that better end youth homelessness and meet the needs of homeless youth, including Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth. When evaluating the performance of youth programs, CoCs should take into account the specific challenges faced by homeless youth. When CoCs identify lower performing youth serving projects, they should seek to reallocate funds from those projects to better projects serving youth.

- 6. Ending Veteran Homelessness.** Ending veteran homelessness is within reach for many communities, and CoCs should take specific steps to reach this goal including:
- a. CoC Program-funded projects should, to the extent possible, prioritize veterans and their families who cannot be effectively assisted with Department of Veterans Affairs (VA) services. When it is determined a veteran cannot be effectively assisted with VA housing and services and has the same level of need as a non-veteran (as determined using a standardized assessment tool) the veteran should receive priority.
 - b. CoCs should work closely with the local VA and other Veteran-serving organizations and coordinate CoC resources with VA-funded housing and services including HUD-VASH and Supportive Services for Veteran Families (SSVF).
- 7. Using a Housing First Approach.** *Housing First* is an approach to homeless assistance that prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions such as sobriety or a minimum income threshold. Projects using a housing first approach often have supportive services; however, participation in these services is based on the needs and desires of the program participant. Specific steps to support a community-wide Housing First approach include the following:
- a. *Removing Barriers to Entry.* CoCs should review system- and project-level eligibility criteria to identify and remove barriers to accessing services and housing that are experienced by homeless individuals and families. Many projects currently have barriers to entry.
 - b. *Use Data to quickly and stably house homeless persons.* Programs using a Housing First approach should move families and individuals into permanent housing quickly. To improve performance CoCs should measure the length of time it takes to move households into permanent housing.
 - c. *Engage landlords and property owners.* CoCs should work to identify and recruit landlords so that when individuals or families need housing units are available, speeding up the housing process. This process can be used by individual providers or in a consolidated effort so that a few organizations work with landlords on behalf of several providers.
 - d. *Client-centered Service Delivery.* Housing and service options should be tailored to meet the unique needs of each individual or family presenting for services. Program participants should not be required to participate in services that they do not believe will help them to achieve their goals.

Additional Resources on HUD FY2016 Priorities

[SNAPS In Focus: FY 2015 CoC Program Competition Recap](#)

[CoC Competition Focus: Creating a Systemic Response to Homelessness](#)

[CoC Competition Focus: FY 2016 Policy Priority to End Youth Homelessness](#)

[CoC Competition Focus: Ending Chronic Homelessness](#)

Note: HUD will be releasing a series of messages, webinars, and resources leading up to the NOFA deadline. You can review these resources and sign up for the HUD mailing list at their [FY2016 CoC Funding page](#).

RENEWAL PROJECT REALLOCATION PROCESS

For several years, HUD has emphasized the importance of reallocating funding from underperforming projects, projects that are underspending, or projects that no longer meet the CoC needs. For FY2016, HUD has communicated that in order to receive bonus project funding, communities **must be able to demonstrate that they can successfully reallocate funding from lower-performing projects.**

The Resource Allocation Committee has reviewed HUD guidance, previous NOFA results, project performance, and program guidelines to develop the following factors that will be used to determine whether full or partial reallocation of funds from a project may be necessary. The Resource Allocation Committee will notify renewal projects of their reallocation status and rationale in writing. If a project believes that incorrect data was used in the review process, they may contact the RAC using the included contact information in their funding notice. This process will include an opportunity for the program to give more detail or justify their performance. The Resource Allocation Committee will not consider appeals of reallocation determinations except for technical or data-related errors.

Projects that are being fully reallocated are not eligible to apply for renewal funding. Projects that have been partially reallocated or have not been reallocated must still apply for renewal funding through the local competition process outlined in this document.

Utilization

Projects with a history of low utilization (under 95%) will be considered for a partial or full reallocation of funds, depending on the severity of the utilization rate. Three years of utilization history will be reviewed, with a higher emphasis on the most recent program year completed.

Spending History

Projects with a history of returning funds to HUD will be considered for a partial or full reallocation of funds. Two completed years of spending history will be reviewed to show historical trends. Please note that any organization found to have less than 95% of their grant expended will be required to provide an explanation why some funds were recaptured. Depending upon the nature of the situation, the project or organization may be targeted for partial or full reallocation. HUD expects programs to spend 100% of the funds they are allocated—if projects are chronically underspending but are included in the ranking without a reallocation, HUD may reject a funding request for that project.

Poor Performance/Underfunded

Renewal projects will be reviewed to determine whether the project is satisfactorily meeting performance outcomes related to permanent housing stability, income growth, and quality of services.

MOHS will be voluntarily reallocating two underfunded permanent supportive housing projects: MOHS Housing First S+C and MOHS Family S+C. Combined, these grants consist of 21 units and only include funding for rental assistance. The grants do not include any supportive services or case management—historically, community partners with ability to bill Medicaid have provided limited support services, however, more funding is needed to provide the comprehensive services required of permanent supportive housing. MOHS will coordinate the transfer of these 21 households into other permanent supportive housing programs or into vouchers if the household requires only limited support services.

Program Compliance and Monitoring

Projects with unresolved monitoring findings or are in non-compliance for the CoC Program Regulations (including participant eligibility), Coordinated Access, HMIS participation, and other applicable regulations and laws may have funds partially or fully reallocated.

Project Type

For the FY2016 NOFA, the Baltimore CoC will reallocate all supportive services only projects that are not dedicated to Coordinated Access or street outreach. Once all renewal projects have been scored and ranked, the Resource Allocation Committee will carefully review the ranking to determine whether reallocation of street outreach projects may be necessary in order to prevent an overall loss of funding to the CoC.

Housing First

If renewal projects that have not committed to a Housing First model fall into Tier 2, it is anticipated that the projects will not score high enough at the national level in order to be awarded funding by HUD. Once the draft ranking has been developed, the Resource Allocation Committee will review projects that fall into Tier 2 and determine what steps are necessary to ensure that the CoC retains the maximum amount of funds for Baltimore City. These steps may include:

1. Requiring the project to utilize a Housing First model
2. Reallocating the project
3. Adjusting the ranking order

RENEWAL PROJECT SCORING PROCESS

Renewal projects approved by the Resource Allocation Committee (RAC) for inclusion in the CoC project ranking will be scored according to an objective scoring tool based on their individual project performance, alignment with HUD and CoC policy priorities, and compliance. Performance and HMIS elements are heavily weighted measures used by HUD in determining the overall CoC score for the NOFA. Data used in the project scoring tool comes largely from projects' most recently submitted Annual Performance Report (APR). Participation in HMIS and quality data entry is mandatory for those agencies seeking renewal CoC funds, except where prohibited by law.

A list of all FY 2016 potentially-eligible renewal projects can be found in Appendix A, and a copy of the renewal project scoring tool can be found in Appendix B of this document. After completing the project scoring tool, the Resource Allocation Committee will rank all renewal projects according to their evaluation score.

Ties in project scores (within the same project type) will be broken in the following order:

- Housing First commitment
- Highest % of clients exiting to or retaining permanent housing
- Highest utilization rate
- Largest grant amount

First-time renewals are projects that have not yet completed their first operating year, and thus, cannot be scored for their performance due to not having a completed Annual Performance Report (APR). However, the RAC will evaluate each first time renewal to ensure that each project is on track for implementation and anticipated outcomes.

NEW PROJECT SCORING PROCESS

New project applicants will be scored on the following: project design, how the project addresses local priority needs, how the project aligns with local strategies and HUD's priority to end homelessness, budget appropriateness and accuracy, project match, leveraging, CoC participation, community collaboration, organizational capacity, use of Housing First, and implementation timeline. There may be new projects that fail to score well enough to be included in the NOFA submission, or there may not be enough new project funding to fund all requests. New project applicants are highly encouraged to review the new project application guide and instructions while preparing their application, which provide a wealth of resources on best practices, policies, procedures, and requirements.

PROJECT RANKING PROCESS

New and renewal projects approved for inclusion in the CoC's project ranking will be ranked in the following order:

1. CoC infrastructure projects:
 - a. HMIS Renewal Projects
 - b. Coordinated Access SSO project
2. First-time renewal permanent supportive housing projects
3. Renewal permanent supportive housing projects, ranked in order of highest to lowest score
4. Renewal safe haven projects, ranked in order of highest to lowest score
5. Renewal transitional housing for youth
6. Street outreach projects (may be assessed further for reallocation)
7. New rapid re-housing projects created through reallocation and approved for inclusion in ranking, ranked in order of highest to lowest score
8. New permanent supportive housing projects created through reallocation and approved for inclusion in ranking, ranked in order of highest to lowest score
9. New rapid re-housing projects created through the bonus and approved for inclusion in ranking, ranked in order of highest to lowest score
10. New permanent supportive housing projects created through the bonus and approved for inclusion in ranking, ranked in order of highest to lowest score

Note: There are no renewal rapid re-housing projects funded through the NOFA. Supportive services only (SSO) projects not dedicated to Coordinated Access or street outreach are not included in the ranking order due to all projects being reallocated. The Resource Allocation Committee may adjust individual projects up or down in the ranking or reallocate in order to fulfill HUD priorities, prevent potential losses of funding, and maximize the overall CoC score.

PROJECT ELIGIBILITY & APPLICATION PROCEDURES

Eligible Organizations

New and Renewal Project Applicants must be:

- A Non-Profit 501(c)(3) tax-exempt organization or a city agency
- In Good Standing with the State of Maryland (certification of Good Standing can be obtained through the [Department of Taxation](#) website.)
- Have two most recent years of financial audits (A-133 Audits)
- Able to document at least a 25% cash or in-kind match for the amount of funding requested (see project application guide for more details and sample forms)

Submission Requirements

Applicants will submit (1) electronic copy of the application and all required supporting documents to mohs.hsp.application@baltimorecity.gov. No paper or faxed applications will be accepted. All project applications must be received by 4pm on the application deadline stated in the timeline at the beginning of this document. Applicants are **highly encouraged** to review and understand the accompanying project application guide, which includes further instructions, requirements, and resources that ensure your project will meet the eligibility criteria.

Direct grantees of HUD must submit their project applications in HUD's e-Snaps system and email the list of attachments and certifications below to mohs.hsp.application@baltimorecity.gov by the project application deadline.

Questions regarding the NOFA process, application templates, and instructions can be directed to Danielle Meister, Continuum of Care Coordinator, at mohs.hsp.application@baltimorecity.gov.

ALL project applications (new and renewal) must include the following components:

1. Completed application appropriate for the type of project
2. Match and Leveraging List
3. Match and Leveraging Supporting Documents
4. Articles of Incorporation and Bylaws
5. Federal Tax Exemption Determination Letters
6. Certificate of Good Standing from State of Maryland
7. List of Board of Directors
8. Project Organizational Chart
9. Housing First Certification
10. MOHS Fair Housing Policy & Statement of Agreement
11. Conflict of Interest Questionnaire and Limits to Primarily Religious Organizations
12. Proof of Ownership or Lease (if housing will be provided at site-based location)
13. A-133 Independent Audits (most recent 2 years)

All submissions will undergo a threshold review for completion and accuracy prior to being scored by the Resource Allocation Committee. Projects that submit incomplete applications or do not submit their application by the stated deadline in this document may not be considered for funding.

APPENDIX

APPENDIX A: GRANTS ELIGIBLE FOR RENEWAL IN FY2016

Note: This is not a ranked project list, and does not reflect reallocations that may take place during the NOFA competition.

Applicant Name	Project Name	Expiring Grant Number	Expiring Grant Start Date	Expiring Grant End Date	Renewal Status	Project Type	Total Annual Renewal Amount	Required Match (ARA-Leasing)*25%
AIDS Interfaith Residential Services, Inc.	AIRS CoC GYFLC SHP- 6/1/2016--5/31/2017	MD0091L3B011508	6/1/2016	5/31/2017	Renewal	TH	\$213,296	\$53,324
AIDS Interfaith Residential Services, Inc.	AIRS CoC SHP - Adult Case Management - 8/1/2016--7/31/2017	MD0014L3B011508	8/1/2016	7/31/2017	Renewal	PSH	\$188,563	\$47,141
AIDS Interfaith Residential Services, Inc.	AIRS CoC YIP Youth SHP - 4/1/2016--3/31/2017	MD0015L3B011508	4/1/2016	3/31/2017	Renewal	PSH	\$154,010	\$38,503
Behavioral Health System Baltimore	HOPE Ethel Elan Safe Haven	MD0037L3B011508	12/1/2016	11/30/2017	Renewal	SH	\$399,670	\$99,918
Behavioral Health System Baltimore	PEP Mobile Outreach and Treatment Project	MD0059L3B011508	2/2/2016	1/31/2017	Renewal	SSO	\$364,687	\$91,172
Behavioral Health System Baltimore	UMMS Safe Haven	MD0080L3B011508	2/2/2016	1/31/2017	Renewal	SH	\$348,634	\$83,127
City of Baltimore - Mayor's Office	AIRS Shelter Plus Care Program	MD0016L3B011508	4/1/2016	3/31/2017	Renewal	PSH	\$1,509,426	\$377,357
City of Baltimore - Mayor's Office	Associated Catholic Charities - Project BELIEVE PHP	MD0061L3B011508	2/2/2016	1/31/2017	Renewal	PSH	\$117,283	\$29,321
City of Baltimore - Mayor's Office	Associated Catholic Charities - Project FRESH Start	MD0030L3B011508	12/1/2016	11/30/2017	Renewal	PSH	\$102,638	\$12,679
City of Baltimore - Mayor's Office	Associated Catholic Charities - REACH Combined	MD0027L3B011508	1/1/2017	12/31/2017	Renewal	PSH	\$742,942	\$112,081
City of Baltimore - Mayor's Office	At Jacobs Well PHP	MD0018L3B011508	8/31/2016	8/30/2017	Renewal	PSH	\$23,968	\$5,992
City of Baltimore - Mayor's Office	BHSB SRA Multi-Grant S+C (formerly BMHS)	MD0024L3B011508	4/1/2016	3/31/2017	Renewal	PSH	\$3,781,928	\$945,482
City of Baltimore - Mayor's Office	BHSB, Inc. - Project Based S+C	MD0023L3B011508	4/1/2016	3/31/2017	Renewal	PSH	\$90,782	\$22,696
City of Baltimore - Mayor's Office	Coordinated Access SSO	MD0329L3B011500	2/2/2016	1/31/2017	First Year	CA SSO	\$341,470	\$85,368
City of Baltimore - Mayor's Office	Dayspring Programs PHP	MD0034L3B011508	1/1/2017	12/31/2017	Renewal	PSH	\$296,792	\$74,198
City of Baltimore - Mayor's Office	Dayspring Programs Tenant Based S+C	MD0033L3B011508	4/1/2016	3/31/2017	Renewal	PSH	\$361,728	\$90,432
City of Baltimore - Mayor's Office	Dayspring Village @ Patterson Park	MD0254C3B011000	7/29/2016	7/28/2017	Multi-Year	PSH	\$85,412	\$21,353
City of Baltimore - Mayor's Office	Gaudenzia	MD0255B3B011000	3/1/2016	2/28/2017	Multi-Year	PSH	\$222,720	\$55,680
City of Baltimore - Mayor's Office	GEDCO - Supportive Housing Harford House and Micah House	MD0038L3B011508	6/1/2016	5/31/2017	Renewal	PSH	\$104,006	\$26,002
City of Baltimore - Mayor's Office	GEDCO Justice Housing (formerly GEDCO S+C)	MD0043L3B011508	4/1/2016	3/31/2017	Renewal	PSH	\$330,585	\$82,646
City of Baltimore - Mayor's Office	GEDCO Justice Housing Case Management	MD0042L3B011508	8/1/2016	7/31/2017	Renewal	PSH	\$34,995	\$8,749
City of Baltimore - Mayor's Office	Health Care for the Homeless - Homeward Bound Bonus Project FY2015	MD0330L3B011500	TBD	TBD	First Year	PSH	\$1,081,445	\$270,361
City of Baltimore - Mayor's Office	HPRP - Legal Service Project	MD0045L3B011508	1/1/2017	12/31/2017	Renewal	SSO	\$115,622	\$28,906
City of Baltimore - Mayor's Office	JHR, Inc. - Lighthouse 1	MD0046L3B011508	10/1/2016	9/30/2017	Renewal	PSH	\$108,689	\$1,668
City of Baltimore - Mayor's Office	JHR, Inc. - Lighthouse 2 PHP	MD0012L3B011507	8/1/2016	7/31/2017	Renewal	PSH	\$105,007	\$22,396

APPENDIX A (Continued): GRANTS ELIGIBLE FOR RENEWAL IN FY2016

Note: This is not a ranked project list, and does not reflect reallocations that may take place during the NOFA competition.

Applicant Name	Project Name	Expiring Grant Number	Expiring Grant Start Date	Expiring Grant End Date	Renewal Status	Project Type	Total Annual Renewal Amount	Required Match (ARA-Leasing)*25%
City of Baltimore - Mayor's Office	Marian House - Serenity Place PHP	MD0052L3B011508	12/1/2016	11/30/2017	Renewal	PSH	\$31,730	\$7,933
City of Baltimore - Mayor's Office	Marian House - TAMAR 2 PHP	MD0060L3B011508	3/1/2016	2/28/2017	Renewal	PSH	\$93,933	\$23,483
City of Baltimore - Mayor's Office	Marian House PH	MD0051L3B011508	9/1/2016	8/31/2017	Renewal	PSH	\$70,577	\$17,644
City of Baltimore - Mayor's Office	Marian House S+C Expansion	MD0057L3B011508	12/1/2016	11/30/2017	Renewal	PSH	\$52,893	\$13,223
City of Baltimore - Mayor's Office	Marian House TAMAR S+C	MD0064L3B011508	8/1/2016	7/31/2017	Renewal	PSH	\$625,359	\$156,340
City of Baltimore - Mayor's Office	MOHS - Family SPC	MD0269C3B011100	5/31/2016	5/30/2017	Multi-Year	PSH	\$256,235	\$64,059
City of Baltimore - Mayor's Office	MOHS - HMIS Project	MD0021L3B011508	5/1/2016	4/30/2017	Renewal	HMIS	\$362,812	\$90,703
City of Baltimore - Mayor's Office	MOHS - HMIS Project - Expansion	MD0328L3B011500	TBD	TBD	First Year	HMIS	\$130,200	\$32,550
City of Baltimore - Mayor's Office	MOHS - Homeward Bound PHP	MD0022L3B011508	10/1/2016	9/30/2017	Renewal	PSH	\$807,752	\$201,938
City of Baltimore - Mayor's Office	MOHS - Housing First S+C	MD0019L3B011508	4/1/2016	3/31/2017	Renewal	PSH	\$119,010	\$29,753
City of Baltimore - Mayor's Office	PEP Samaritan Project	MD0011L3B011506	10/1/2016	9/30/2017	Renewal	PSH	\$695,228	\$173,807
City of Baltimore - Mayor's Office	Project PLASE - Medically Fragile SRO	MD0069L3B011508	10/1/2016	9/30/2017	Renewal	PSH	\$70,478	\$17,620
City of Baltimore - Mayor's Office	Project PLASE - Rental Assistance Program	MD0065L3B011508	4/1/2016	3/31/2017	Renewal	PSH	\$1,629,284	\$407,321
City of Baltimore - Mayor's Office	Project PLASE - Scattered Site PHP	MD0068L3B011508	7/1/2016	6/30/2017	Renewal	PSH	\$240,767	\$60,192
City of Baltimore - Mayor's Office	St. Ambrose Housing Aid Center II (formerly WAR - Responsibility Matters S+C)	MD0040L3B011508	7/1/2016	6/30/2017	Renewal	PSH	\$127,668	\$31,917
City of Baltimore - Mayor's Office	St. Ambrose Housing Aid Center S+C III (formerly Women Accepting Responsibility Inc.)	MD0090L3B011508	7/31/2016	7/30/2017	Renewal	PSH	\$66,440	\$16,610
City of Baltimore - Mayor's Office	St. Ambrose Housing Aid Center PHP (Formerly Newborn)	MD0058L3B011508	2/2/2016	1/31/2017	Renewal	PSH	\$42,175	\$10,544
City of Baltimore - Mayor's Office	St. Ambrose Housing Aid Center PHP 11	MD0071L3B011508	4/1/2016	3/31/2017	Renewal	PSH	\$36,016	\$9,004
City of Baltimore - Mayor's Office	St. Ambrose Housing Aid Center S+C	MD0073L3B011508	4/1/2016	3/31/2017	Renewal	PSH	\$149,490	\$37,373
City of Baltimore - Mayor's Office	SVdP Home Connections II - Samaritan Project	MD0249L3B011506	10/1/2016	9/30/2017	Renewal	PSH	\$500,986	\$125,247
City of Baltimore - Mayor's Office	SVdP Home Connections III	MD0039L3B011508	8/1/2016	7/31/2017	Renewal	PSH	\$125,436	\$31,359
City of Baltimore - Mayor's Office	SVdP Home Connections PHP	MD0077L3B011508	1/1/2017	12/31/2017	Renewal	PSH	\$463,834	\$115,959
City of Baltimore - Mayor's Office	Veteran PSH Scattered-Site FY15	MD0331L3B011500	TBD	TBD	First Year	PSH	\$1,216,518	\$304,130
City of Baltimore - Mayor's Office	Women's Housing Coalition (Merged 7/12/2016)	MD0085L3B011508	5/1/2016	4/30/2017	Renewal	PSH	\$890,375	\$222,594

APPENDIX B: RENEWAL PROJECT SCORING TOOL

FY2016 CoC Renewal Project Scoring Tool		
Outcome	Max Points	Scoring Thresholds
Permanent Housing Placements The % of persons who remained in the permanent housing program as of the end of the operating year or exited to permanent housing (subsidized or unsubsidized). Note: TH and SH will only be scored on exits to permanent housing	20	20 Points: 95% or more 15 Points: 90 – 94% 10 Points: 80-89% 0 Points: Less than 80%
Utilization Rate The average % of units that were utilized nightly over the course of the program year	15	15 Points: 95% or more 10 Points: 90 – 94% 5 Points: 85-89% 0 Points: Less than 85%
Total Income (Cash) The % of persons age 18 and older who maintained or increased their total cash income (employment or entitlement income) as of the end of the operating year or program exit	10	10 Points: 75% or more 5 Points: 40 – 74% 3 Points: 20 – 39% 0 Points: Less than 20%
Mainstream Benefits (Non-Cash) The % of households that maintained or increased their non-cash benefits as of the end of the operating year or at program exit	10	10 Points: 75% or more 5 Points: 40 – 74% 3 Points: 20 – 39% 0 Points: Less than 20%
Length of Stay (SH and TH only) The average length of stay in the program	10	10 Points: SH—2 years or less, TH—less than 18 months 0 Points: SH—more than 2 years, TH—more than 18 months
Dedicated Chronic Homeless Beds The % of beds in the project that are dedicated chronic homeless beds	10	10 Points: 50 – 100% 5 Points: 1 – 49% 0 Points: No dedicated beds
Returns to Homelessness Percentage of households who exit to permanent housing destinations and return to homelessness within 2 years	10	10 Points: Under 10% 5 Points: Under 20% 0 Points: Over 20%
Target Population At least 50% of beds are targeted to veterans, youth, domestic violence survivors, or families	5	5 Points: 50% or more 0 Points: 49% or less
Housing First Projects will complete a housing first certification	10	10 Points: Program uses housing first approach 0 Points: Program does not use housing first approach
HMIS & APRs The extent to which the project: <ul style="list-style-type: none"> • Enters all client data into HMIS • Has satisfactory data quality & timeliness • Submitted APR to MOHS in a timely manner 	10	10 Points: All three requirements met 5 Points: Two of the three requirements met 0 Points: One or zero of the requirements met NOTE: HMIS participation is mandatory. If a project is not currently participating in HMIS, it may receive a reduction or elimination of funds or corrective action
Grant Spending % of grant funds expended in most recently completed operating year	5	5 Points: 95% or more grant funds expended 0 Points: Less than 95% of grant funds expended
Total Points Possible	105 PSH /115 TH & SH	

APPENDIX C: CoC Member Input & Responses

On June 28, 2016, the CoC held a webinar meeting to discuss the proposed reallocation and ranking strategy created by the Resource Allocation Committee. Questions, comments, and suggestions were taken during the webinar and via email after the webinar. The majority of feedback received through the webinar were technical questions, and no emailed comments were received from CoC members. The summary below includes two recommendations/concerns shared during the webinar:

Member Recommendation 1

Comment: The Resource Allocation Committee should reconsider the proposed plan to reallocate the sole remaining street outreach project in the CoC portfolio. This is due to the recent cuts to three other street outreach programs as a result of the FY2015 Competition, and the lack of immediately identifiable replacement funding. Losing the street outreach program would significantly impact the ability to provide services to people living on the street or in places not meant for human habitation.

Background: The Resource Allocation Committee identified all supportive services projects except for those dedicated to Coordinated Access as necessary reallocations in the proposed reallocation strategy. Since the strategy was developed prior to the NOFA's release, the committee anticipated that Tier 2 scoring and thresholds would be similar to FY2015 and require 15% of renewal funding to be placed in Tier 2. If an SSO project was placed in Tier 1, it was likely to push renewal permanent supportive housing into Tier 2, which would put those residents at risk. The CoC could not only lose that funding permanently, but also would have to identify alternative permanent supportive housing for those individuals enrolled in the programs if the agencies could no longer sustain the project. If an SSO project fell into Tier 2, it would not be competitive for funding at the national level (as evidenced by the results of the FY2015 competition when several SSO projects were cut).

Response: Street outreach is a critical part of the homeless services system and the committee recognizes that street outreach, while not able to earn full points in the NOFA process, is in direct alignment with HUD policy priorities to outreach to the most vulnerable individuals and families in the CoC's jurisdiction. The NOFA published on June 29 noted that for FY2016, only 7% of renewal funds would need to be placed in Tier 2. Additionally, project type accounts for only 5% of the Tier 2 project scores (10% in FY2015). As a result, including street outreach in the ranking may present less of a risk than originally anticipated. The Resource Allocation Committee will carefully review the ranking after final reallocation determinations have been made and projects have been scored to determine whether street outreach can be included in the ranking without compromising the overall funding award of the CoC.

Member Recommendation 2

Comment: We suggest that the Resource Allocation Committee reconsider the equal percentages of cash and non-cash benefits [in the renewal project scoring system]. All clients should be on Medicaid, and receipt of Medicaid & food stamps are not deterrents to employment - they are employment supports. Don't we want to make sure we have 100% Medicaid and Food Stamp enrollment (where eligible)?

Response: The weight assigned to each category is reflective of the performance priorities each project should be working on (for example: the housing stability measure is weighted more heavily than the income measure because the project's core purpose is obtaining and retaining permanent housing). Non-cash benefits and cash income were weighted equally for FY2016 after feedback received during the FY2015 competition that the number of points assigned to cash income should be lowered because the attainment of disability income and earned income are often delayed or not available due to external factors (ex: client has disability and cannot work, but has not been approved for SSI).

Regarding the scoring thresholds, or point makeup for each category, you are correct—percentages for attainment of Medicaid, Food Stamps, or other entitlement programs based on income should be very high for all projects. The scoring thresholds for all client outcome measures were created based on a system performance measures report from HMIS which calculated the average by project type. The middle range of points available in each scoring threshold set represents the actual system-wide average. These scoring thresholds will reward projects performing higher than the system average by assigning more points, and deduct points from projects performing lower than the system average.

This method of scoring is currently used because the CoC's project and system performance targets are under development. Once the board approves performance targets recommended by the Data and Performance Committee (anticipated October 2016), those targets will be used to set future scoring thresholds for projects in funding competitions.

Baltimore City Continuum of Care

FY2016 HUD Continuum of Care NOFA Local Competition Process & Timeline

Released 7/14/2016, Updated 8/3/2016 & 8/15/2016

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OVERVIEW

Each year, the U.S. Department of Housing and Urban Development (HUD) releases the Continuum of Care (CoC) Program Notice of Funding Availability (NOFA), which provides over \$20 million dollars in homeless services funding to Baltimore for permanent supportive housing, rapid re-housing, transitional housing, supportive services, and CoC infrastructure projects like HMIS (Homeless Management Information System) and planning. This year's NOFA was released on June 28th, 2016.

The competitive application requires each local Continuum of Care to rank, score, and select new and renewal projects according to HUD's funding priorities and project performance. This information packet includes a timeline for the local competition and details how the Baltimore City Continuum of Care (Baltimore CoC) will evaluate renewal projects for reallocation, score and rank renewal and new projects, and make the application process available to the community.

It is expected that all agencies applying for new or renewal project funding read the CoC NOFA and available HUD resources at the [HUD website](#). You can also find helpful information, webinars, and resources on the [United States Interagency Council on Homelessness website](#) as well as the [National Alliance to End Homelessness website](#).

Designated NOFA Entities

On June 6, 2016, the Continuum of Care board approved an updated [governance charter and bylaws](#) that outlines the roles and responsibilities for the local NOFA process. The Resource Allocation Committee (RAC) of the CoC board oversees the development of the local NOFA submission to HUD, which includes:

- Developing an annual or multi-year funding strategy for allocating HUD CoC funding according to local need, HUD policy priorities, and overall system performance
- Reading and analyzing the annual Notice of Funding Availability (NOFA), developing an annual reallocation strategy, developing the annual project rating and ranking criteria, utilizing performance and program data to evaluate and rank project applications
- Developing a communications plan for informing the Continuum of Care and ensuring full participation
- Overseeing the work of the Collaborative Applicant to prepare the NOFA submission
- Approve final submission for the annual CoC application to HUD

The revised charter and bylaws also renewed the designation of the Mayor’s Office of Human Services – Homeless Services Program (MOHS-HSP) as the Collaborative Applicant, HMIS Lead, and Support Entity for the Baltimore City Continuum of Care for an additional one-year term. As the Collaborative Applicant, MOHS-HSP develops the application to HUD according to the priorities, strategy, ranking, and requirements established by the Resource Allocation Committee. The Resource Allocation Committee determines which projects may have partial or full funding reallocated, which new projects will be included in the final ranking, and the project ranking order according to the measures included in this document.

All local application materials, processes, and meeting notices will be posted to the [Mayor’s Office of Human Services website](#) and sent to the CoC email listserv. CoC listserv subscription is available [here](#).

FY2016 NOFA Timeline
(all dates are tentative and subject to change)

<p>June 6, 2016 12pm-2pm</p>	<p>Governance Charter & Bylaws Approval The CoC board approved the revised charter and bylaws, including designating the Collaborative Applicant and HMIS Lead for the FY2016 NOFA.</p>
<p>June 22, 2016</p>	<p>CoC Policies and Procedures Approval The CoC board Executive Committee approved the following documents for inclusion in the FY2016 NOFA:</p> <ul style="list-style-type: none"> • HMIS Policies and Procedures • Coordinated Access Policies and Procedures • Standards of Care
<p>June 23, 2016 3pm-5pm</p>	<p>Preliminary Review of Renewal Project Data The Resource Allocation Committee met to review initial renewal project performance data to determine what additional data/background is needed from providers and to finalize the draft reallocation and ranking procedures prior to community input session.</p>
<p>June 28, 2016 3pm-5pm</p>	<p>Community Input Session - CoC Reallocation, Ranking, and Scoring Criteria The Resource Allocation Committee held a webinar meeting to seek community and CoC member input into the local reallocation, ranking, and scoring criteria. Comments and suggestions were also accepted via email. The webinar recording can be viewed here.</p>
<p>July 6, 2016</p>	<p>Renewal Projects Notified of Need to Submit Performance Justifications (if necessary) The Resource Allocation Committee will contact renewal projects with data indicating that either further information is needed to fully evaluate the project’s performance, or that the project may be suitable for full or partial reallocation of funding. Renewal projects that are contacted will receive a form to complete and return to the Resource Allocation Committee by the deadline indicated in this timeline.</p>
<p>July 13, 2016 4pm</p>	<p>DEADLINE: Renewal Projects to Submit Performance Justifications to Resource Allocation Committee Projects must submit required form and information to mohs.hsp.application@baltimorecity.gov.</p>
<p>July 14, 2016</p>	<p>Local Competition Procedures Published</p> <ol style="list-style-type: none"> 1. Local Timeline and Project Evaluation Process Released 2. New and Renewal Project Applications & Guide Released

FY2016 NOFA Timeline
(all dates are tentative and subject to change)

<p>July 21, 2016 9:30-11:30am</p> <p>Registration Link</p>	<p>NOFA Bidders Conference/Technical Assistance Webinar This webinar is designed for service providers applying for renewal or new project funding in the local FY2016 Continuum of Care Program Competition. The webinar will be recorded and posted to the MOHS website.</p>
<p>July 22, 2016</p>	<p>Renewal Project Applicants Notified of Acceptance/Rejection from CoC Project Ranking and Reallocations</p> <p><i>Note: Street outreach projects and non-housing first projects may be notified of their reallocation status at a later date once the draft ranking has been developed.</i></p>
<p>August 5, 2016 4pm</p>	<p>DEADLINE: New and Renewal Project Applications and Attachments Due to MOHS New Project Match Documentation Due to MOHS</p> <p>Projects must submit required materials to mohs.hsp.application@baltimorecity.gov.</p>
<p>August 6-15, 2016</p>	<p>Renewal and New Project Scoring by Resource Allocation Committee</p>
<p>August 12, 2016</p>	<p>Resource Allocation Committee Meets to Select New Projects & Draft Project Ranking</p>
<p>August 15, 2016 4pm</p>	<p>DEADLINE: Renewal Project Match Documentation Due to MOHS</p> <p>Projects must submit required materials to mohs.hsp.application@baltimorecity.gov.</p>
<p>August 18, 2016</p>	<p>Draft CoC Application Sent to CoC for Input and Review</p>
<p>August 22, 2016 3pm-5pm</p>	<p>Resource Allocation Committee Presents NOFA Summary and Ranking to CoC Board Location: The Shelter Group, Training Room 218 N. Charles Street, Suite 220, Baltimore, MD 21201</p>
<p>August 26, 2016</p>	<ul style="list-style-type: none"> • Final Project Ranking Sent to CoC • New Project Applicants Notified of Acceptance/Rejection from Project Ranking • Remaining Renewal Projects Affected by Reallocation Notified of Acceptance/Rejection from Project Ranking
<p>September 9, 2016</p>	<p>Final Consolidated CoC Application to HUD Posted to MOHS-HSP Website</p>
<p>September 13, 2016</p>	<p>CoC application, project listing, all project applications submitted to HUD</p>

CONTINUUM OF CARE PARTICIPATION

A draft reallocation, scoring, and ranking strategy for the FY2016 Continuum of Care Funding Competition was presented to the Continuum of Care membership by the Resource Allocation Committee on June 28th, 2016. Continuum of Care members asked questions, discussed, and gave verbal and written feedback regarding the factors used to determine which projects would be suitable for reallocation, how to score new and renewal projects, and how the local funding priorities (project ranking order) should be set. Comments and suggestions were reviewed by the Resource Allocation Committee and integrated into the final published version (this document). A summary of Continuum of Care member comments, questions, and suggestions in addition to the Resource Allocation Committee’s responses are included in Appendix C.

FY2016 AVAILABLE FUNDING

FY2016 CoC NOFA Available - FINAL		
Amount	Type	Description
\$20,031,494	The Annual Renewal Demand (ARD) for Baltimore City	This is the base amount that CoC is eligible to apply for
\$1,001,575	Bonus Project Funding Available (5% of ARD)	This is the maximum amount of new bonus funding CoC is eligible to apply for
\$600,945	CoC Planning Grant Funds	This provides staffing support and funding for CoC management
\$21,634,014	Total Amount of Funding Available	

During the FY2016 NOFA competition, the Baltimore CoC will maximize opportunities to create new [rapid re-housing projects for individuals, families, and unaccompanied youth](#). Over the past five years, local trend data has shown minimal increases in the number of rapid re-housing slots while permanent supportive housing has increased roughly 75%. This trend data, in combination with the recent extensive cuts to transitional housing, has created an even more urgent need for more mobility and permanent housing resources for households needing short-term and medium-term interventions to end their homelessness.

Rapid re-housing rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. Rapid re-housing programs help families and individuals living on the streets or in emergency shelters solve the practical and immediate challenges to obtaining permanent housing while reducing the amount of time they experience homelessness, avoiding a near-term return to homelessness, and linking them to community resources that enable them to achieve housing stability in the long-term. Rapid re-housing is an important component of a community’s response to homelessness.

New Bonus Project Funding

HUD allows local communities to create new projects through two methods: bonus projects and reallocation. Bonus projects are typically awarded competitively at the national level but are also required to be ranked with the CoC's other renewal and new projects.

The anticipated amount of funding available for bonus projects in Baltimore during the FY2016 competition is approximately \$1,000,000. Eligible bonus projects include:

- New permanent supportive housing projects that will serve chronically homeless families and individuals including youth experiencing chronic homelessness; and
- New rapid re-housing projects that will serve homeless individuals and families, including youth, coming directly from the streets or emergency shelters, or fleeing domestic violence situations

New Project Funding Through Reallocation

Reallocation refers to the process by which a CoC shifts funds in whole or in part from existing CoC-funded projects that are eligible for renewal to create one or more new projects. CoCs can pursue reallocations through the annual CoC Program Competition. A reallocated project must be a new project that serves new participants and has either a rapid re-housing or permanent supportive housing program design, or is dedicated to coordinated access. A new reallocated project may use resources from an existing project, including staff, but it is not simply a continuation of an existing project that serves existing participants.

Reallocating funds is one of the most important tools by which CoCs can make strategic improvements to their homelessness system. Through reallocation, CoCs can create new, evidence-informed projects by eliminating projects that are underperforming or are more appropriately funded from other sources. Reallocation is particularly important when new resources are scarce.

For FY2016, eligible new projects available through reallocation include:

- New permanent supportive housing projects that serve chronically homeless individuals and families, including unaccompanied youth.
- New rapid re-housing projects for homeless individuals and families, including unaccompanied youth, coming directly from the streets or emergency shelter, or persons fleeing domestic violence situations.
- New Supportive Services Only (SSO) projects for centralized or coordinated assessment systems.

FY2016 HUD PRIORITIES AND NATIONAL SCORING

About the NOFA

The NOFA submission consists of three parts:

- *CoC Application* – This is the CoC’s overall application, and primarily focuses on the CoC’s progress on ending homelessness, strategic initiatives, and adoption of HUD’s funding and policy priorities. It is a combination of narrative questions and data tables. The score is out of 200 points (+3 bonus points for early submission). The CoC’s application score heavily impacts the individual project scores— particularly for projects that fall in Tier 2 of the ranking (more information below).
- *Project Ranking* — This is an ordered ranking of all renewal and new projects the CoC is submitting in the application for funding. The project ranking should reflect HUD funding priorities, local need, and a data-driven process for evaluating individual project performance. Prior to the ranking process, the CoC completes a full performance evaluation of all renewal projects and determines whether to include each individual project in the ranking.

HUD requires the project ranking consist of a Tier 1 and Tier 2. HUD typically has enough funding to fund all projects that meet threshold criteria and are in Tier 1. Projects in Tier 2 are considered “at-risk” of not being funded if the overall CoC score and individual project score are not competitive at the national level. For FY2016, the tiers are as follows:

- Tier 1: 93% of Annual Renewal Demand
- Tier 2: 7% of Annual Renewal Demand + Eligible Bonus Project Funding

- *Project Applications* – Each project approved for inclusion in the local project ranking is included in the CoC’s submission to HUD. Each project application must meet HUD’s threshold review in order to receive funding in addition to the competitive scoring process.

Tier 2 Project Scoring

Once projects are ranked into Tier 1 and Tier 2, HUD scores all Tier 2 projects and competitively awards funds at the national level. In the FY2015 competition, Tier 2 projects that were not able to achieve the full amount of points available were cut. HUD’s scoring criteria for Tier 2 projects in the FY2016 competition is based on a 100-point scale and consists of the following:

Tier 2 Project Scoring Criteria		
Max Points	Scoring Factor	HUD Calculation
50 Points	CoC Application Score	(% of available points received on CoC application) * 50
35 Points	Ranking Order	$\text{Total Points} = 35 * (1-y)$ <p>Where “y” equals:</p> $\frac{(\text{cumulative funding for Tier 2 ranked higher than project}) + (1/2 * \text{project's funding request})}{\text{Total Tier 2 Funding Available}}$

5 Points	Project Type	5 Points: PSH, RRH, Safe Haven, HMIS, Coordinated Access, TH serving youth 3 Points: TH projects (except youth) 1 Point: SSO projects (except Coordinated Access)
10 Points	Commitment to Policy Priorities	Up to 10 Points: PH projects that apply Housing First Up to 10 Points: TH, SH, SSO projects demonstrating low-barrier policies, prioritize rapid and stable PH placements, and have no service participation requirements or preconditions to entry 10 Points: HMIS & SSO projects for coordinated assessment system
100	Total Points Available	

HUD POLICY PRIORITIES (from the FY2016 NOFA)

1. **Create a Systematic Response to Homelessness.** CoCs should create systematic supports that ensure homeless assistance is well coordinated, inclusive, and transparent.
 - a. *Measure System Performance.* CoCs should use the system performance measures developed by HUD to access how they can improve their systems for better performance. These system performance measures track the average length of homeless episodes, rates of returns to homelessness, and others to determine how effectively a CoC is serving people experiencing homelessness.
 - b. *Create an effective Coordinated Entry system.* Coordinated entry is a key step in assessing the needs of homeless individuals and families requesting assistance and prioritizing those households for assistance. Communities should integrate these processes into their outreach work so that individuals living in unsheltered are prioritized for help. This system should achieve the following goals:
 - i. *Make it easier for persons experiencing homelessness or housing crisis to access the appropriate housing and service interventions;*
 - ii. *Prioritize persons with the longest histories of homelessness and the most extensive needs;*
 - iii. *Lower barriers to entering programs or receiving assistance; and,*
 - iv. *Ensure that persons receive assistance and are housed as quickly as possible.*
 - c. *Promote participant choice.* CoCs should support the choices made by individuals experiencing homelessness. Whether this choice applies to the type or location of housing, or support programs for substance use recovery, programs should support the participant's choices.
 - d. *Plan as a system.* CoCs should coordinate homeless assistance and mainstream housing services to ensure individuals experiencing homeless receive help as quickly as possible.

The performance, eligibility criteria, target populations, and cultural competency of each provider should be monitored by CoCs. Providers should collaborate when participants move from program to program or when one program serves the same individual.

- e. *Make the delivery of homeless assistance more open, inclusive, and transparent.* The needs of all individuals and families experiencing homelessness should be represented within the CoC through inclusion of those who have experienced homelessness in the planning process and in leadership roles. CoCs should work with organizations that represent persons fleeing domestic violence, the LGBTQ community, victims of human trafficking, unaccompanied youth, individuals with disabilities, and other relevant populations in their communities to ensure client-centered service delivery and cultural competence.

2. Strategic Resource Allocation. Using performance and outcome data, CoCs should decide how to best use the resources available to end homelessness within the community, including CoC and Emergency Solutions Grant (ESG) Program funds, State and local funds, public and assisted housing units, mainstream service resources such as Medicaid, and philanthropic efforts. Decisions about resource allocation should include the following:

- a. *Comprehensive Review of Projects.* CoCs should reallocate funds to new projects whenever reallocations would reduce homelessness. Communities should use CoC approved scoring criteria and selection priorities to determine the extent to which each project is still necessary and addresses the policy priorities listed in this NOFA.
- b. *Maximizing the Use of Mainstream Resources.* HUD strongly encourages CoCs and project applicants to ensure that they are maximizing the use of all mainstream services available. While 24 CFR part 578 allows for the payment of certain supportive service costs, it is more efficient for CoCs to use mainstream resources where possible. CoCs should proactively seek and provide information to all stakeholders within the geographic area about mainstream resources and funding opportunities, particularly new opportunities made available under the Affordable Care Act and related technical assistance initiatives. Additionally, where homeless assistance projects are providing specialized services, such as employment services, mental health services, or substance abuse recovery services, they should be coordinating with State or local agencies responsible for overseeing these services to ensure that they are using best practices and that there is proper oversight of their programs.
- c. *Reviewing the Efficacy of Transitional Housing.* Recent research shows that transitional housing is generally more expensive than other housing models serving similar populations with similar outcomes. HUD also recognizes that transitional housing may be an effective tool for addressing certain needs— such as housing for underage homeless youth, safety for persons fleeing domestic violence, and assistance with recovery from addiction. HUD strongly encourages CoCs and recipients to carefully review the transitional housing projects within the geographic area for cost-effectiveness, performance, and for the number and type of eligibility criteria to determine if rapid re-housing might be a better model for the CoC’s geographic area.
- d. *Integration.* CoCs should manage their programs and services in the most integrated way to meet the needs of qualified individuals with disabilities. Programs serving chronically homeless families and individuals should ensure individuals with disabilities are interacting with individuals without disabilities as much as possible.

3. Ending Chronic Homelessness.

- a. *Increasing Units.* In order to increase the number of units for chronically homeless individuals and families and work towards the goal of ending chronic homelessness, HUD encourages CoCs to create new projects through reallocation that exclusively serve chronically homeless individuals and families and/or create a permanent housing bonus project specifically for chronically homeless individuals and families. Chronically homeless and permanent supportive housing are defined in 24 CFR 578.3. Projects are prohibited from discriminating against chronically homeless families with children.
- b. *Targeting:* Chronically homeless individuals and families should be given priority for permanent supportive housing beds not currently dedicated to this population as vacancies become available through turnover. Permanent supportive housing renewal projects serving specific disabled subpopulations (e.g., persons with mental illness or persons with substance use disorder) must continue to serve those subpopulations, as required in the current grant agreement. However, chronically homeless individuals and families within the specified subpopulation should be prioritized for entry. CoCs are encouraged to implement a process for prioritizing homeless individuals and families experiencing chronic homelessness consistent with Notice CPD 14-012: [Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.](#)
- c. *Improve Outreach.* Communities should identify and engage all persons who are experiencing sheltered or unsheltered chronic homelessness and those at risk of experiencing chronic homelessness on a continuous basis. This includes making sure individuals with disabilities and persons with Limited English Proficiency (LEP persons) have access to services and programs.

4. Ending Family Homelessness. Most families experiencing homelessness can be housed quickly and stably using rapid re-housing, although some will need the long-term support provided by a permanent housing subsidy or permanent supportive housing. CoCs should adjust the homeless services system for families to ensure that families can easily access rapid re-housing and other housing assistance tailored to their needs. CoCs should also be working with their affordable housing community to facilitate access to affordable housing units. CoCs should also ensure that their projects address the safety needs of persons fleeing domestic violence. Rapid re-housing is designed to assist homeless individuals and families, with or without disabilities, to move as quickly as possible into permanent housing and achieve stability in that housing. Rapid re-housing assistance is time-limited, individualized, and flexible, and should complement and enhance homeless system performance. HUD encourages CoCs to use reallocation to create new rapid re-housing projects for families.

5. Ending Youth Homelessness. CoCs should understand the unique needs of homeless youth and should be reaching out to youth-serving organizations to help them fully participate in the CoC. CoCs and youth serving organizations should work together to develop resources and programs that better end youth homelessness and meet the needs of homeless youth, including Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth. When evaluating the performance of youth programs, CoCs should take into account the specific challenges faced by homeless youth. When CoCs identify lower performing youth serving projects, they should seek to reallocate funds from those projects to better projects serving youth.

- 6. Ending Veteran Homelessness.** Ending veteran homelessness is within reach for many communities, and CoCs should take specific steps to reach this goal including:
- a. CoC Program-funded projects should, to the extent possible, prioritize veterans and their families who cannot be effectively assisted with Department of Veterans Affairs (VA) services. When it is determined a veteran cannot be effectively assisted with VA housing and services and has the same level of need as a non-veteran (as determined using a standardized assessment tool) the veteran should receive priority.
 - b. CoCs should work closely with the local VA and other Veteran-serving organizations and coordinate CoC resources with VA-funded housing and services including HUD-VASH and Supportive Services for Veteran Families (SSVF).
- 7. Using a Housing First Approach.** *Housing First* is an approach to homeless assistance that prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions such as sobriety or a minimum income threshold. Projects using a housing first approach often have supportive services; however, participation in these services is based on the needs and desires of the program participant. Specific steps to support a community-wide Housing First approach include the following:
- a. *Removing Barriers to Entry.* CoCs should review system- and project-level eligibility criteria to identify and remove barriers to accessing services and housing that are experienced by homeless individuals and families. Many projects currently have barriers to entry.
 - b. *Use Data to quickly and stably house homeless persons.* Programs using a Housing First approach should move families and individuals into permanent housing quickly. To improve performance CoCs should measure the length of time it takes to move households into permanent housing.
 - c. *Engage landlords and property owners.* CoCs should work to identify and recruit landlords so that when individuals or families need housing units are available, speeding up the housing process. This process can be used by individual providers or in a consolidated effort so that a few organizations work with landlords on behalf of several providers.
 - d. *Client-centered Service Delivery.* Housing and service options should be tailored to meet the unique needs of each individual or family presenting for services. Program participants should not be required to participate in services that they do not believe will help them to achieve their goals.

Additional Resources on HUD FY2016 Priorities

[SNAPS In Focus: FY 2015 CoC Program Competition Recap](#)

[CoC Competition Focus: Creating a Systemic Response to Homelessness](#)

[CoC Competition Focus: FY 2016 Policy Priority to End Youth Homelessness](#)

[CoC Competition Focus: Ending Chronic Homelessness](#)

Note: HUD will be releasing a series of messages, webinars, and resources leading up to the NOFA deadline. You can review these resources and sign up for the HUD mailing list at their [FY2016 CoC Funding page](#).

RENEWAL PROJECT REALLOCATION PROCESS

For several years, HUD has emphasized the importance of reallocating funding from underperforming projects, projects that are underspending, or projects that no longer meet the CoC needs. For FY2016, HUD has communicated that in order to receive bonus project funding, communities **must be able to demonstrate that they can successfully reallocate funding from lower-performing projects.**

The Resource Allocation Committee has reviewed HUD guidance, previous NOFA results, project performance, and program guidelines to develop the following factors that will be used to determine whether full or partial reallocation of funds from a project may be necessary. The Resource Allocation Committee will notify renewal projects of their reallocation status and rationale in writing. If a project believes that incorrect data was used in the review process, they may contact the RAC using the included contact information in their funding notice. This process will include an opportunity for the program to give more detail or justify their performance. The Resource Allocation Committee will not consider appeals of reallocation determinations except for technical or data-related errors.

Projects that are being fully reallocated are not eligible to apply for renewal funding. Projects that have been partially reallocated or have not been reallocated must still apply for renewal funding through the local competition process outlined in this document.

Utilization

Projects with a history of low utilization (under 95%) will be considered for a partial or full reallocation of funds, depending on the severity of the utilization rate. Three years of utilization history will be reviewed, with a higher emphasis on the most recent program year completed.

Spending History

Projects with a history of returning funds to HUD will be considered for a partial or full reallocation of funds. Two completed years of spending history will be reviewed to show historical trends. Please note that any organization found to have less than 95% of their grant expended will be required to provide an explanation why some funds were recaptured. Depending upon the nature of the situation, the project or organization may be targeted for partial or full reallocation. HUD expects programs to spend 100% of the funds they are allocated—if projects are chronically underspending but are included in the ranking without a reallocation, HUD may reject a funding request for that project.

Poor Performance/Underfunded

Renewal projects will be reviewed to determine whether the project is satisfactorily meeting performance outcomes related to permanent housing stability, income growth, and quality of services.

MOHS will be voluntarily reallocating two underfunded permanent supportive housing projects: MOHS Housing First S+C and MOHS Family S+C. Combined, these grants consist of 21 units and only include funding for rental assistance. The grants do not include any supportive services or case management—historically, community partners with ability to bill Medicaid have provided limited support services, however, more funding is needed to provide the comprehensive services required of permanent supportive housing. MOHS will coordinate the transfer of these 21 households into other permanent supportive housing programs or into vouchers if the household requires only limited support services.

Program Compliance and Monitoring

Projects with unresolved monitoring findings or are in non-compliance for the CoC Program Regulations (including participant eligibility), Coordinated Access, HMIS participation, and other applicable regulations and laws may have funds partially or fully reallocated.

Project Type

For the FY2016 NOFA, the Baltimore CoC will reallocate all supportive services only projects that are not dedicated to Coordinated Access or street outreach. Once all renewal projects have been scored and ranked, the Resource Allocation Committee will carefully review the ranking to determine whether reallocation of street outreach projects may be necessary in order to prevent an overall loss of funding to the CoC.

Housing First

If renewal projects that have not committed to a Housing First model fall into Tier 2, it is anticipated that the projects will not score high enough at the national level in order to be awarded funding by HUD. Once the draft ranking has been developed, the Resource Allocation Committee will review projects that fall into Tier 2 and determine what steps are necessary to ensure that the CoC retains the maximum amount of funds for Baltimore City. These steps may include:

1. Requiring the project to utilize a Housing First model
2. Reallocating the project
3. Adjusting the ranking order

RENEWAL PROJECT SCORING PROCESS

Renewal projects approved by the Resource Allocation Committee (RAC) for inclusion in the CoC project ranking will be scored according to an objective scoring tool based on their individual project performance, alignment with HUD and CoC policy priorities, and compliance. Performance and HMIS elements are heavily weighted measures used by HUD in determining the overall CoC score for the NOFA. Data used in the project scoring tool comes largely from projects' most recently submitted Annual Performance Report (APR). Participation in HMIS and quality data entry is mandatory for those agencies seeking renewal CoC funds, except where prohibited by law.

A list of all FY 2016 potentially-eligible renewal projects can be found in Appendix A, and a copy of the renewal project scoring tool can be found in Appendix B of this document. After completing the project scoring tool, the Resource Allocation Committee will rank all renewal projects according to their evaluation score.

Ties in project scores (within the same project type) will be broken in the following order:

- Housing First commitment
- Highest % of clients exiting to or retaining permanent housing
- Highest utilization rate
- Largest grant amount

First-time renewals are projects that have not yet completed their first operating year, and thus, cannot be scored for their performance due to not having a completed Annual Performance Report (APR). However, the RAC will evaluate each first time renewal to ensure that each project is on track for implementation and anticipated outcomes.

NEW PROJECT SCORING PROCESS

New project applicants will be scored on the following: project design, how the project addresses local priority needs, how the project aligns with local strategies and HUD's priority to end homelessness, budget appropriateness and accuracy, project match, leveraging, CoC participation, community collaboration, organizational capacity, use of Housing First, and implementation timeline. There may be new projects that fail to score well enough to be included in the NOFA submission, or there may not be enough new project funding to fund all requests. New project applicants are highly encouraged to review the new project application guide and instructions while preparing their application, which provide a wealth of resources on best practices, policies, procedures, and requirements.

PROJECT RANKING PROCESS

New and renewal projects approved for inclusion in the CoC's project ranking will be ranked in the following order:

1. CoC infrastructure projects:
 - a. HMIS Renewal Projects
 - b. Coordinated Access SSO project
2. First-time renewal permanent supportive housing projects
3. Renewal permanent supportive housing projects, ranked in order of highest to lowest score
4. Renewal safe haven projects, ranked in order of highest to lowest score
5. Renewal transitional housing for youth
6. Street outreach projects (may be assessed further for reallocation)
7. New rapid re-housing projects created through reallocation and approved for inclusion in ranking, ranked in order of highest to lowest score
8. New permanent supportive housing projects created through reallocation and approved for inclusion in ranking, ranked in order of highest to lowest score
9. New rapid re-housing projects created through the bonus and approved for inclusion in ranking, ranked in order of highest to lowest score
10. New permanent supportive housing projects created through the bonus and approved for inclusion in ranking, ranked in order of highest to lowest score

Note: There are no renewal rapid re-housing projects funded through the NOFA. Supportive services only (SSO) projects not dedicated to Coordinated Access or street outreach are not included in the ranking order due to all projects being reallocated. The Resource Allocation Committee may adjust individual projects up or down in the ranking or reallocate in order to fulfill HUD priorities, prevent potential losses of funding, and maximize the overall CoC score.

PROJECT ELIGIBILITY & APPLICATION PROCEDURES

Eligible Organizations

New and Renewal Project Applicants must be:

- A Non-Profit 501(c)(3) tax-exempt organization or a city agency
- In Good Standing with the State of Maryland (certification of Good Standing can be obtained through the [Department of Taxation](#) website.)
- Have two most recent years of financial audits (A-133 Audits)
- Able to document at least a 25% cash or in-kind match for the amount of funding requested (see project application guide for more details and sample forms)

Submission Requirements

Applicants will submit (1) electronic copy of the application and all required supporting documents to mohs.hsp.application@baltimorecity.gov. No paper or faxed applications will be accepted. All project applications must be received by 4pm on the application deadline stated in the timeline at the beginning of this document. Applicants are **highly encouraged** to review and understand the accompanying project application guide, which includes further instructions, requirements, and resources that ensure your project will meet the eligibility criteria.

Direct grantees of HUD must submit their project applications in HUD's e-Snaps system and email the list of attachments and certifications below to mohs.hsp.application@baltimorecity.gov by the project application deadline.

Questions regarding the NOFA process, application templates, and instructions can be directed to Danielle Meister, Continuum of Care Coordinator, at mohs.hsp.application@baltimorecity.gov.

ALL project applications (new and renewal) must include the following components:

1. Completed application appropriate for the type of project
2. Match and Leveraging List
3. Match and Leveraging Supporting Documents
4. Articles of Incorporation and Bylaws
5. Federal Tax Exemption Determination Letters
6. Certificate of Good Standing from State of Maryland
7. List of Board of Directors
8. Project Organizational Chart
9. Housing First Certification
10. MOHS Fair Housing Policy & Statement of Agreement
11. Conflict of Interest Questionnaire and Limits to Primarily Religious Organizations
12. Proof of Ownership or Lease (if housing will be provided at site-based location)
13. A-133 Independent Audits (most recent 2 years)

All submissions will undergo a threshold review for completion and accuracy prior to being scored by the Resource Allocation Committee. Projects that submit incomplete applications or do not submit their application by the stated deadline in this document may not be considered for funding.

APPENDIX

APPENDIX A: GRANTS ELIGIBLE FOR RENEWAL IN FY2016

Note: This is not a ranked project list, and does not reflect reallocations that may take place during the NOFA competition.

Applicant Name	Project Name	Expiring Grant Number	Expiring Grant Start Date	Expiring Grant End Date	Renewal Status	Project Type	Total Annual Renewal Amount	Required Match (ARA-Leasing)*25%
AIDS Interfaith Residential Services, Inc.	AIRS CoC GYFLC SHP- 6/1/2016--5/31/2017	MD0091L3B011508	6/1/2016	5/31/2017	Renewal	TH	\$213,296	\$53,324
AIDS Interfaith Residential Services, Inc.	AIRS CoC SHP - Adult Case Management - 8/1/2016--7/31/2017	MD0014L3B011508	8/1/2016	7/31/2017	Renewal	PSH	\$188,563	\$47,141
AIDS Interfaith Residential Services, Inc.	AIRS CoC YIP Youth SHP - 4/1/2016--3/31/2017	MD0015L3B011508	4/1/2016	3/31/2017	Renewal	PSH	\$154,010	\$38,503
Behavioral Health System Baltimore	HOPE Ethel Elan Safe Haven	MD0037L3B011508	12/1/2016	11/30/2017	Renewal	SH	\$399,670	\$99,918
Behavioral Health System Baltimore	PEP Mobile Outreach and Treatment Project	MD0059L3B011508	2/2/2016	1/31/2017	Renewal	SSO	\$364,687	\$91,172
Behavioral Health System Baltimore	UMMS Safe Haven	MD0080L3B011508	2/2/2016	1/31/2017	Renewal	SH	\$348,634	\$83,127
City of Baltimore - Mayor's Office	AIRS Shelter Plus Care Program	MD0016L3B011508	4/1/2016	3/31/2017	Renewal	PSH	\$1,509,426	\$377,357
City of Baltimore - Mayor's Office	Associated Catholic Charities - Project BELIEVE PHP	MD0061L3B011508	2/2/2016	1/31/2017	Renewal	PSH	\$117,283	\$29,321
City of Baltimore - Mayor's Office	Associated Catholic Charities - Project FRESH Start	MD0030L3B011508	12/1/2016	11/30/2017	Renewal	PSH	\$102,638	\$12,679
City of Baltimore - Mayor's Office	Associated Catholic Charities - REACH Combined	MD0027L3B011508	1/1/2017	12/31/2017	Renewal	PSH	\$742,942	\$112,081
City of Baltimore - Mayor's Office	At Jacobs Well PHP	MD0018L3B011508	8/31/2016	8/30/2017	Renewal	PSH	\$23,968	\$5,992
City of Baltimore - Mayor's Office	BHSB SRA Multi-Grant S+C (formerly BMHS)	MD0024L3B011508	4/1/2016	3/31/2017	Renewal	PSH	\$3,781,928	\$945,482
City of Baltimore - Mayor's Office	BHSB, Inc. - Project Based S+C	MD0023L3B011508	4/1/2016	3/31/2017	Renewal	PSH	\$90,782	\$22,696
City of Baltimore - Mayor's Office	Coordinated Access SSO	MD0329L3B011500	2/2/2016	1/31/2017	First Year	CA SSO	\$341,470	\$85,368
City of Baltimore - Mayor's Office	Dayspring Programs PHP	MD0034L3B011508	1/1/2017	12/31/2017	Renewal	PSH	\$296,792	\$74,198
City of Baltimore - Mayor's Office	Dayspring Programs Tenant Based S+C	MD0033L3B011508	4/1/2016	3/31/2017	Renewal	PSH	\$361,728	\$90,432
City of Baltimore - Mayor's Office	Dayspring Village @ Patterson Park	MD0254C3B011000	7/29/2016	7/28/2017	Multi-Year	PSH	\$85,412	\$21,353
City of Baltimore - Mayor's Office	Gaudenzia	MD0255B3B011000	3/1/2016	2/28/2017	Multi-Year	PSH	\$222,720	\$55,680
City of Baltimore - Mayor's Office	GEDCO - Supportive Housing Harford House and Micah House	MD0038L3B011508	6/1/2016	5/31/2017	Renewal	PSH	\$104,006	\$26,002
City of Baltimore - Mayor's Office	GEDCO Justice Housing (formerly GEDCO S+C)	MD0043L3B011508	4/1/2016	3/31/2017	Renewal	PSH	\$330,585	\$82,646
City of Baltimore - Mayor's Office	GEDCO Justice Housing Case Management	MD0042L3B011508	8/1/2016	7/31/2017	Renewal	PSH	\$34,995	\$8,749
City of Baltimore - Mayor's Office	Health Care for the Homeless - Homeward Bound Bonus Project FY2015	MD0330L3B011500	TBD	TBD	First Year	PSH	\$1,081,445	\$270,361
City of Baltimore - Mayor's Office	HPRP - Legal Service Project	MD0045L3B011508	1/1/2017	12/31/2017	Renewal	SSO	\$115,622	\$28,906
City of Baltimore - Mayor's Office	JHR, Inc. - Lighthouse 1	MD0046L3B011508	10/1/2016	9/30/2017	Renewal	PSH	\$108,689	\$1,668
City of Baltimore - Mayor's Office	JHR, Inc. - Lighthouse 2 PHP	MD0012L3B011507	8/1/2016	7/31/2017	Renewal	PSH	\$105,007	\$22,396

APPENDIX A (Continued): GRANTS ELIGIBLE FOR RENEWAL IN FY2016

Note: This is not a ranked project list, and does not reflect reallocations that may take place during the NOFA competition.

Applicant Name	Project Name	Expiring Grant Number	Expiring Grant Start Date	Expiring Grant End Date	Renewal Status	Project Type	Total Annual Renewal Amount	Required Match (ARA-Leasing)*25%
City of Baltimore - Mayor's Office	Marian House - Serenity Place PHP	MD0052L3B011508	12/1/2016	11/30/2017	Renewal	PSH	\$31,730	\$7,933
City of Baltimore - Mayor's Office	Marian House - TAMAR 2 PHP	MD0060L3B011508	3/1/2016	2/28/2017	Renewal	PSH	\$93,933	\$23,483
City of Baltimore - Mayor's Office	Marian House PH	MD0051L3B011508	9/1/2016	8/31/2017	Renewal	PSH	\$70,577	\$17,644
City of Baltimore - Mayor's Office	Marian House S+C Expansion	MD0057L3B011508	12/1/2016	11/30/2017	Renewal	PSH	\$52,893	\$13,223
City of Baltimore - Mayor's Office	Marian House TAMAR S+C	MD0064L3B011508	8/1/2016	7/31/2017	Renewal	PSH	\$625,359	\$156,340
City of Baltimore - Mayor's Office	MOHS - Family SPC	MD0269C3B011100	5/31/2016	5/30/2017	Multi-Year	PSH	\$256,235	\$64,059
City of Baltimore - Mayor's Office	MOHS - HMIS Project	MD0021L3B011508	5/1/2016	4/30/2017	Renewal	HMIS	\$362,812	\$90,703
City of Baltimore - Mayor's Office	MOHS - HMIS Project - Expansion	MD0328L3B011500	TBD	TBD	First Year	HMIS	\$130,200	\$32,550
City of Baltimore - Mayor's Office	MOHS - Homeward Bound PHP	MD0022L3B011508	10/1/2016	9/30/2017	Renewal	PSH	\$807,752	\$201,938
City of Baltimore - Mayor's Office	MOHS - Housing First S+C	MD0019L3B011508	4/1/2016	3/31/2017	Renewal	PSH	\$119,010	\$29,753
City of Baltimore - Mayor's Office	PEP Samaritan Project	MD0011L3B011506	10/1/2016	9/30/2017	Renewal	PSH	\$695,228	\$173,807
City of Baltimore - Mayor's Office	Project PLASE - Medically Fragile SRO	MD0069L3B011508	10/1/2016	9/30/2017	Renewal	PSH	\$70,478	\$17,620
City of Baltimore - Mayor's Office	Project PLASE - Rental Assistance Program	MD0065L3B011508	4/1/2016	3/31/2017	Renewal	PSH	\$1,629,284	\$407,321
City of Baltimore - Mayor's Office	Project PLASE - Scattered Site PHP	MD0068L3B011508	7/1/2016	6/30/2017	Renewal	PSH	\$240,767	\$60,192
City of Baltimore - Mayor's Office	St. Ambrose Housing Aid Center II (formerly WAR - Responsibility Matters S+C)	MD0040L3B011508	7/1/2016	6/30/2017	Renewal	PSH	\$127,668	\$31,917
City of Baltimore - Mayor's Office	St. Ambrose Housing Aid Center S+C III (formerly Women Accepting Responsibility Inc.)	MD0090L3B011508	7/31/2016	7/30/2017	Renewal	PSH	\$66,440	\$16,610
City of Baltimore - Mayor's Office	St. Ambrose Housing Aid Center PHP (Formerly Newborn)	MD0058L3B011508	2/2/2016	1/31/2017	Renewal	PSH	\$42,175	\$10,544
City of Baltimore - Mayor's Office	St. Ambrose Housing Aid Center PHP 11	MD0071L3B011508	4/1/2016	3/31/2017	Renewal	PSH	\$36,016	\$9,004
City of Baltimore - Mayor's Office	St. Ambrose Housing Aid Center S+C	MD0073L3B011508	4/1/2016	3/31/2017	Renewal	PSH	\$149,490	\$37,373
City of Baltimore - Mayor's Office	SVdP Home Connections II - Samaritan Project	MD0249L3B011506	10/1/2016	9/30/2017	Renewal	PSH	\$500,986	\$125,247
City of Baltimore - Mayor's Office	SVdP Home Connections III	MD0039L3B011508	8/1/2016	7/31/2017	Renewal	PSH	\$125,436	\$31,359
City of Baltimore - Mayor's Office	SVdP Home Connections PHP	MD0077L3B011508	1/1/2017	12/31/2017	Renewal	PSH	\$463,834	\$115,959
City of Baltimore - Mayor's Office	Veteran PSH Scattered-Site FY15	MD0331L3B011500	TBD	TBD	First Year	PSH	\$1,216,518	\$304,130
City of Baltimore - Mayor's Office	Women's Housing Coalition (Merged 7/12/2016)	MD0085L3B011508	5/1/2016	4/30/2017	Renewal	PSH	\$890,375	\$222,594

APPENDIX B: RENEWAL PROJECT SCORING TOOL

FY2016 CoC Renewal Project Scoring Tool		
Outcome	Max Points	Scoring Thresholds
Permanent Housing Placements The % of persons who remained in the permanent housing program as of the end of the operating year or exited to permanent housing (subsidized or unsubsidized). Note: TH and SH will only be scored on exits to permanent housing	20	20 Points: 95% or more 15 Points: 90 – 94% 10 Points: 80-89% 0 Points: Less than 80%
Utilization Rate The average % of units that were utilized nightly over the course of the program year	15	15 Points: 95% or more 10 Points: 90 – 94% 5 Points: 85-89% 0 Points: Less than 85%
Total Income (Cash) The % of persons age 18 and older who maintained or increased their total cash income (employment or entitlement income) as of the end of the operating year or program exit	10	10 Points: 75% or more 5 Points: 40 – 74% 3 Points: 20 – 39% 0 Points: Less than 20%
Mainstream Benefits (Non-Cash) The % of households that maintained or increased their non-cash benefits as of the end of the operating year or at program exit	10	10 Points: 75% or more 5 Points: 40 – 74% 3 Points: 20 – 39% 0 Points: Less than 20%
Length of Stay (SH and TH only) The average length of stay in the program	10	10 Points: SH—2 years or less, TH—less than 18 months 0 Points: SH—more than 2 years, TH—more than 18 months
Dedicated Chronic Homeless Beds The % of beds in the project that are dedicated chronic homeless beds	10	10 Points: 50 – 100% 5 Points: 1 – 49% 0 Points: No dedicated beds
Returns to Homelessness Percentage of households who exit to permanent housing destinations and return to homelessness within 2 years	10	10 Points: Under 10% 5 Points: Under 20% 0 Points: Over 20%
Target Population At least 50% of beds are targeted to veterans, youth, domestic violence survivors, or families	5	5 Points: 50% or more 0 Points: 49% or less
Housing First Projects will complete a housing first certification	10	10 Points: Program uses housing first approach 0 Points: Program does not use housing first approach
HMIS & APRs The extent to which the project: <ul style="list-style-type: none"> • Enters all client data into HMIS • Has satisfactory data quality & timeliness • Submitted APR to MOHS in a timely manner 	10	10 Points: All three requirements met 5 Points: Two of the three requirements met 0 Points: One or zero of the requirements met NOTE: HMIS participation is mandatory. If a project is not currently participating in HMIS, it may receive a reduction or elimination of funds or corrective action
Grant Spending % of grant funds expended in most recently completed operating year	5	5 Points: 95% or more grant funds expended 0 Points: Less than 95% of grant funds expended
Total Points Possible	105 PSH /115 TH & SH	

APPENDIX C: CoC Member Input & Responses

On June 28, 2016, the CoC held a webinar meeting to discuss the proposed reallocation and ranking strategy created by the Resource Allocation Committee. Questions, comments, and suggestions were taken during the webinar and via email after the webinar. The majority of feedback received through the webinar were technical questions, and no emailed comments were received from CoC members. The summary below includes two recommendations/concerns shared during the webinar:

Member Recommendation 1

Comment: The Resource Allocation Committee should reconsider the proposed plan to reallocate the sole remaining street outreach project in the CoC portfolio. This is due to the recent cuts to three other street outreach programs as a result of the FY2015 Competition, and the lack of immediately identifiable replacement funding. Losing the street outreach program would significantly impact the ability to provide services to people living on the street or in places not meant for human habitation.

Background: The Resource Allocation Committee identified all supportive services projects except for those dedicated to Coordinated Access as necessary reallocations in the proposed reallocation strategy. Since the strategy was developed prior to the NOFA's release, the committee anticipated that Tier 2 scoring and thresholds would be similar to FY2015 and require 15% of renewal funding to be placed in Tier 2. If an SSO project was placed in Tier 1, it was likely to push renewal permanent supportive housing into Tier 2, which would put those residents at risk. The CoC could not only lose that funding permanently, but also would have to identify alternative permanent supportive housing for those individuals enrolled in the programs if the agencies could no longer sustain the project. If an SSO project fell into Tier 2, it would not be competitive for funding at the national level (as evidenced by the results of the FY2015 competition when several SSO projects were cut).

Response: Street outreach is a critical part of the homeless services system and the committee recognizes that street outreach, while not able to earn full points in the NOFA process, is in direct alignment with HUD policy priorities to outreach to the most vulnerable individuals and families in the CoC's jurisdiction. The NOFA published on June 29 noted that for FY2016, only 7% of renewal funds would need to be placed in Tier 2. Additionally, project type accounts for only 5% of the Tier 2 project scores (10% in FY2015). As a result, including street outreach in the ranking may present less of a risk than originally anticipated. The Resource Allocation Committee will carefully review the ranking after final reallocation determinations have been made and projects have been scored to determine whether street outreach can be included in the ranking without compromising the overall funding award of the CoC.

Member Recommendation 2

Comment: We suggest that the Resource Allocation Committee reconsider the equal percentages of cash and non-cash benefits [in the renewal project scoring system]. All clients should be on Medicaid, and receipt of Medicaid & food stamps are not deterrents to employment - they are employment supports. Don't we want to make sure we have 100% Medicaid and Food Stamp enrollment (where eligible)?

Response: The weight assigned to each category is reflective of the performance priorities each project should be working on (for example: the housing stability measure is weighted more heavily than the income measure because the project's core purpose is obtaining and retaining permanent housing). Non-cash benefits and cash income were weighted equally for FY2016 after feedback received during the FY2015 competition that the number of points assigned to cash income should be lowered because the attainment of disability income and earned income are often delayed or not available due to external factors (ex: client has disability and cannot work, but has not been approved for SSI).

Regarding the scoring thresholds, or point makeup for each category, you are correct—percentages for attainment of Medicaid, Food Stamps, or other entitlement programs based on income should be very high for all projects. The scoring thresholds for all client outcome measures were created based on a system performance measures report from HMIS which calculated the average by project type. The middle range of points available in each scoring threshold set represents the actual system-wide average. These scoring thresholds will reward projects performing higher than the system average by assigning more points, and deduct points from projects performing lower than the system average.

This method of scoring is currently used because the CoC's project and system performance targets are under development. Once the board approves performance targets recommended by the Data and Performance Committee (anticipated October 2016), those targets will be used to set future scoring thresholds for projects in funding competitions.

Baltimore City Continuum of Care Governance Charter

I. Overview

A. Governance Charter Purpose

This document sets forth:

- Guiding principles of membership and participation in the Baltimore City Continuum of Care (the Continuum).
- Responsibilities delegated by the Continuum to its Continuum Governing Board (the Board), committees/workgroups, and appointed entities.
- Authority to appoint entities required by the HEARTH Act (Collaborative Applicant and HMIS Lead), as well as any other entities deemed necessary to fulfill all necessary and required roles and responsibilities (including, but not limited to the Support Entity and Journey Home Fiscal Agent).
- Provisions for Continuum governance through the Board, key policies and processes, and strategic planning responsibilities.

B. The sections of this Charter are as follows:

- I. Overview
- II. The Continuum of Care
- III. The Continuum Board
- IV. Continuum Committees & Work Groups
- V. Continuum Policies
- VI. Appointed Entities
- VII. Amendments

C. Continuum Structure & Definitions

The **Continuum of Care (hereinafter referred to as “Continuum”)** is the collaborative body, consisting of **Continuum Members**, including organizations that serve homeless persons and homeless and formerly homeless persons themselves, and that is organized to carry out the responsibilities required by the HUD Continuum of Care (CoC) program.

The **Continuum Board**, comprised of elected and appointed positions, acts on behalf of the full Continuum to maintain direction and oversight for the mission of the Continuum, including selection and oversight of Appointed Entities, as required by the Journey Home Plan, Continuum Charter and Bylaws policies and provisions, and HUD processes and requirements. The Board must include representation from at least one homeless or formerly homeless constituent. The Board has the authority to establish **Continuum Committees and Workgroups**, which are responsible for specific activities and strategies, and which will be reported to the Board.

The **Appointed Entities** are:

- The Continuum’s **Collaborative Applicant**, an eligible applicant that must submit the annual CoC Consolidated Application for funding and apply for a grant for Continuum of Care planning.
- The Continuum’s **Homeless Management Information System (HMIS) Lead**, which operates the Continuum’s HUD-required HMIS information system on its behalf.

- The Continuum’s **Support Entity**, which coordinates, directs, and advocates for the work of the Continuum and the Board.

The Continuum, in accordance with and subject to all applicable regulations, may designate one or more entities to hold private and public funds. The **CoC Fiscal Agent** is the entity designated by the Continuum to hold all CoC program funds. The **Journey Home Fiscal Agent** is appointed by the Continuum Board, and holds the privately raised funds intended to support the Journey Home Plan and Continuum activities not otherwise funded by HUD, state or local government.

NOTE: Nothing in this charter precludes designation of a single entity to carry out more than one appointed entity role.

II. The Continuum of Care

A. Continuum Purpose & Responsibilities

Purpose: As guided by the Journey Home Plan and its priorities, the Continuum promotes communitywide commitment and coordinates all stakeholders, systems, and resources available to comply with HUD CoC Program requirements and to ensure that homelessness in Baltimore City is rare and brief.

Responsibilities: Guided by the Journey Home Plan and HUD requirements, responsibilities of the Continuum as may be delegated to the Board or appointed entities include:

- Coordinate implementation of a housing and service system, including but not limited to the establishment and operation of a centralized or coordinated assessment system, in consultation with ESG fund recipients.
- Review, update, and implement the priorities of the Journey Home Plan.
- Consult with recipients and subrecipients to establish performance targets appropriate for population and program type, monitor recipients and subrecipient performance, evaluate outcomes, and take action against poor performers.
- Establish and follow written standards for providing CoC assistance in consultation with ESG fund recipients .
- Designate an HMIS, designate an HMIS Lead, review, revise and approve a privacy plan, security plan, and data quality plan for the HMIS, ensure consistent participation of non-exempt recipients and subrecipients in HMIS, and ensure that the HMIS is administered in compliance with HUD requirements.
- Design, operate and follow a collaborative, fair, and transparent process for developing applications and approving submission of applications in response to a CoC Program NOFA.
- Retain overall responsibility for ensuring the Board, and through the Board, Committees and Appointed Entities, carry out all designated responsibilities.

B. Continuum Meetings

Frequency: The Continuum will hold full membership meetings at least quarterly, with an aim to meet every other month, at a time and location scheduled by the Continuum Board and in accordance with the Continuum Bylaws.

III. The Continuum Board

A. Continuum Board Leadership

Officers: The Continuum Board members elect a Chair and Vice-Chair, and additional officers as deemed necessary, from the Board membership.

- The Chair conducts Board meetings, represents the Continuum, and has the authority to speak publicly on behalf of the Board. The Chair ensures that the Board complies with the Maryland Open Meetings Act and has the authority to approve the allocation of private funds without the approval of the Board if the funding allocation is under \$10,000.
- The Vice Chair serves in the Chair's absence.

Executive Committee: The Executive Committee is comprised of the Board Officers, Standing Committee Chairs, and any other members elected by the Board. The Executive Committee advises the Officers on actions required between Board meetings and sets the agenda for Board and Continuum meetings.

B. Continuum Board Meetings

Frequency: The Continuum Board will meet no less frequently than four (4) times per year at such times and places as the Board will determine. The Chair or Vice Chair may call a special meeting of the Board provided it meets all notice and quorum requirements.

IV. Committees & Workgroups

A. Formation & Composition

Purpose: The committees and workgroups of the Continuum are the action and planning components of the system. In these bodies, strategies are developed, deepened and expanded into actionable work plans. These groups may also be directly responsible for specific initiatives or for exploring options to solve particular concerns.

Formation: Standing committees are designated in this Charter. The Board may form and give specific responsibilities to additional committees and workgroups. All committee responsibilities apply to these workgroups as well.

Membership: With the exception of the Executive Committee that is comprised only of Board members, committee membership may include any Continuum member.

B. Standing Committees

The Continuum has six (6) standing committees:

- Executive Committee
- Coordinated Access Committee
- Data & Performance Committee
- Resource Allocation Committee
- Governance Committee
- Fundraising Committee

Additional information on committees and workgroups are in the Bylaws.

V. Continuum Policies

This set of policies applies to Continuum members, Board members, committee and workgroup members, appointed entity staff, and all other parties performing work on behalf of the Continuum.

A. Conflict of Interest, Recusal, and Other Ethical Matters

All Members are required to comply with the Baltimore City Ethics Code and applicable federal regulations. Summary provisions below should be interpreted consistently with these laws.

- No Member of the Continuum may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents.
- No Member who is an employee, agent, consultant, officer, or elected or appointed official of a recipient of federal, state or local grant funds or its subrecipients and who exercises or has exercised any functions or responsibilities with respect to activities under those grant funds, or who is in a position to participate in a decision-making process or gain inside information with regard to those grant funds, may obtain a financial interest or benefit from a Continuum activity, have a financial interest in any contract, subcontract, or agreement with respect to a Continuum activity, or have a financial interest in the proceeds derived from a Continuum activity, either for him or herself or for those with whom he or she has immediate family or business ties, during his or her tenure or during the one-year period following his or her tenure.
- Members will not discriminate against any person or group on the basis of race, color, religion, national origin, ancestry, sex, age, physical or mental disability, sexual orientation, gender identity and expression, marital status, or any other federal, state, or local protected group.
- Members of the Continuum will disclose potential conflicts of interest that they may have regarding any matters that come before it in full session, Board or committee. All Members will sign a Conflict of Interest statement annually.
- Members will recuse themselves from any matter in which they may have a conflict of interest. Recusal includes abstention from voting and participation in discussion on the matter.

B. Non-Discrimination

The members, officers, committee members and contractors of the Continuum will be selected entirely on a nondiscriminatory basis with respect to race, color, religion, national origin, ancestry, sex, age, physical or mental disability, sexual orientation, gender identity and expression, marital status or other federal, state or locally protected group.

Members shall comply with the provisions of all Federal, State and local laws prohibiting discrimination in housing and provision of services on the grounds of race, color, creed, national origin, sex, sexual orientation, gender identify, familial status, age, or physical or mental handicap, including Title VI and VII of the Civil Rights Act of 1964, as amended (Public Law 88-352); and Title VII of the Civil Rights Act of 1968, as amended (Public Law 90-284); and Fair Housing Act (42 U.S.C. §§ 3601-3620), and Sections 19 and 20 or Article 49B of the Annotated Code of Maryland, as amended.

All Continuum members, including Board members certify by virtue of their membership that they and their organizations, when applicable, prohibit discrimination on the basis of (i) political or religious opinion or affiliation, marital status, race, color, sexual orientation, gender identity, creed or national origin, or (ii) sex or age, except when sex or age constitute a bona fide occupational qualification, or (iii) they physical or mental handicap of a qualified handicapped individual.

C. Confidentiality and Privacy

Continuum and Board members may have access to proprietary or confidential information regarding the Continuum, its subrecipients, its operations, or even their consumers, except where prohibited by law. Members shall demonstrate extreme sensitivity in the issuance and management of information by insuring that all information relating to subrecipients and their consumers is kept confidential and used only for those purposes specified by the laws and regulations governing the services provided. Consumers must be informed fully about the limits of confidentiality in a given situation, the purpose for which information is obtained, and how it may be used. Members will not knowingly sign, subscribe to, or permit the issuance of any statement, report or document which contains any misstatement or which omits any material fact while being sensitive and responsive to inquiries from the public, clients, customers and the media, within the framework of this policy.

D. Impartiality

Continuum member agencies shall:

- Not discriminate in provision of services;
- Not knowingly be a party to or condone any illegal or improper activity;
- Not directly, or indirectly, seek or accept personal gain which would influence, or appear to influence, the conduct of their duties within the Continuum;
- Not exploit professional relationships for personal or professional gain;
- Not use public property or resources for personal gain;
- Not accept fees, gifts or other valuable items in the course of performing the duties and responsibilities of their position within the Continuum, or in connection with such fees, gifts or other valuable items given them by any person in hope or expectation of receiving a favor or better treatment than accorded other persons within the Continuum.
- Be alert to the influences and pressures that interfere with the professional discretion and impartial judgment required for the performance of professional functions related to the Continuum.

E. Committee Policies & Procedures

Committees will establish their own policies and procedures, consistent with this Charter, Bylaws, and Journey Home Plan and provide them to the Continuum Board and Support Entity for annual review and approval.

F. Limited Authority

Only the Continuum Board may designate an individual or entity to speak for the Continuum or its components.

With the exception of removal policies in this Charter, any grievance related to the Continuum or CoC Program will follow HUD policies and contracts.

G. Review Process

Members should report any violation of this Charter or Bylaws to the Chair or other member of the Executive Committee. The Board will investigate any such report, and take appropriate corrective action, if warranted. Retaliation against a member who reports violations of such conduct in good faith will not be tolerated. If a member has any questions about the ethics of a situation, he/she is encouraged to consult with the Chair. Efforts will be made to keep issues confidential to the greatest possible extent.

H. Disciplinary Action

Appropriate disciplinary action up to and including removal will be taken against individuals found to have violated the policies in this Charter and Bylaws. In addition to disciplinary action, civil and/or criminal penalties may be sought.

VI. Appointed Entities

The appointed entities in this section will be chosen by the Continuum Board annually and accepted with a majority vote of then-seated Board members.

Annually, the Board in collaboration with the Collaborative Applicant, HMIS Lead Agency, and Support Entity will define priorities for staffing and deliverables based on Continuum priorities.

The process for designating appointed entities, their roles and responsibilities, and performance evaluation standards are further detailed in the Bylaws.

A. Collaborative Applicant

For the purposes of the annual HUD NOFA application and the management of CoC Program planning grants, the Continuum must designate a Collaborative Applicant. The Collaborative Applicant is the only entity that may:

- Submit the CoC Consolidated Application to HUD.
- Apply for grants from HUD on behalf of the Continuum.
- Apply for and receive CoC Program planning funds on behalf of the Continuum.

The Collaborative Applicant may be designated by the Continuum Board with the responsibility to apply for and receive other grants.

B. HMIS Lead

The Continuum HMIS Lead ensures all HMIS activities are carried out in accordance with the HEARTH Act. HMIS policies and procedures will be reviewed and updated on an annual basis in accordance with HMIS data standards and HEARTH Act. The policies and procedures can be accessed through the Support Entity and the Continuum website.

C. Support Entity

The Support Entity coordinates the work of the Continuum members, the Continuum Board, and committees and workgroups as they implement HUD policies and the Journey Home Plan.

VII. Amendments

The Board will have the power to adopt, amend, or repeal the provisions of this Governance Charter upon recommendation and by a two-thirds vote of the voting members of the then-seated Board where such proposed action has been described in the notice of the meeting and provided the Continuum members have been provided with a review and comment period prior to the Board vote.

Baltimore City Continuum of Care Bylaws

I. Overview

A. The sections of the Bylaws are as follows:

- I. Overview
- II. The Continuum of Care
- III. The Continuum Board
- IV. Continuum Committees & Work Groups
- V. Appointed Entities
- VI. General Provisions
- VII. Appointed Entity Designations
- VIII. Acronyms & Terms

II. The Continuum of Care

A. Purpose & Goals

The Continuum promotes the communitywide commitment to the goal of making homelessness rare and brief.

- Provide funding for efforts by nonprofit providers and local government to re-house homeless individuals and families quickly, while minimizing the trauma of dislocation that homelessness causes to individuals, families, and communities.
- Promote access to and effective utilization of mainstream programs by homeless individuals and families
- Optimize self-sufficiency among individuals and families experiencing homelessness.

To make homelessness rare and brief in Baltimore City, the Continuum seeks to advance the following goals:

1. Increase the amount of affordable housing for people with the lowest incomes, in particular, people experiencing homelessness.
2. Build the capacity of service providers to prevent and end homelessness.
3. Work across and within public and private sectors to coordinate resources efficiently and effectively to prevent and end homelessness.
4. Promote the use of evidence-based and best practices among homeless service providers.

B. Continuum Membership Composition & Voting Rights

Membership: The Continuum is composed of representatives of organizations, such as nonprofit homeless services providers, prevention service providers, veterans' services providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, disaster planning and prevention agencies, funders, medical professionals, legal services providers, addiction treatment programs, and Maryland's Protection and Advocacy Agency and homeless and formerly homeless persons themselves, each to the extent they are represented within the geographic area and are available to participate. Additionally, the Continuum includes representatives from the following entities: Collaborative Applicant, CoC Program Grantee, Consolidated Plan Entity, ESG Grantee, HMIS Lead, and Support Entity.

To be a Continuum member, agencies and individuals must demonstrate their commitment to the Journey Home by signing a Continuum Membership Statement.

Voting Rights: Those individuals and/or agencies that meet the following provisions are eligible to vote at Continuum meetings:

- Commitment to the Journey Home as demonstrated by completion of a Continuum Membership Statement AND at least 50% attendance at standing and appropriately noticed Continuum meetings over the prior 12 months as demonstrated by Continuum attendance sheets.
- Voting members must indicate on their Membership Statement if they are registering as an individual or agency.
 - Each member agency is only eligible for one vote. Each member agency must provide a list of approved representative(s) eligible to vote on its behalf.
 - Employees of voting agencies may not register to vote as individuals.

The specific procedures and processes for establishing membership and voting rights, in accordance with the Bylaws, will be developed throughout the remainder of the calendar year. Eligibility and voting rights will be fully established no later than January 2017, when the Support Entity will maintain eligibility lists and make them available prior to all meetings of the full Continuum.

Decision-making Authority: Members of the Continuum are responsible for reviewing and voting in the following manner:

- Eligible voting members of the Continuum will vote to elect Board members for Elected Seats on an annual basis.
- Eligible voting members of the Continuum will vote to approve any revisions to the Journey Home Strategic Plan.

Participation: Continuum members are encouraged to actively participate in committees and workgroups to develop recommendations and make decisions as designated in the Section IV, in areas including but not limited to:

- Standards of Care
- Coordinated Access plan
- Local performance measures

C. Continuum Meetings

Open Meetings: Meetings of the Continuum will be open to any interested person.

Agendas: The Support Entity will disseminate agendas in advance of the meeting.

Notice: The Continuum will publish agendas in advance of the meeting and publicly invite new members at least annually (**HEARTH requirement**). A minimum of 14-day notice will be given for meetings of the Continuum.

Notice is defined as adequate for this Bylaws when it meets any specified time requirements and the Support Entity:

- Delivers the content electronically to Continuum member lists.
- Posts the content to the Continuum website.

This further requires that:

- Members take responsibility for providing their electronic contact information to the Support Entity.
- Committees disseminate the notice to their members.
- Continuum members disseminate the notice both electronically and onsite as appropriate to its clients, staff and volunteers.

Quorum: Quorum for the transaction of business at Continuum meetings will be defined as those present at a properly noticed meeting.

Voting: Each member must be present to vote on Continuum matters. This includes members eligible to vote as individuals, as well as approved representatives of members eligible to vote as agencies. Votes will be by ballot. No member may vote on any item that presents a real or perceived conflict of interest. A simple majority of the quorum preset shall constitute a vote for approval.

Proxy: There is no proxy voting. Decision-making requires live conversation and active participation from all parties.

Action Without a Meeting: The Continuum will not take action as a whole without meeting.

III. The Continuum Board

A. Board Responsibilities

The Board: The Board is responsible for managing the Continuum for Baltimore City. As such, it acts on behalf of the Continuum and ensures that the Continuum:

- Scans the environment for best practices and innovations.
- Assesses the Continuum for gaps, overlaps, duplication, strategic conflicts, etc.
- Coordinates Continuum meetings at least quarterly, with an aim to meet every other month
- Issues an annual report to the community

Individual Members: Individuals serving on the Board must:

- Commit to ensuring that homelessness is rare and brief.
- Attend meetings of the Board and meetings of the Continuum.
- Participate as an active member of at least one standing committee or workgroup.
- Seek out input from the peers, industry, and/or population he/she represents.
- Bring that input to the Board deliberations, while remaining attentive to un-represented views.
- Communicate Board work to the peers, industry, and/or population he/she represents.
- Adhere to all Governance Charter and Bylaws policies.
- Only the Board Chair, Vice Chair, or individuals designated by them may speak on behalf of the Board or represent the Board to media or other external communication outlets.
- Completing a City Ethics Training conducted by the Baltimore City Ethics Board and submitting a Conflicts Affidavit

Additional Board Responsibilities:

- Provide high-level leadership and be community champions and ensure ongoing dialogue with the community on progress, results and barriers to adopted initiatives to inform ongoing and future work, in conjunction with other appointed entities.
- Designate the CoC Collaborative Applicant (**HEARTH requirement**) and work closely with the designated Collaborative Applicant to fulfill major duties of the Continuum.
- Designate a single information system as the official HMIS software for the Continuum and designate an HMIS Lead; work closely with the designated HMIS Lead to measure and monitor progress and ensure compliance with HEARTH requirements (**HEARTH requirement**).
 - Work with the HMIS lead to encourage city-wide provider participation, except for those organizations that are exempt.
- Designate entity to complete the annual point-in-time count of homeless persons (**HEARTH requirement**).
- Appoint additional committees, subcommittees or workgroups (**HEARTH requirement**)
- Follow and update annually, a governance charter in consultation with the Collaborative Applicant and HMIS Lead. (**HEARTH requirement**)

- Monitor and guide implementation of the Journey Home plan and ongoing alignment with vision, goals and strategies; provide critical feedback to appointed entities on operational elements of the Plan.
- Inform policy decisions related to HUD CoC and ESG funds and provide recommendations to the Resource Allocation Committee to inform its funding decisions.
- Ensure consultation with ESG recipient throughout planning and implementation of Continuum activities. **(HEARTH requirement)**
- Direct appointed entities to develop policies and priorities to be brought to the appropriate decision-making entities for adoption.
- Review, as needed, decisions made in relation to:
 - Performance targets
 - Provider performance and outcomes of ESG and CoC funded programs
 - Actions against poor performers
- Receive community and public policy updates relevant to homelessness issues
- Advise the Mayor about policies, best practices, and approaches for making homelessness rare and brief

B. Board Terms, Composition & Guidelines

Terms: For elections in 2017, members will be assigned to two, three, or four-year terms in forming the initial Board. Thereafter, the Board members will be eligible to serve an additional three-year term. For all Board members elected after 2017, members shall serve a three-year term which is renewable for an additional three-year term for a maximum of six consecutive years before rotating off for at least one year. Member terms will be staggered such that approximately one-third (1/3) are up for election each year.

Current Board members will remain on the Board until a new Board is established in 2017.

Composition: Members of the Board represent local funders, government, services providers, consumers, and other community members whose interest relate to homeless services and housing systems. Specifically, the Board consists of the following:

- Seventeen – twenty-three (17-23) **Elected Seats (Voting Members)**
 - Four (4) Homeless or Formerly Homeless Individuals
 - Four-Six (4-6) Homeless and At-Risk of Homelessness Service Providers
 - Four-Six (4-6) At-Large Representatives
 - Four-Six (4-6) System Leaders
 - One (1) City Representative, nominated by the Mayor
- Named designees for up to six (6) **Appointed Seats (Non-voting Members)**
 - Three (3) City Agency Representatives
 - Three (3) Appointed Entities

Guidelines: In managing Board number and composition, the following will be true:

- Homeless and at-risk of homelessness service providers can include those who do and do not receive federal funding; those serving individuals, families, youth, veterans, or any other targeted population; a wide range of services such as outreach, shelter, transitional housing, supportive housing, victim services, service only, etc.; and a mix of secular, faith-based, and community providers.
- At-large representatives include businesses, faith-based entities, philanthropic organizations, community associations, universities, hospitals, and housing developers.
- System leaders are representatives of majors systems in Baltimore City including public schools, public safety, health, behavioral health, employment, and child welfare.

- Each elected seat has a vote as exercised by a named individual, and each individual may exercise only one vote.
- With the exception of short-term vacancies, the Board will strive to maintain an odd number of Board members. This will be managed through at-large seat availability and depend on the number of appointed entities.
- The Board should represent a diverse set of service, population, and program interests.
- No more than 20% of the total Board should be representatives of agencies receiving Continuum funds.
- A single entity that is designated to carry out more than one appointed entity role may hold only one seat on the Board.

C. Board Member Elections

Oversight: The Governance Committee, made up of Board and Continuum members, is responsible for development and oversight of all elections.

Process: The Governance Committee will develop specific policies and procedures for the nominating and election process, to be implemented no later than January 2017. The policies and procedures will include notice to Continuum members, including the opportunity to nominate Board members. The Governance Committee will develop and recommend a slate of proposed Board members to the Continuum for election.

Process Review: The Board will review this process at least every five (5) years to ensure it remains consistent with Continuum objectives and responsibilities.

D. Board Vacancy, Removal & Resignation

Vacancy: In the event of a vacancy, the members of the Board will elect a successor to hold the seat for the remainder of the term of the person vacating the seat. At the end of the term, a regular election will be held as described in these Bylaws.

Removal: Members of the Board may remove a Board member who is absent for two Board regularly scheduled meetings in any twelve-month period. Unexcused absence from special meetings will generally not be considered in this calculation but may be included as appropriate.

Board members may also be removed by a 3/4 vote of the Board then-seated for cause including but not limited to:

- Failure to perform Board duties
- Failure to comply with the Charter, Bylaws, and/or applicable policies
- Engaging in conduct that constitutes a conflict of interest
- Engaging in behavior that causes harm to the reputation of the Continuum

Such seats will then be filled through the process described above under vacancies.

Resignation: Unless otherwise provided by written agreement, any member of the Board may resign at any time by giving written notice to the Chair. Any such resignations will take effect at the time specified within the written notice or if the time be not specified therein upon its acceptance by the Board.

E. Board Meetings

Open Meeting: Attendance at meetings of the Board will be open to any interested person to observe.

Agendas: The Board will disseminate agendas in advance of the meeting.

Notice: Fourteen-day notice will be given for regularly scheduled meetings of the Board. Special meetings may be called in emergency situations with three-day notice.

Quorum: A number equal to a majority of the Board members then-seated will constitute a quorum for the transaction of business at any meeting. No decision will be made unless a quorum is present.

Decision-Making: The Board will use a voting process to make decisions. A simple majority of present Board members shall constitute approval of any motion before the Board. Roberts Rules of Order shall govern all Board proceedings, unless a specific provision of this charter provides otherwise.

Voting: Only elected members of the Board are eligible to vote on decisions being made when present at the meetings. If a vote is necessary, all votes will be by voice or ballot at the will of the majority of those in attendance at a meeting with a quorum represented. No member may vote on any item that presents a real or perceived conflict-of-interest, as detailed in the Charter.

Appointed Board members and Support Entity staff may participate in discussion but may not vote.

Proxy: There is no proxy voting. Decision-making requires live conversation and active participation from all parties. Conference call participation is permitted.

Action Without a Meeting: The Board may take an action without a meeting if that action, provided:

- The action is within its authority
- Notice is provided
- It is approved via email (or letter when email is unavailable)
- It is approved by a unanimous consent of all Board then-seated members who are entitled to vote on the matter

F. Board Officers

Terms: An officer serves for a two-year term.

Term Limits: An officer cannot serve for more than two consecutive terms in the same role for a maximum of four consecutive years.

Elections: The officers will be elected by a majority vote of the Continuum, based on nominations developed by the Governance Committee.

IV. Committees/Workgroups

A. Standing Committees:

The Continuum has six (6) standing committees/workgroups:

The **Executive Committee** moves the work of the Board forward and brings key decisions to the full Board for discussion and action. This committee provides on-going, structured engagement of the Board's workgroups, key City Departments, and specific key stakeholder groups. The Executive Committee also handles routine business, exercises oversight, and engages with designated entities as needed during months when the full board does not convene.

- The Executive Committee is comprised of the Chair, Vice-Chair, Standing Committee Chairs, and any other members elected by the Board.
- The Executive Committee has the authority to make decisions for the full Board when unforeseen business arises or when the need to make a decision is time sensitive. The Executive Committee will not have authority to make decisions regarding the allocation of funding. Any decision made by the Executive Committee must be reported to the full Board at the next Board meeting.
- The Executive Committee will generally meet bi-monthly. The presence of a majority of Executive

Committee's members shall constitute a quorum and authorize conduct of committee business. A simple majority of present members shall constitute approval of any motion before the committee.

- As with all Board members, Executive Committee members are expected to recuse themselves from subjects for which they have a conflict of interest, pursuant to the Conflict of Interest policy set forth in the Charter.
- Notice of Executive Committee meetings shall be provided no less than 5 days prior to the date proposed. Regular attendance is a requisite duty of all committee members. Full minutes of all meetings shall be taken and shall be disseminated to the full Board for review and will be made available to the public.
- Responsible for overseeing the Opening Doors goal to prevent and end homelessness for families with children.

The **Data & Performance Committee** will oversee a performance management plan for the Continuum, guide the work of the HMIS Lead, and conduct an annual gap analysis. Subgroups of this committee include the HMIS User Group.

The gap analysis is conducted annually to assess homeless service system need, utilization, and capacity. **(HEARTH requirement)** Based on this analysis, the Committee will document unmet need within the Continuum, produce an asset map, and submit an annual report to the Board. This data will be used to inform the general priorities and strategies of the board and minimize the presence of unused, under-utilized, or ineffectively allocated housing and services. The analysis will also directly inform the activities of other workgroups, including the processes for reallocation of funds and the development of additional resources to address homelessness.

The Data and Performance Committee is also responsible for the following:

- Recommend an HMIS software solution to the Board
- Review and approve *HMIS Policies and Procedures, HMIS Data Quality Plan, and HMIS Security Plan* on an annual basis for the operation and administration of the local HMIS **(HEARTH requirement)**; this includes defining criteria, standards, and parameters for the release of aggregate data and ensuring privacy protection provisions in project implementation.
- Work with the HMIS lead to ensure consistent provider participation in HMIS or an HMIS similar system for those exempted by law; this includes selecting data elements to be collected by all participating programs.
- Analyze system and programmatic data for trends, cost, performance and compliance and provide reports to the Board and other entities.
- Review annual reports from HMIS and other data sources including but not limited to the annual point-in-time count and Housing Inventory Chart (HIC).
- Identify, obtain and use data from a variety of sources and partners necessary to assess and inform progress under the Plan.

The HMIS User Group, convened by the HMIS Lead, brings together participating agencies' HMIS Lead Users to share information and make recommendations. It is a forum for training Lead Users on changes and new enhancements to the HMIS. It is also a forum for sharing best practices and suggesting improvements in policy and procedures. Participating agencies are expected to send at least one person to every HMIS User Group meeting.

The **Resource Allocation Committee** is responsible for guiding the allocation of HUD Continuum of Care Program funding and Journey Home funding for activities and monitors Journey Home expenditures and grants in partnership with the Journey Home Fiscal Agent. The committee must include at least one representative from the Collaborative Applicant and one representative from the jurisdiction's Recipient or Local Administering Agency. However, the committee may not include members that are sub-recipients of Journey Home, HUD (CoC, Emergency Solutions Grant, or HOPWA), state homeless services funding, or local homeless services funding.

Journey Home Funds- Journey Home funds are privately raised funds intended to support the Journey Home Plan and Continuum activities not otherwise funded by HUD or state or local government. The committee will:

- Provide recommendations for utilizing Journey Home funds to the Board.
- Review the Journey Home financial report quarterly to assess available funds and provide the report to the full board for approval.
- Initiate grant approval forms, MOUs, and other documentation with the Fiscal Agent necessary to administer and monitor Journey Home funds.
- The committee chair may approve requests for private dollars that fall under \$10,000.

HUD Continuum of Care Program Funding- The committee is responsible for:

- Developing an annual or multi-year funding strategy for allocating HUD CoC funding according to local need, HUD policy priorities, and overall system performance.
- Reading and analyzing the annual Notice of Funding Availability (NOFA), developing an annual reallocation strategy, developing the annual project rating and ranking criteria, utilizing performance and program data to evaluate and rank project applications, and developing a communications plan for informing the Continuum of Care and ensuring full participation. **(HEARTH requirement)**
- Approve final submission for the annual CoC application to U.S. Department of Housing and Urban Development (HUD). **(HEARTH requirement)**
- Overseeing the work of the Collaborative Applicant, who is responsible for screening project applications for eligibility, preparing and submitting the annual CoC application, project priority listing, and project applications to HUD according to the policies and guidelines created by the Resource Allocation Committee.

Local Government Entitlement Funding- Three sources of federal and state funding for homeless services are allocated directly to a unit of local government, who is responsible for allocating and monitoring all sub-recipients: Emergency Solutions Grant (ESG), Housing Opportunities for Persons with AIDS (HOPWA), and the State of Maryland (five total grants). For ESG and HOPWA, the local unit of government is designated the "Recipient". For State of Maryland Funds, the local unit of government is designated the "Local Administering Agency". All of these funding sources require the Recipient or Local Administering Agency to consult with the Continuum of Care on funding strategy, project performance, and allocating funds. The Resource Allocation Committee is responsible for collaborating with the Recipient/Local Administering Agency to fulfill these requirements. **(HEARTH requirement)**

Currently, the Recipient/Local Administering Agency has delegated final authority to allocate these funds to the Resource Allocation Committee. This authority may be revoked at any time by the Recipient/Local Administering Agency, but they must still consult with the Resource Allocation Committee in the development of their application for funds, assessment of project performance, and allocation decisions.

Other/New Funding Sources- New homeless services funds or grants that are available to Continuums of Care will be screened, evaluated and applied for by the Resource Allocation Committee. The workgroup may establish partnerships or collaborations with community partners if the Continuum of Care is not an eligible applicant. Additional responsibilities include:

- Prepare and present to the Board annual reallocation strategies, project ranking and rating criteria and decisions, funding allocations, and CoC and ESG application development and submission updates
- Review and act on provider appeals as necessary

The **Coordinated Access Committee** is responsible for the design and implementation of a centralized or coordinated assessment system for homeless individuals and families to assess eligibility and make referrals to homeless service programs and provide for consistent access and triage of resources, consistent with system vision and in consultation with recipients of Emergency Shelter Grant (ESG) funds (HEARTH requirement). Additionally, the committee is responsible for:

- Developing policies to guide the utilization of the coordinated assessment system.
- Reviewing data to monitor service demand, placement, timeliness of service delivery, and capacity to inform workgroup priorities, remove service barriers, and improve efficiency of service delivery system.
- Communicating with the Continuum, Board, Data & Performance Committee, Collaborative Applicant, HMIS Lead, and other entities as needed to coordinate efforts.
- Reporting to the Board to provide high-level analysis and updates on workgroup progress.
- Overseeing the Opening Doors goal to end chronic homelessness.

The **Governance Committee** is responsible for the design and implementation of Continuum membership eligibility and voting processes, Board membership nomination and voting processes, and the process for completing annual and periodic review of the Charter and Bylaws. This authority to develop this committee will be established with the adoption of the Charter and Bylaws. Specifically, it is responsible for:

- Board Membership: Adopt and follow a written process to select the Board. The process must be reviewed, updated and approved at least once every 5 years. **(HEARTH requirement)**
- Continuum Membership: Recommend, review and/or approve annual membership inclusive of new members **(HEARTH requirement)**
 - Issue a public invitation annually for new members **(HEARTH requirement)**
- Charter Development:
 - Annually, present recommendations to the Board for the governance charter in whole, defining membership and roles, setting expectations, and assigning responsibilities. **(HEARTH requirement)**
 - Every five years, bring an updated Governance Charter for approval by the full Continuum **(HEARTH requirement)**
- Actively seeking out participation with diverse representation for both the Continuum and its committees.

The **Fundraising Committee** is responsible for private fundraising to support the goals of the Journey Home plan and the Continuum’s strategic priorities. The members of this committee should include experienced fundraisers, philanthropists, and a representative of the Journey Home Fiscal Agent. Additional responsibilities include:

- Planning one flagship fundraising event each year.
- Developing and implementing strategies to generate additional private funding.
- Reporting to the Board on the revenue generated by events and other fundraising efforts.

B. Workgroups

The Continuum also includes the following workgroups, which may be established and must be renewed at the discretion of the Board, and must adhere to all policies and procedures for committees and workgroups:

- Consumer Advisory Workgroup

- Health Care Workgroup
- Journey to Jobs Oversight Group
- Provider Coordination Workgroups
- System Collaboration Ad Hoc Groups
- Veterans Workgroup (Responsible for overseeing the Opening Doors goal to prevent and end Veterans homelessness)
- Youth and Young Adult Workgroup (Responsible for overseeing the Opening Doors goal to prevent and end youth homelessness)

C. Committee Leadership

A chair or co-chairs, as selected from within the committee, will coordinate each committee. Only Continuum Board members are eligible to serve as a committee chair.

D. Other Committee Roles & Responsibilities

Each committee will be responsible for:

- Recruiting its members
- Selecting a chair or co-chairs
- Establishing its policies and procedures, consistent with the Charter and Bylaws, and providing them to the Board and Support Entity
- Recording its minutes and attendance, and providing them to the Support Entity
- Ensuring transparency of its process and meetings

V. Appointed Entities

A. Process for Designation of Appointed Entities

The process of selecting the Collaborative Applicant, HMIS Lead Agency, and Support Entity designations will be as follows:

- The Board will review performance and renew designations of appointed entities annually with a majority vote.
- The Board will utilize a thorough and formal review process every three years to evaluate the appointed entities and consider possible alternative designations.
- Specific performance expectations and reporting requirements for each appointed entity is outlined in the Continuum bylaws; an MOU may be developed between the appointed entities and the Board.
- Appointed entity relationships may be terminated upon mutual agreement or for cause with a 2/3 vote of the then-seated Board.

B. Collaborative Applicant

The Collaborative Applicant is responsible for the following:

- Collect and combine the required application information from all projects within the geographic area and will apply for funding for CoC planning activities.
 - Issue Coordinated NOFA for non-time limited housing resources and other funding opportunities.
 - Submit provider programs as part of the McKinney / CoC final application to HUD each year.
 - Complete the submission of the HUD CoC Application including all relevant charts and tables
- Work with the Continuum to establish written standards for how the different parts of the homeless system should be targeted and consensus on how assistance will be provided to different subpopulations, in consultation with recipients of ESG funds. **(HEARTH requirement)**
 - Establish and consistently follow written standards for the provision of ESG and CoC assistance
 - Review and approve annual performance standards and evaluation of outcomes for programs funded under the ESG and CoC programs
 - Recommend standards for targeting the different parts of the homeless system and how assistance should be provided to different subpopulations, in consultation with recipients of ESG funds.

- Provide required feedback and information, as needed, to the local government to complete the local Consolidate Plan(s) **(HEARTH requirement)**
- As requested, develop policies and priorities to be presented to the Board for adoption.
- Provide staffing to the Coordinated Access Committee and manage the day-to-day operations of the Coordinated Entry system.

Performance Monitoring

- Monitor HEARTH recipients and sub recipients' performance, evaluate outcomes, and take actions to improve performance of or reduce funding for poor performers. **(HEARTH requirement)**
- Coordinate with ESG (state and local) recipients on their strategies for allocating ESG funds and evaluating performance of funded projects. **(HEARTH requirement)**
- Review and recommend to the Resource Allocation Committee any programs that should be removed from HUD funding and any proposed funding reallocations
- Recommend to the Resource Allocation Committee any actions against poor performers

Point-in-Time Count

- Plan and conduct a sheltered and unsheltered point-in-time count of homeless persons, consistent with HUD requirements and in collaboration with the Continuum.

C. HMIS Lead Responsibilities

- Reinforce goals and policies of the Plan through contract requirements, including but not limited to ensuring the consistent participation of all recipients of financial assistance under the CoC and ESG programs, except those exempt by law, as well as any other funded programs that require HMIS participation **(HEARTH requirement)**
- Report on the HEARTH performance measures (including system-wide dashboard, performance by population (families, single adults, youth, etc.), program type (emergency shelter, transitional housing, etc.) and program-level performance on the HEARTH measures) and recommend performance targets consistent with the Plan and system vision for each program type and subpopulation, in consultation with recipients and sub recipients. **(HEARTH requirement)**
- Report to the Board and Data and Performance Committee on system-level and project-level performance and outcomes
- Develop and maintain *HMIS Policies and Procedures document, HMIS Security Plan, Participation Agreement, System User Agreement, System User Confidentiality Acknowledgement*, and other HMIS documentation and guidance under the direction of the Data and Performance Committee.
- Monitor data quality and compliance with HMIS policies and security protocols both within the database and through site visits to participating agencies.
- Carry out HMIS security protocols, including coordinating responses to suspected violations of client security and confidentiality policies, and proper disposal of Personally Identifiable Information (PII).
- Oversee the setup and ongoing administration of the HMIS software and provide training, technical assistance, and support to HMIS users.
- Ensure compliance with HUD HMIS Data and Technical Standards
- Oversee customization of the HMIS database, including the development of custom reports, and interface enhancements.
- Oversee the collection, analysis, and presentation of HMIS data for reporting to federal, state, and local governments, private entities, clients, and citizens.
- Write, submit, and administer the HMIS project grant
- Integrate and ensure the security of any data with the Continuum's participation in any data warehousing.
- Submit the annual Housing Inventory Chart

D. Support Entity Responsibilities

- Assure the occurrence of semi-annual meetings of the CoC annually with published agendas. **(HEARTH**

requirement)

- An employee of the Support Entity staffs the Board. In this capacity, the staff member is responsible for:
 - Recording minutes for the Board, and
 - Ensuring Board members receive all necessary information in the field and changes at the federal level that may influence or impact the Continuum as they may occur.
- Providing logistical, coordinating, planning, and project management support for the Continuum.
 - Coordinating communication within the Continuum.
 - Staff the Continuum and Board and provide support
- Convening and facilitating the work of the Continuum Board, its committees and workgroups, and the appointed entities.
 - Provide meeting support for the Continuum and Board and all other committee meetings by scheduling meetings, developing agendas, issuing meeting materials and posting all relevant documents to website.
 - Assist in developing the agendas for the Board meetings, and identify priority topics for discussion. Vet materials to ensure they are understandable and emphasize areas where decisions are most needed, and respond to any requests or direction from the Board.
- Monitoring strategic coherence across efforts.
- Managing collective data systems and information distribution.
- Mobilizing planning efforts and planning review and revision.
- Stewarding resources for collective impact as appropriate.
- Training, orientation, onboarding of new Board members
- Materials will be distributed electronically or through mail to all Continuum and Board members and provider agency designees.

VI. General Provisions

A. Operating Year

The operating year of the Continuum will commence on January 1st of each calendar year and end on the 31st day of December of said calendar year.

Newly elected Continuum Board members will be seated on January 15th of each year.

B. Annual Document Review

The Continuum Board will review this Charter and the Journey Home Plan annually, in collaboration with the Collaborative Applicant and HMIS Lead, to ensure they remain consistent with HUD's CoC Program requirements as well as the Continuum objectives and responsibilities.

C. Record-keeping

Proceedings of all Continuum, Continuum Board, and committee meetings are documented in minutes.

- Minutes of meetings are circulated to members of the relevant body and approved at the subsequent meeting.
- The Support Entity is responsible for recording minutes for meetings of the Continuum and Board meetings.
- Committees are responsible for selecting a Secretary, recording their own minutes, and providing to the Support Entity for record keeping.
- Minutes for all bodies will be disseminated by the Support Entity upon request.

The Support Entity will be the holder of all Continuum, the Continuum Board, and committee documentation and records.

VII. Amendments

The Board will have the power to adopt, amend, or repeal the provisions of this Governance Bylaws upon recommendation and by a two-thirds vote of the voting members of the then-seated Board where such proposed action has been described in the notice of the meeting and provided the Continuum members have been provided with a review and comment period prior to the Board vote. Any alteration, amendment, or repeal of the provisions of these bylaws that involve the decision-making authority of the Continuum Membership, as described in Section IIB of these bylaws must also be approved by at least a two-thirds majority vote of the Continuum Membership present at a properly noticed meeting where such proposed action has been described in the notice of the meeting.

VIII. Appointed Entity Designations

At date of approval of charter, the Continuum has designated the following as appointed entities:

Collaborative Applicant: Mayor's Office of Human Services

HMIS Lead: Mayor's Office of Human Services

Support Entity: Mayor's Office of Human Services

CoC Fiscal Agent: Mayor's Office of Human Services

Journey Home Fiscal Agent: United Way

IX. Acronyms & Terms

Acronyms

- **CoC** Continuum of Care
- **ESG** Emergency Solutions Grants
- **HMIS** Homeless Management Information System
- **HUD** U.S. Department of Housing and Urban Development
- **MOU** Memorandum of Understanding
- **NOFA** Notice of Funding Availability

Definitions

Black text is taken from the C.F.R. interim rule. [Blue text has been developed for the Baltimore City Continuum of Care.](#)

At risk of homelessness

- (1) An individual or family who:
 - (i) Has an annual income below 30% of median family income for the area, as determined by HUD;
 - (ii) Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the —Homeless|| definition in this §; and
 - (iii) Meets one of the following conditions:
 - (A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
 - (B) Is living in the home of another because of economic hardship;
 - (C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;
 - (D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;
 - (E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than 2 persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;
 - (F) Is exiting a publicly funded institution, or system of care (such as a health- care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
 - (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan;
- (2) A child or youth who does not qualify as "homeless" under this §, but qualifies as "homeless" under §387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), §637(11) of the Head Start Act (42 U.S.C. 9832(11)), §41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e- 2(6)), §330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), §3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or §17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or
- (3) A child or youth who does not qualify as "homeless" under this §, but qualifies as "homeless" under §725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

[Journey Home Plan](#)

[Journey Home plan is the Baltimore City community's strategic plan, as implemented by the Continuum, to ensure that homelessness is rare and brief.](#)

Continuum Board (the Board)

The governing board established to act on behalf of the Continuum using the process established as a requirement by §578.7(a)(3) and in compliance with the conflict-of-interest requirements at §578.95(b). The board must: (1) be representative of the relevant organizations and of projects serving homeless subpopulations; and (2) include at least one homeless or formerly homeless individual.

Centralized or coordinated assessment system

Means a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

Chronically homeless

- (1) An individual who:
 - (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years; and
 - (iii) Can be diagnosed with 1 or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in §102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
- (2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
- (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

CoC Program

The CoC (Continuum of Care) program is the funding program of HUD authorized by subtitle C of title IV of the McKinney-Vento Homeless Assistance Act as amended (42 U.S.C. 11371 et seq).

CoC Program Grantee (Recipient) and Sub-recipient

The CoC Program Grantee is the "recipient" as used by HUD and means an applicant that signs a grant agreement with HUD.

Sub-recipient means a private nonprofit organization, State, local government, or instrumentality of State or local government that receives a sub-grant from the recipient to carry out a project.

Code of Federal Regulations (CFR)

A codification of the general and permanent rules published in the *Federal Register* by the Executive departments and agencies the U.S. federal government.

Collaborative applicant

Means the eligible applicant that has been designated by the Continuum of Care to apply for a grant for Continuum of Care planning funds under this part on behalf of the Continuum.

Committees & Workgroups

The Continuum's committees and workgroups are the action planning components of the system. In these bodies, strategies are developed, deepened and expanded into time-limited work plans. These groups may also be directly responsible for specific strategies or exploring options to solve particular concerns.

Consolidated plan

Means the HUD-approved plan developed in accordance with 24 CFR 91.

The Continuum (Continuum of Care)

The name of this body will be the Baltimore City Continuum of Care (the Continuum).

This has been defined in two ways:

- (1) Means the group organized to carry out the responsibilities required under this part and that is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate. (24 CFR §578.3)
- (2) Means the group composed of representatives of relevant organizations, which generally includes [list as in first definition] that are organized to plan for and provide, as necessary, a system of outreach, engagement, and assessment; emergency shelter; rapid re-housing; transitional housing; permanent housing; and prevention strategies to address the various needs of homeless persons and persons at risk of homelessness for a specific geographic area. (24 CFR §576.2)

Continuum Member

Those individuals and entities meeting the composition and eligibility standards of the Continuum as set forth in this Charter.

Eligible applicant

Means a private nonprofit organization, State, local government, or instrumentality of State and local government.

Emergency shelter

Means any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

Emergency Solutions Grants (ESG)

Means the grants provided under 24 CFR part 576.

High-performing community (HPC)

Baltimore City Continuum of Care Bylaws
Revised and Approved June 6, 2016

Means a Continuum of Care that meets the standards in subpart E of this part and has been designated as a high-performing community by HUD. To qualify as an HPC, a Continuum must demonstrate through:

- (1) Reliable data generated by the Continuum of Care's HMIS that it meets all of the following standards:
 - (i) Mean length of homelessness. Either the mean length of episode of homelessness within the Continuum's geographic area is fewer than 20 days, or the mean length of episodes of homelessness for individuals or families in similar circumstances was reduced by at least 10% from the preceding federal fiscal year.
 - (ii) Reduced recidivism. Of individuals and families who leave homelessness, less than 5% become homeless again at any time within the next 2 years; or the percentage of individuals and families in similar circumstances who become homeless again within 2 years after leaving homelessness was decreased by at least 20% from the preceding federal fiscal year.
 - (iii) HMIS coverage. The Continuum's HMIS must have a bed coverage rate of 80% and a service volume coverage rate of 80% as calculated in accordance with HUD's HMIS requirements.
 - (iv) Serving families and youth. With respect to Continuums that served homeless families and youth defined as homeless under other federal statutes in paragraph (3) of the definition of homeless in §576.2:
 - (A) 95% of those families and youth did not become homeless again within a 2-year period following termination of assistance; or
 - (B) 85% of those families achieved independent living in permanent housing for at least 2 years following termination of assistance.
- (2) Reliable data generated from sources other than the Continuum's HMIS that is provided in a narrative or other form prescribed by HUD that it meets both of the following standards:
 - (i) Community action. All the metropolitan cities and counties within the Continuum's geographic area have a comprehensive outreach plan, including specific steps for identifying homeless persons and referring them to appropriate housing and services in that geographic area.
 - (ii) Renewing HPC status. If the Continuum was designated an HPC in the previous federal fiscal year and used Continuum of Care grant funds for activities described under §578.71, that such activities were effective at reducing the number of individuals and families who became homeless in that community.

Homeless

Means:

- (1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
 - (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or
 - (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
- (2) An individual or family who will imminently lose their primary nighttime residence, provided that:
 - (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
 - (ii) No subsequent residence has been identified; and
 - (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;
- (3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
 - (i) Are defined as homeless under §387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), §637 of the Head Start Act (42 U.S.C. 9832), §41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), §330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), §3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), §17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or §725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
 - (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
 - (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
 - (iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or
- (4) Any individual or family who:
 - (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
 - (ii) Has no other residence; and
 - (iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

Homeless Management Information System (HMIS)

Means the information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD.

HMIS Lead

Means the entity designated by the Continuum of Care in accordance with this part to operate the Continuum's HMIS on its behalf.

Homelessness prevention

ESG funds may be used to provide housing relocation and stabilization services and short- and/or medium-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter or another place described in paragraph (1) of the "homeless" definition in § 576.2. This assistance, referred to as homelessness prevention, may be provided to individuals and families who meet the criteria under the "at risk of homelessness" definition, or who meet the criteria in paragraph (2), (3), or (4) of the "homeless" definition in § 576.2 and have an annual income below 30 percent of median family income for the area, as determined by HUD. The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in the program participant's current permanent housing or move into other permanent housing and achieve stability in that housing. Homelessness prevention must be provided in accordance with the housing relocation and stabilization services requirements in § 576.105.

the short-term and medium-term rental assistance requirements in § 576.106, and the written standards and procedures established under § 576.400.

Permanent housing

Means community-based housing without a designated length of stay, and includes both permanent supportive housing and rapid rehousing. To be permanent housing, the program participant must be the tenant on a lease for a term of at least one year, which is renewable for terms that are a minimum of one month long, and is terminable only for cause.

Permanent supportive housing

Means permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

Point-in-time count

Means a count of sheltered and unsheltered homeless persons carried out on one night in the last 10 calendar days of January or at such other time as required by HUD.

Private nonprofit organization

Means an organization:

- (1) No part of the net earnings of which inure to the benefit of any member, founder, contributor, or individual;
- (2) That has a voluntary board;
- (3) That has a functioning accounting system that is operated in accordance with generally accepted accounting principles, or has designated a fiscal agent that will maintain a functioning accounting system for the organization in accordance with generally accepted accounting principles; and
- (4) That practices nondiscrimination in the provision of assistance.

A private nonprofit organization does not include governmental organizations, such as public housing agencies.

Program participant

Means an individual (including an unaccompanied youth) or family who is assisted with Continuum of Care program funds.

Project

Means a group of eligible activities, such as HMIS costs, identified as a project in an application to HUD for Continuum of Care funds and includes a structure (or structures) that is (are) acquired, rehabilitated, constructed, or leased with assistance provided under this part or with respect to which HUD provides rental assistance or annual payments for operating costs, or supportive services under this subtitle.

Rapid re-housing

From National Alliance to End Homelessness: Rapid Re-Housing: Creating Programs that Work (July 2009)

Rapid Re-Housing is for “individuals and families who are experiencing homelessness (residing in emergency or transitional shelters or on the street) and need temporary assistance in order to obtain housing and retain it” (HUD Homelessness Prevention and Rapid Re-Housing (HPRP) Notice, March 19, 2009).

These are the key components:

- (1) The individual or family is currently homeless
- (2) The “Rapid” in Rapid Re-Housing means that the household is assisted to obtain permanent housing as quickly as possible. People move directly from homelessness to housing. There are no intermediate programs that delay their move to housing.
- (3) Rapid Re-Housing provides the minimal amount of assistance—amount and length—needed to obtain and retain housing.
- (4) Households are empowered to make their own choices and to respond to the consequences of those decisions.
- (5) The key to successful re-housing is understanding the individual’s barriers to getting and keeping housing—then finding ways to eliminate or compensate for those barriers.

Recipient and Sub-recipient

See CoC Program Grantee.

Relevant organizations

Relevant organizations include nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, and organizations that serve veterans and homeless and formerly homeless individuals.

Safe haven

Means, for the purpose of defining chronically homeless, supportive housing that meets the following:

- (1) Serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services;
- (2) Provides 24-hour residence for eligible persons for an unspecified period;
- (3) Has an overnight capacity limited to 25 or fewer persons; and
- (4) Provides low-demand services and referrals for the residents.

Support entity

Support Entity is the coordination hub responsible for:

- Providing logistical support for Continuum responsibilities as in Interim Rule – 24 CFR §578.7
- Convening and facilitating the Board and key working groups
- Monitoring strategic coherence across efforts
- Coordinating communication within the Continuum
- Managing collective data systems and information distribution
- Mobilizing planning efforts that frame future Journey Home plans, related community-wide plans and their revision
- Stewarding resources for collective impact as appropriate

As such, the support is not a “lead” entity, but rather performs the roles of advocate, planning consultant, project manager, and logistics staff – though always free to delegate elements of its responsibility to appropriate Continuum members and/or contracted support as appropriate.

Transitional housing

Means housing, where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months or such longer period as HUD determines necessary. The program participant must have a lease or occupancy agreement for a term of at least one month that ends in 24 months and cannot be extended.

Unified Funding Agency (UFA)

Means an eligible applicant selected by the Continuum of Care to apply for a grant for the entire Continuum, which has the capacity to carry out the duties in §578.11(b), which is approved by HUD and to which HUD awards a grant. [No UFA has been designated. The Board will work with the Collaborative Applicant to apply for UFA status if the Board or Continuum as a whole sees fit to do so.](#)

Victim service provider

Means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.



**Homeless Management Information System
Policies and Procedures**

**Mayor's Office of Human Services
Homeless Services Program**

Approved on June 22, 2016

**Baltimore City Homeless Management Information System
Policies and Procedures**

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1. Background and Overview

1.1. HMIS overview

The McKinney-Vento Homeless Assistance Act, as amended by the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act), requires that HUD ensure operation of, and consistent participation by, all recipients and subrecipients of funds in a community-wide Homeless Management Information System (HMIS). The HMIS has many uses. Some of the purposes of the HMIS, as established by the McKinney-Vento Act, include:

1. Collecting unduplicated counts of individuals and families experiencing homelessness
2. Analyzing patterns of use of assistance provided in a community
3. Providing information to project sponsors and applicants for needs analyses and funding allocations

The HMIS is also essential to coordinate client services, support performance management in the CoC, ensure accountability in the use of public funds, and to inform public policy.

The HMIS Lead Agency for the Baltimore Continuum of Care (CoC) is the Mayor's Office of Human Services-Homeless Services Program (MOHS-HSP). In addition to administering the HMIS software, the HMIS Lead is responsible for maintaining the HMIS Policies and Procedures manual and all related documents, training system users, and providing help desk services. The HMIS Lead also monitors system users' compliance with policies and procedures.

The work of the HMIS Lead is overseen by the Baltimore City Data and Performance Committee. The Data and Performance committee is responsible for setting priorities, approving policies, and monitoring the work of the HMIS Lead. The Committee reports to the Journey Home Board.

Starting in 2013, the HMIS software provider for Baltimore City is ClientTrack Inc. Accordingly, in some parts of this document, the HMIS system is referred to as "ClientTrack."

1.2. Key Terms

1. Client- a person who receives services at an HMIS Participating Agency.
2. Exempt Agency- any organization that is required to report data on services provided to persons experiencing homelessness, but is exempt from entering that data into the HMIS by federal regulations.
3. HMIS Lead Agency- the organization that oversees the administration of the HMIS.
4. Participating Agency- any organization that utilizes the HMIS.

5. Coordinated Homeless Response System (CHRS) - Baltimore City's system for ensuring coordinated access to all homeless services programs, including emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing.
6. Coordinated Entry SSO (Supportive Services Only) Projects- Projects with dedicated funding to provide direct services to clients enrolled in or seeking access to Homeless Services Programs.
7. Community Matcher Entity - The Community Matcher is the entity responsible for carrying out Coordinated Access matching policies and procedures in the CHRS system, including but not limited to matching clients to vacancies following the Coordinated Access Prioritization Policy and troubleshooting the CHRS system. The Community Matcher in Baltimore City is currently the Continuum of Care's Collaborative Applicant.

1.3. Data Access

The Participating Agency retains access over all information entered into the HMIS.

Procedures:

1. In the event that the HMIS system ceases to exist, Participating Agencies will be notified and provided reasonable time to access and save data on persons served by the Participating Agency. Thereafter, the information collected by the HMIS will be purged or appropriately stored.
2. In the event that the Continuum of Care selects a different organization to serve as the HMIS Lead, the current HMIS Lead will work with the CoC and new organization selected to transfer the custodianship of the data for continuing administration. In that case, all HMIS Participating Agencies will be informed in a timely manner.

Participating Agencies that utilize other databases to record client level data or are ceasing participation in HMIS are permitted to export their programs' data from the HMIS and upload these data into other databases.

1. Agencies who transfer data from the HMIS are responsible for adhering to federal, state and local privacy laws within their databases.
2. Agencies requesting a data transfer with client information from outside their organization must complete a formal MOU between the agency and the HMIS Lead. The Data and Performance Committee must approve the MOU.

The HMIS Lead will follow all archiving data standards established by HUD in notice, as well as any applicable Federal, state, territorial, local, or data retention laws or ordinances.

1. Once data is archived, Participating Agencies may request a copy of their data from the HMIS Lead from the archive.

1.4. Voluntary Participation

The HMIS Lead strongly encourages projects that serve persons who are homeless or at risk of homelessness and are not required to participate in the HMIS to do so voluntarily. Having more providers in the HMIS creates the potential for :

1. More effective coordination of client services through case management and referral information sharing;
2. More accurate tracking of client returns to the homelessness prevention and assistance system;
3. More accurate counts of homeless persons and system resources, which could be used to understand the gaps in the service system;
4. Better data about community-wide needs, which can help guide advocacy efforts, policymaking, and funding allocations; and
5. Better data about system outcomes, which can be used to guide service targeting and performance improvement efforts.

1.5. Affiliated Databases

With the approval of the Data and Performance Committee, the HMIS lead may enter into an MOU to enable data transfer to or from the HMIS to or from another secure, managed database, so long as doing so is in furtherance of any of the Authorized Uses of HMIS Data (see section on Authorized Uses).

Before approving a Data Transfer MOU, the Committee will review:

1. Purpose and intent of MOU
2. What data elements for which clients will be shared, by whom, with whom, how frequently, and for how long
3. Consent and security policies of affiliated database
4. Potential benefits of MOU to current or future clients through care coordination, enhanced data collection, and system integration
5. Potential risks or harms to current and future clients
6. Monitoring procedures for the agreement (?)
7. Term of the agreement

MOUs will be kept on record by the HMIS lead. All affiliated databases will be listed on the client consent form and will be included in the list of HMIS Participants.

Procedures:

1. All MOUs will be presented to the CoC at a public meeting by the MOU party
2. MOUs required to undergo legal review to ensure all security regulations and policies are adhered to

3. The Data and Performance Committee and HMIS Lead will do their due diligence in reviewing the technical components of the data transfer and data warehouse to ensure security policies are met
4. All MOUs must be approved by the Data and Performance Committee
5. The Data and Performance Committee is responsible for the review of expired or renewal MOUs

1.6. HMIS Governance Documentation Amendment Process

The Data and Performance Steering Committee and the HMIS Lead will guide the amendment of these *Policies and Procedures* and other HMIS governance documentation. The Data and Performance Steering Committee will approve the *HMIS Policies and Procedures* and *HMIS Data Quality Plan*.

Procedures:

1. Proposed changes may originate from any participant in HMIS, including clients.
2. When proposed changes originate within a Participating Agency, they must be reviewed by the Executive Director/ Program Director (or equivalent) of the Participating Agency and then submitted by the Executive Director/ Program Director (or equivalent) to the HMIS Program Administrator. Requests can be submitted to HMIS@baltimorecity.gov.
3. The HMIS Program Administrator will maintain a list of proposed changes.
4. The list of proposed changes will be discussed by the Data and Performance Steering Committee at least quarterly. At this meeting, the group will determine if these changes require additional research and if so, they will create a plan for completing the necessary research and timeline for completion.
5. If changes do not require additional research or once this research is complete, then the steering committee will vote to adopt or reject the recommended changes
6. Changes approved by the Data and Performance Steering Committee will be made by the HMIS Program Administrator and sent to all HMIS Participating Agencies. Except as mandated by HUD 30 days notice will be provided before any changes are required to be implemented.
7. The Executive Director/ Program Director (or equivalent) from each of the Participating Agencies shall have 10 working days from the delivery of the amended document to acknowledge receipt and any concerns with the revised *Policies and Procedures* (or other documents). The Participating Agency's Executive Director/ Program Director (or equivalent) shall also ensure the circulation of the revised document within their agency and compliance with the revised Policies and Procedures.
8. Trainings on changes to HMIS documentation will be incorporated into HMIS User Group Meetings or scheduled as needed.

2. Stakeholder Responsibilities

2.1. CoC Board Responsibilities:

1. Designate an eligible applicant to serve as the HMIS lead and manage the system.
2. Work with the HMIS lead to measure and monitor progress towards making homelessness rare and brief.
3. Designate a single information system as the official HMIS software for the CoC
4. Work with the HMIS lead to encourage city wide provider participation except as exempt by law.
5. Define the requirements of the HMIS lead in the Governance Charter and By Laws

2.2. Data and Performance Steering Committee Responsibilities:

1. Work with the HMIS lead to measure and monitor progress towards making homelessness rare and brief.
2. Create, monitor and revise (as needed) system-level performance data metrics and benchmarks.
3. Create, monitor and revise (as needed) project-level performance data metrics and benchmarks.
4. Review at least annually and approve revisions to the *HMIS Policies and Procedures*, the *HMIS Data Quality Plan*, and other significant HMIS policy documents.
5. Work with the HMIS Lead to prioritize and provide direction to data projects and work plans.

2.3. HMIS Lead Agency Responsibilities

1. Report to the CoC Board and Data and Performance Committee on system-level and project-level progress toward making homelessness rare and brief.
2. Ensure the consistent participation of any non-exempt recipients of funding programs that require HMIS participation.
3. Facilitate the operation and activities of the Data and Evaluation Steering Committee
4. Develop and maintain *HMIS Policies and Procedures document*, *HMIS Security Plan*, *Participation Agreement*, *System User Agreement*, *System User Confidentiality Acknowledgement* and other HMIS documentation and guidance under the direction of the Data and Evaluation Steering Committee.
5. Ensure that all non-exempt Participating Agencies have signed and are in compliance with the agency's *Participation Agreement*.
6. Monitor data quality and compliance with HMIS policies and security protocols both within the database and through site visits to participating agencies.
7. Carry out HMIS security protocols, including coordinating responses to suspected violations of client security and confidentiality policies, and proper disposal of Personally Identifiable Information (PII).
8. Oversee the setup and ongoing administration of the HMIS software and provide training, technical assistance and support to HMIS users.
9. Ensure compliance with HUD HMIS Data and Technical Standards

10. Oversee customization of HMIS database, including the development of custom reports, and interface enhancements.
11. Oversee the collection, analysis and presentation of HMIS data for reporting to federal, state and local governments, private entities, clients, and citizens.
12. Lead performance evaluation activities.
13. Write, submit, and administer the HMIS project grant.
14. Maintain up to date information about the HMIS on the Lead Agency's [website](#)
15. Work with exempt agencies to ensure they are [up to date on required data collection](#) and reporting requirements.

In line with HUD's recommendations for HMIS staffing structures, the HMIS Lead Agency will seek to maintain an HMIS support staff ratio of 1 support staff person per 50 users. To maintain this staff ratio and ensure appropriate support capacity, the HMIS Lead Agency staff will carry out the following roles:

1. HMIS Manager- Manages HMIS Lead priorities and timelines
2. HMIS Program Administrator- Maintains database functionality
3. HMIS Lead Analyst- Directs, completes and reviews data analysis of the unit
4. HMIS Research Analyst- Completes and reviews data analysis of the unit
5. Database Specialist- Troubleshoots any technical issues in the database
6. Security Officer- Ensures HMIS Security Policy is adhered to

2.4. Participating Agency Responsibilities

2.4.1. Agency Executive Director/Program Director Responsibilities

1. Sign the *Participation Agreement* and submit it to the HMIS Director.
2. Ensure agency compliance with the *Participation Agreement*, *System User Agreement*, *System User Confidentiality Acknowledgement*, and *HMIS Policies and Procedures*.
3. Designate one employee as the HMIS Representative and notify the HMIS Lead of this assignment.
4. Work with the HMIS Lead to resolve HMIS data quality and compliance issues.

2.4.2. Agency HMIS Representative Responsibilities

1. Ensure compliance with *HMIS Policies and Procedures*.
2. Serve as the Agency HMIS Security Officer
3. Send a copy of the agency-specific data security policies and procedures to the HMIS Lead Security Officer.
4. Send updated agency-specific data security policies and procedures to the HMIS Lead Security Officer within 30 days of any changes.
5. Designate and remove agency HMIS system users.
6. Ensure compliance with the agency-specific data security policies and procedures.
7. Document and investigate suspected violations of client privacy or data security policies.
8. Notify the HMIS Lead's Security Officer within 24 hours of receiving reports of suspected violations of client privacy and data security policies.
9. Notify the HMIS Lead's Security Officer of the Participating Agency's response to suspected violations of client privacy and data security policies.

2.4.3. Agency HMIS Power User Responsibilities

1. Main contact in each agency for all agency users for support in using the HMIS
2. Provides additional system use training to agency users as needed
3. Supports HMIS representative in some tasks

2.4.4. System User Responsibilities

1. Sign the *System User Agreement* and *System User Confidentiality Acknowledgement* and submit copies to the HMIS Lead.
2. Comply with all HMIS agreements, policies, and procedures.
3. Report suspected violations of client privacy and data security policies to the Agency HMIS Representative within 24 hours.
4. Provide feedback to user's agency HMIS Representative.

2.4.5. Exempt Agency Responsibilities

1. Utilize a comparable database to the HMIS.
2. Develop database policies and procedures that comply with federal HMIS regulations.
3. Submit policies and procedures to the HMIS Lead Security Officer.
4. Ensure compliance with agency-level policies and procedures.
5. Report deduplicated, de identified data to the HMIS Lead to meet any federal, state or local reporting requirements

3. System Requirements

3.1. Hardware, Software, and Network Requirements

Each Participating Agency is responsible for meeting the minimum hardware, software, and network requirements to access the HMIS, and for providing the necessary maintenance for continued HMIS participation.

ClientTrack is a web-based application that can be accessed on a computer or mobile device. In order to access the HMIS, a device must have one of the following browsers installed:

1. Internet Explorer 9.0 or above
2. Firefox 30.0 or above
3. Google Chrome 35.0 or above
4. Mobile Safari for iOS 6.0 or above (used on iPhone, iPad, and iPod mobile digital devices)
5. Firefox for Android (may be installed on Android 2.1 or above)
6. Google Chrome for Android (may be installed on Android 4.0 or above)

The device must also have a secure internet connection.

3.2. System Access

1. Each Participating Agency is responsible for designating staff who require access to the HMIS.

2. In the HMIS database, system users shall be assigned workgroups based on the program types they need access to and their roles at Participating Agencies. Participating Agencies will notify the HMIS Lead of the need to change a user's assigned workgroups.
3. Participating Agencies will notify the HMIS Lead of the need to deactivate system users within 24 hours of termination of their service with the agency. Advance notification is preferred, especially in the case of agency-initiated terminations.
4. In emergency removal situations HMIS Representatives may change the password of any users for which they are assigned as Supervisor in HMIS.

Procedures (To Designate a New System User):

1. The Executive Director, or designee, of a Participating Agency will complete the [User Authorization and/or Removal Form](#) and submit it to the HMIS Help Desk.
2. The new system user will read the *HMIS Participation Agreement* and *HMIS Policies and Procedures*.
3. The new system user will complete the *System User Agreement* and *System User Confidentiality Acknowledgement* forms and complete Security Awareness and System Orientation training.
4. The HMIS Lead Agency will provide new user training and logon information to the system user.

Procedures (To Change a System Users' Workgroup)

1. The HMIS Representative of a Participating Agency will submit a request to the HMIS Lead to change the user's workgroup.
2. The HMIS Lead Agency will change the user's workgroup and send a confirmation email to the user and the person who made the request.

Procedures (To Deactivate a System User):

1. The Executive Director, or designee, of a Participating Agency will complete the [User Authorization and/or Removal Form](#) and submit it to the HMIS Help Desk.
2. The HMIS Lead Agency will deactivate the system user within 24 hours of receiving the request.

Procedures:

1. Participating Agencies can request training from the HMIS Lead regarding data transfers.
 2. The HMIS Lead will coordinate this training with the Participating Agency.
- 3.3. Agency Support Requests

1. Participating Agencies can request HMIS technical support from the HMIS Lead.

Procedures:

1. Support requests can be submitted by calling the HMIS Help Desk, Monday through Friday, 8:30am to 4:30pm, emailing the HMIS Help Desk or by submitting a support ticket within the HMIS Software.

3.4. System Customization requests

1. If, after implementation, the agency wishes to use HMIS for other project or make adjustments to current project configurations, the agency's HMIS representative must submit a written or electronic change request to the HMIS Lead Agency.
2. The Data and Performance Committee, shall review, request additional information and decide upon any requests based on evidence-based practices, consistency with other program types, and potential risks and benefits to current and future clients.
3. The Data and Performance committee will make recommendations to the CoC Board and HMIS Lead on improvements to the HMIS System.

Procedures:

1. Participating Agencies should complete the [HMIS Enhancement Request](#) form to submit any request for system customizations

4. Data Requirements

4.1. Minimum Data Requirements

1. Each Participating Agency is responsible for collecting the data elements required for their project type by their funding source(s), as specified by their contract, program regulations, and [HMIS regulations and guidance](#).
2. Each Participating Agency is required to communicate to the HMIS Lead changes in funding sources or project definitions to ensure the maintenance of accurate data
3. For each client served, every Participating Agency is required to enter the minimum required data fields (i.e. enrollment workflow), related to the work group(s) it is operating in. The entry should be entered into HMIS in a timely manner in alignment with the Data Timeliness standards established in the HMIS Data Quality Plan.
4. Each Participating Agency is required to update clients' health conditions assessment at least once per year, after program entry.
5. Each Participating Agency is required to update the income information of clients as changes occur. If changes do not occur, income assessments must be updated once per year.
6. Each Participating Agency is required to complete client exit information, related to the workgroup(s) it is operating in. The exit should be entered into HMIS in a timely manner in alignment with the Data Timeliness standards established in the HMIS Data Quality Plan.

5. Training Policies and Procedures

5.1. Training attendance

1. Successful completion of any training requires full attendance during the training session.
2. Lateness of more than 10 minutes or departure more than 10 minutes prior to the end of the training will count as an incomplete training, and users will be required to repeat the training on the next available training date.
3. Absences will be reported to the HMIS representative.
4. Depending on the nature of the training, non-attendance may result in system access being revoked until the training requirement is fulfilled. Users and their HMIS representative will be notified if system access will be revoked due to non-attendance.

5.2. New User Training

1. New users must complete Security Awareness and System Orientation training and pass the Baltimore HMIS Basic User Certification test at the conclusion of each training. New HMIS Users will not be granted access to HMIS until the training and Certification test is successfully completed.
2. The Baltimore HMIS Basic User Certification test is administered at the conclusion of each training and may be taken with the support of notes and consultation with the Trainer.
3. A user will have three attempts to pass the HMIS Basic User Certification test during the training period. If the user fails to successfully complete the test, the HMIS Lead Agency with the user's HMIS Representative will develop a remedial training plan and steps to gain system access.

Procedure: Registering a new user for Security Awareness and System Orientation Training

1. The HMIS Rep submits the completed HMIS New User Authorization form to the HMIS Lead Agency and 1) sends a request to the HMIS help desk to include the user in the next training or 2) registers the new user for the training.
2. HMIS Lead Agency sends a confirmation request to the trainee and the trainee confirms their attendance at least 48 hours before the training.

5.3. HMIS Representatives

1. In addition to Security Awareness and System Orientation training, HMIS Representatives are required to attend an HMIS Representative Orientation session. The orientation will review the HMIS Representative's roles and responsibilities, security protocols and advanced HMIS features.

5.4. Annual Refresher Trainings

1. All system users are required to attend an Annual Refresher Training session that will review new functionality, and updates to policies and procedures.
2. Annual Refresher Trainings are required once in a calendar year, except for the year in which a Security Awareness and System Orientation was completed.

3. Separate Annual Refresher Trainings targeted to user type, project type or other criteria may be planned at the discretion of the HMIS Lead Agency, depending on the nature of updates to be reviewed.

5.5. Voluntary Trainings

1. Additional trainings and certifications on advanced HMIS functionality will be made available as staffing capacity permits and CoC needs dictate.

5.6. Training Information

1. HMIS Representatives may request a list of users and their most recent training dates at any time from the HMIS Lead.

6. Data Security Policies

The security standards set in the [2004 Data and Technical Standards Notice](#) (Section 4.3) serve as baseline standards adhered to by the Baltimore City CoC. These security policies described in this section are local policies meant to enhance further the security of information collected through HMIS. These security policies are directed to ensure the confidentiality, integrity and availability of all HMIS information, protect against any reasonably anticipated threats or hazards to security, and ensure compliance by end users.

6.1. Security Management, Compliance and Review

1. The HMIS Lead Agency has responsibilities to manage the selection, development, implementation and maintenance of security measures to protect HMIS information.
2. The HMIS Lead Agency must retain copies of all contracts and agreements executed as part of the administration and management of the HMIS or otherwise required.
3. The HMIS Lead Agency must complete an annual security review to ensure the implementation of the security requirements for itself and Participating Agencies, using a checklist to ensure compliance with each requirement defined in this section.
4. The HMIS vendor will track metadata on what a user has viewed in addition to what a user has edited, in case inappropriate use must be investigated.

6.2. Security Officers

1. A Participating Agency's HMIS Representative is expected to fulfil the duty of the HMIS Security Officer, responsible for ensuring compliance with applicable security standards as described more fully in Section 2.4.2.
2. The HMIS Lead must designate an HMIS security officer, responsible for ensuring compliance with applicable security standards as described more fully in Section 6.13.

6.3. Disaster recovery

1. The HMIS Software Vendor is required by contract to implement technical safeguards to prevent data loss in the event of a disaster. In such an event, the vendor will contact the HMIS Lead Agency and provide a timeline for recovery. The HMIS Lead Agency will then communicate the timeline with other stakeholders, include instructions to guide

operations during the recovery process, and provide periodic updates as well as notification upon successful recovery of any data loss.

6.4. Workforce Security

1. Participating Agencies are recommended to conduct criminal background checks or similar screening practices in accordance with their internal hiring practices on the HMIS Representative and on users with system access beyond their primary organization of employment.

6.5. Security Awareness Training

1. HMIS Lead Agency must ensure that all system users receive security training before given access to the system and at least annually. The HMIS Lead Agency will maintain attendance records for all training events to assure compliance. See section 5 for training-specific policies and procedures.

6.6. Device and Network Requirements

1. Participating Agencies and HMIS Lead Agency must ensure that devices used to access the HMIS have password-protected access with automatic system lock after no more than 15 minutes of user inactivity.
2. Participating Agencies and HMIS Lead Agency must ensure that computers used to access the HMIS have virus protection that is updated at least annually.
3. Participating Agencies and HMIS Lead Agency must ensure that internet connections used to access the HMIS are set up using basic standard network security protocols to prevent unauthorized access to your network and to HMIS data stored in local servers or hard drives.

6.7. System Passwords

1. System users' passwords may not be shared, even among other authorized HMIS users.
2. System users may not allow an internet browser to save their HMIS passwords.
3. System users may not store their passwords in locations that are easily accessible to others (i.e. under the computer keyboard or posted near the workstation).

6.8. System Access Physical Location

1. Because of the confidential nature of data stored within HMIS, the system must be accessed from a sufficiently private physical location so as to ensure that persons who are not authorized users of the HMIS are not able to view client level data.
 - a. Users must log out of the HMIS system when their work space will be unattended or accessed by unauthorized persons. The system will automatically logout a user after 15 minutes of inactivity.

- b. User must ensure monitors used to access HMIS are not positioned so that non HMIS users may see information. Alternatively, monitor privacy screens must be used.

6.9. User Inactivity

1. User accounts that have not been accessed for 60 or more days will be automatically disabled, meaning the user will be unable to access the system.
2. User accounts that have not been accessed for 180 or more days will be automatically disabled and have their prior authorization invalidated, meaning the user will need to be reauthorized before they can access the system.

Procedure:

1. For accounts inactive for more than 60 days, but less than 180 days, HMIS Representatives must contact the HMIS Help Desk on behalf of a user whose account has been disabled after 60 days of inactivity, if the Participating Agency wishes to reactivate the account. The account will be reactivated at the discretion of the HMIS Help Desk.
2. For accounts inactive for more than 180 days, HMIS Representatives must submit a new [HMIS user authorization request](#) to the HMIS Help Desk for any inactive user that still needs access to the system. These re-authorized users will then need to retake the HMIS Basic User Certification test. Users have the option to attend Security Awareness and System Orientation training if desired.

6.10. Personally Identifiable Information (PII) Storage and Management

1. System users are responsible for maintaining the security of all client data extracted from the HMIS and any data collected for purposes of entry into the HMIS via methods that align with the HUD Data and Technical Standards (section 4.3.2 & 4.3.3)

6.11. Electronic Data Storage and Management

1. System users may only store HMIS data containing PII on devices owned by their agency.
2. System users may not store HMIS data containing PII on portable hard drives or removable media.
3. System users are responsible for safeguarding HMIS PII that users store on agency-owned devices.
4. Electronic transmission of HMIS data containing PII will be limited to secure direct connections or, if transmitted over the internet, the data will be encrypted using a 128-bit key or transmitted using password protected files.
5. Participating Agencies and HMIS Lead Agency are responsible for developing additional policies and procedures for protecting electronic data from theft, loss, or unauthorized access.
6. Before disposing of hard drives used to store PII, Participating Agencies will consult with the HMIS Lead's Security Officer.

- 6.12. Hard Copy Data Storage and Management
1. Hard copies of HMIS data containing PII shall be kept in individual locked files or in rooms that are locked when not in use.
 2. When in use, hard copies of HMIS data containing PII shall be maintained in such a manner as to prevent exposure of PII to anyone other than the system user(s) directly utilizing the information.
 3. Employees shall not remove hard copies of HMIS data containing PII from their Agency's facilities without permission from appropriate supervisory staff unless the employee is performing a regular work function which requires the use of such records outside of the facility.
 4. Faxes or other printed documents containing PII shall not be left unattended.
 5. Before disposing of hard copies of HMIS data containing PII, they must be shredded.
 6. Participating Agencies and HMIS Lead Agency are responsible for developing additional policies and procedures for protecting hard copies of HMIS data containing PII from theft, loss, or unauthorized access.
- 6.13. Agency Specific Data Policies and Procedures
1. Participating Agencies may develop agency-specific data security policies and procedures that go beyond the standard policies included in this section.
 2. Participating Agencies are required to provide copies of agency-specific data security policies and procedures to the HMIS Lead Security Officer.
 3. The HMIS Lead Security Officer is responsible for reviewing agency-specific policies and procedures to determine if they conflict with the *HMIS Policies and Procedures* and resolving any conflicts.
 4. Participating Agencies are responsible for ensuring compliance with any agency-specific data security policies and procedures.
- 6.14. Security Incidents
1. All security incidents must be reported to the user's HMIS Representative and the HMIS Lead Agency. A user may report any incident directly to the HMIS Lead Agency.
 2. Participating Agencies and HMIS Lead Agency will post a notice anywhere HMIS data is collected or accessed that articulates the reporting mechanism for suspected breaches of client confidentiality. The notice will include contact information for the agency's HMIS Security Officer. The notice will include additional instructions for reporting anonymously.
 3. Participating Agencies and HMIS Lead Agency will maintain records of all security incidents, responses and outcomes.
 4. If the security incident involves the HMIS Lead Agency, the user may report the incident to the Chair of the Data and Performance Committee.

7. Privacy Policies -

7.1. Purpose Use and Limitations

The HMIS Lead and participating organizations may only collect and use HMIS data for the specific internal purposes and reasons relevant to the work of the Continuum of Care, as defined in the HUD Data and Technical standards and this document. Every organization with access to Personally Identifiable Information (PII) must implement procedures to ensure and monitor its compliance with privacy policies and may only collect information by lawful and fair means with the knowledge and consent of the individual.

7.2. Allowable uses and disclosures

7.2.1. Authorized uses of HMIS Data

1. To provide or coordinate services;
2. To locate programs that may be able to assist clients;
3. To refer clients to HMIS-participating programs;
4. To establish client eligibility for programs;
5. To produce agency-level reports regarding use of services;
6. To track agency-level and system-level outcomes;
7. For agency operational purposes, including administrative functions such as legal, audits, personnel, oversight, and management functions
8. To comply with government and other funding agency reporting requirements;
9. To identify service needs in our community;
10. To support system-level planning;
11. To conduct research for government and educational purposes approved by the HMIS Lead;
12. To monitor compliance with HMIS Policies and Procedures;
13. To accomplish any and all other purposes deemed necessary by the Baltimore City Continuum of Care

7.2.2. Authorized Data Disclosures

1. Other disclosures of client-level data to persons and organizations not authorized to view the information in the HMIS requires the client's written consent, unless the disclosure is required by law.
2. Aggregate data that does not contain any client specific identifying data may be shared with internal and external agents without specific permission.
3. Care Coordination and Case Conferencing - Data that is shared globally or with selected agencies in HMIS may be discussed in a case conferencing format as long as all participating organizations present have signed HMIS Participation Agreements.
 - a. Any HMIS information shared in case conferencing beyond basic client information must have appropriate client consent.
 - b. If an organization has not signed the HMIS Participation Agreement, additional consent must be obtained from any clients whose information will be shared.

7.2.3. Report Requests

1. The general public can request reports for non-identifying aggregate and statistical data by completing a [Report Request Form](#), detailing the purpose and parameters of the information requested.
2. All report requests will be approved on a case-by-case basis and fulfilled at the discretion of the Data and Performance Committee.
3. Reporting on clients by Participating Agencies must follow the same HMIS Security and Privacy policies outlined in this document. Reports containing identifiable information may only be shared with authorized users, and must be stored securely following the Secure Storage protocols outlined in this document.
4. Any requests for reports or information from an individual or group who has not been explicitly granted access to the Baltimore City HMIS will be directed to the Data and Performance Committee.
5. No individual client data will be provided to meet these requests without proper authorization.

7.3. Data Sharing

1. All information entered in the HMIS is shared with users within the agency who enter the information and the HMIS Lead Agency.
2. There are six types of consent used by homeless services providers in the HMIS system: no consent, inferred consent, verbal consent, signature, additional signature, and non-HMIS data exchange (requires signature). See [Types of Consent Table](#) for details on when and how each consent type is used.
3. Certain information, when saved in HMIS, is always shared globally to prevent duplication of client records and services. These basic, globally-shared client information fields are listed in the [Client Consent to Share Information](#) form and include:

From Basic Client Information Form	From CHRS Status Form
<ul style="list-style-type: none"> ● Client name ● Name quality ● Social Security Number ● Birthdate ● Birthdate quality ● Ethnicity ● Race ● Gender ● Veteran Status ● Family Information ● Consent to Share Information (yes/no) ● Consent Begin and End Date 	<ul style="list-style-type: none"> ● CHRS-ES Status ● CHRS-TH Status ● CHRS-RRH Status ● CHRS-PSH Status ● Status History with status begin and end dates

4. Client level data collected by programs, beyond the basic client information fields and CHRS Status listed in the *Client Consent to Share Information* form, are shared with all HMIS

participating organizations based on the individual client's preference as expressed on the *Client Consent to Share Information* form, excepting information that requires an additional signature for sharing

5. Client level data collected by programs with implied consent, will only be shared with the originating program and HMIS Lead.
6. Client level data collected by programs with verbal client consent, beyond the basic client information and CHRS status, will be shared only with the originating program, HMIS Lead, 211, the Coordinated Access SSO projects, and Emergency Shelters exclusively for the purpose of facilitating a client's shelter placement.
7. Client level data collected by programs, beyond the basic client information fields and CHRS Status listed in the HMIS *Client Consent to Share Information* Form, may be shared with all HMIS participating organizations only when the sharing agency has secured valid consent forms from the client authorizing such sharing and only during such time that the consent forms are valid (before their expiration, unless consent has been revoked earlier).
8. Clients that do not wish to globally share their information may r select particular housing projects to view their information during a CHRS match process.
9. VSP Providers may obtain client consent to allow client information to be shared with the HMIS Lead and an HMIS participating agency upon transfer to an HMIS participating agency.
10. Each Participating Agency's Executive Director/ Program Director (or equivalent) is responsible for his/her agency's compliance the Interagency Data Sharing Policies. Violation of these policies may result in suspension of system access.

7.3.1. Client Consent

1. By providing information to a Participating Agency, persons who receive services consent to having that information entered into the HMIS, and thereby consents to have all basic client information fields listed in the [Client Consent to Share Information](#) form shared with all HMIS participating organizations (see section 5.5), and all information entered into the system shared within the organization that entered the information, and with the HMIS Lead Agency.
2. Clients who have consented to share information with all HMIS Participating Agencies may revoke consent in writing at any time using the [Client Consent Revocation](#) form. This revocation applies all information in the HMIS, including data collected at other Participating Agencies.
3. The *Client Consent to Share Information* form is valid for one year after signed.
4. In order to enable additional data sharing time, the *Client Consent to Share Information* must be completed annually.
5. Participating Agencies must maintain physical copies of client consent documentation for a minimum of seven years. For programs that were funded with Continuum of Care funds for the acquisition, new construction, or rehabilitation of a project site, client consent documentation must be retained until 15 years after the date that the project site is first occupied, or used, by program participants.

Procedures (Initial Consent):

1. During the first meeting with a client where HMIS or CHRS data are gathered, a representative from the Participating Agency will notify the client that the information they collect will be entered into the HMIS, what HMIS is and will explain the purposes for collecting information in the HMIS.

2. During this meeting, a representative from the Participating Agency will explain the *Client Consent to Share Information* form, and the client's right to revoke data sharing in writing at any time.
3. Agency representatives have the following two options for obtaining informed consent from members of a multi-person household. The agency representative must choose between these options in consultation with the client(s). In some occasions, both options may be appropriate for one family, where some family members are included in one form, and others have their own separate form.
 - a. An adult client can provide consent for members of his/her household that are minors by listing them in the spaces provided in the form and initialing in front of each family member's name.
 - b. One consent form is completed for each individual in the household. A legal guardian (or another adult if a guardian is not present) may sign for minors in the household.
4. The client must sign the *Client Consent to Share Information* form as proof that they had an opportunity to review the form and get their questions about its content answered.
5. If the client signs the form and agrees to share additional information with all HMIS participating agencies, the Participating Agency representative must select "Yes" in the client consent drop-down menu on the Basic Client Information form in ClientTrack.
6. If the client indicates on the form that he/she declines to share additional information with all HMIS participating agencies, the Participating Agency representative must select "No" in the client consent drop-down menu on the Basic Client Information form in ClientTrack.
7. A copy of all completed consent forms will be kept in the client's paper file. These forms may be reviewed by the HMIS Lead during the annual security review.

Procedures (Revocation of Consent):

1. If a client presents a written request to revoke consent for information sharing in the HMIS, a Participating Agency representative must store the written request in the client's file, and will select "No" in the client consent drop-down menu on the Basic Client Information form in ClientTrack.
2. If a client verbally requests to revoke consent for data sharing, Agency Representatives must ask the client to complete the *Client Revocation of Consent to Share Information* and follow the process specified in (1) above.
3. A copy of all written Revocation of Consent requests must be included in the client's paper file.

Procedures (Renewal of Consent):

1. Prior to the expiration of a client's' existing *Client Consent to Share Information*, the Participating Agency must request the client to complete a new *Client Consent to Share Information* form.
2. Agency Representatives must follow the same procedures that were specified above involving the completion of the initial consent form.

7.4. Openness

1. The HMIS Lead Agency will post the [Privacy Notice](#) on the [HMIS Lead Agency web page](#) and will provide a copy of this document to any individual upon request.
2. Participating Agencies must post a copy of the Privacy Notice at each workstation where HMIS data is gathered or entered.
3. Participating Agencies that serve non-english-speaking clients must also post the appropriate translation of the Privacy Notice that has approved by the HMIS Lead.
4. Outreach workers must carry a copy of the Privacy Notice (including a copy of the Spanish translation, if applicable).
5. Participating Agencies must state in the Privacy Notice that the privacy policies may be amended at any time and that amendments may affect information obtained by the Participating Agency before the date of the change.
6. Participating Agencies should include in the Privacy Notice the contact information for its HMIS Representative for purposes of seeking additional information or submitting complaints.
7. Participating Agencies will provide a copy of the *HMIS Privacy Policies Section* in this document to anyone who requests it. The section will also be posted on the HMIS Lead Website.

7.5. Access and Correction Standards

1. Participating Agencies must allow a client to inspect and to have a copy of any PII data elements about the client or their minor household members.
2. Participating Agencies must offer to explain any information that the client may not understand.
3. Participating Agencies must consider any request by a client for correction of inaccurate or incomplete PII pertaining to that client. A Participating Agency is not required to remove any information but may, alternatively, mark information as inaccurate or incomplete and supplement it with additional information such as an indicator of data quality.
4. Participating Agencies must maintain an audit trail of requests for correction of inaccurate or incomplete PII, documenting the name of the requester, the date of request, nature of request, and resulting action.

7.6. Accountability Standards

1. All privacy complaints must be reported to the user's HMIS Representative and the HMIS Lead Agency within a time frame in accordance with the agency's internal security policy. A user may report any incident directly to the HMIS Lead Agency.
2. Participating Agencies and HMIS Lead Agency will post a notice anywhere HMIS data is collected or accessed that articulates the reporting mechanism for suspected breaches of client confidentiality. The notice will include contact information for the agency's HMIS Representative. The notice will include additional instructions for reporting anonymously.
3. Participating Agencies and HMIS Lead Agency will maintain records of all privacy complaints, responses and outcomes.

7.7. Protections for victims of domestic violence, dating violence, sexual assault and stalking

7.7.1. Victim Service Providers

1. In accordance with the Violence Against Women Act, programs whose primary mission is to serve victims of domestic violence are prohibited from entering personally identifying information about victims into HMIS. Victim service providers receiving HUD funds must use a comparable database that adheres to the same technology data standards as mainstream HMIS systems.
2. Victim service providers must provide aggregate information in reports to HUD. Information in these reports must be non-identifying, which can include aggregate totals or other demographic information that does not identify a victim.

7.7.2. Mainstream Service Providers

1. A mainstream agency that is serving a victim of domestic violence, dating violence, sexual assault, or stalking must explain the potential safety risks for victims and the client's specific options to protect her/his data, such as designating her/his record as hidden/closed to other agencies. The Privacy Notice must clearly state the potential safety risks for domestic violence, dating violence, sexual assault or stalking victims and delineate the information sharing options.
2. All Participating Agency staff collecting client consent must be trained on the protocol for educating victims about their individual information sharing options.

8. Data Quality Plan

Data quality is a term that refers to the degree to which a project satisfies requirements related to data. A data quality plan defines these requirements, assures activities exist to prevent errors and establishes standard procedures to control quality. As a result, a data quality plan can better position the CoC to achieve strategic objectives.

This plan specifies requirements for relevant, measurable attributes utilized to assess data quality: coverage, timeliness, completeness, accuracy and consistency.

8.1. Coverage

Coverage refers to the extent to which an HMIS covers or includes participation from mandated residential and non-residential projects in the CoC geographic area.

1. For lodging, or residential projects, bed coverage is calculated by dividing the number of HMIS participating beds by the total number of year-round beds.
2. For non-lodging, or services-only, projects, service-volume coverage is calculated for each HUD-defined services-only project category, such as street outreach. The service-volume coverage rate is equal to the number of persons served annually by the projects that participate in the HMIS divided by the number of persons served annually by all CoC projects within the HUD-defined category.

While the CoC strives for 100% coverage rates in all categories, the CoC sets forth minimum coverage rates as compliance requirements.

Requirements:

Project Category	Minimum Coverage Rate	Target Coverage Rate
Emergency Shelter	70%	90%
Transitional Housing	90%	100%
Permanent Supportive Housing	90%	100%
Street Outreach	70%	90%
Safe Haven	90%	100%
Rapid Re-housing	90%	100%
Homelessness Prevention	90%	100%
Supportive Services Only	70%	90%

Procedure:

1. For lodging projects, the HMIS Lead will establish a baseline bed coverage rates upon completion of the annual Housing Inventory Count. To monitor coverage, the HMIS Lead will run quarterly housing inventory and utilization reports to assess each project category and, more specifically, each individual agency.
2. For non-lodging projects, the HMIS Lead will establish a baseline service-volume coverage as part of the CoC registration process. To monitor coverage, the HMIS Lead will run quarterly reports to identify the number of clients served by non-lodging projects in HMIS as compared with all non-lodging projects during the same period.
3. When the HMIS Lead identifies instances of non-participation or under-utilization, it will notify the agency’s HMIS representative to provide an explanation and implement a plan for corrective action as needed. When the HMIS Lead identifies a failure to meet coverage requirement for any particular project category, it will immediately notify and consult with the Data and Performance Committee, then implement a plan for corrective action as needed.

8.2. Timeliness

Data entered in a timely manner can reduce human error that occurs when too much time has elapsed between the data collection, or transaction, and the data entry. The individual doing the data entry may be relying on handwritten notes or their own recall of a case management session, a transaction or a project exit date; therefore, less time between data collection and entry increase the odds of higher quality data. Timely entry also ensures that the data is accessible when it is needed, either proactively (e.g. monitoring purposes, increasing awareness, meeting funder requirements), or reactively (e.g. responding to requests for information, responding to inaccurate information).

1. All projects are required to enter Universal Data Elements, Assessments, and Housing Check-ins/Check-Outs within 24 hours of client contact.

Procedure:

1. The HMIS Lead will assess timeliness by running quarterly reports for each agency. When the HMIS Lead finds average timeliness fails to satisfy requirements, it will notify the agency’s HMIS representative to provide an explanation and implement a plan for corrective action as needed.
2. The HMIS Help Desk has the authority to monitor and address timeliness issues at any time.

8.3. Completeness

Missing data can negatively affect the ability to provide comprehensive care to clients, including eligibility determination

1. All agencies agree, upon HMIS implementation, to adopt and enforce intake and assessment procedures that align with HMIS data collection requirements to prevent incomplete data collection.
2. All projects that use HMIS must enter data on one hundred percent (100%) of clients.
3. While “client doesn’t know” and “client refused to answer” are eligible responses to individual client intake and assessment questions, the CoC defines acceptable rates for these total “unknown” responses at the project level based on data element and project type considerations.

Standard Average and Upper Limit for Unknown Responses

	SO	ES, SH	TH, PSH, SSO, HP, RRH
First & Last Name	0%	0%	0%
Social Security Number	10% (+5%)	10% (+5%)	6% (+3%)
Date of Birth	0% (+2%)	0% (+2%)	0% (+2%)
Race	2% (+3%)	2% (+3%)	0% (+2%)
Ethnicity	2% (+3%)	2% (+3%)	0% (+2%)
Gender	0% (+2%)	0% (+2%)	0% (+2%)
Veteran Status (Adults only)	2% (+3%)	2% (+3%)	0% (+2%)
Disabling Condition (Adults only)	2% (+3%)	2% (+3%)	0% (+2%)

Residence Prior to Project Entry	0% (+2%)	0% (+2%)	0% (+2%)
Length of Stay	4% (+2%)	4% (+2%)	4% (+2%)
Length of Time on Street, ES or SH	10% (+5%)	20% (+10%)	10% (+5%)
Income & Benefits (At project entry)	0% (+2%)	2% (+3%)	0% (+2%)
Income & Benefits (At project exit)	0% (+2%)	15% (+10%)	0% (+2%)
Other Program Specific Data Elements	5% (+5%)	5% (+5%)	0% (+2%)
Destination at Exit	15% (+10%)	15% (+10%)	0% (+2%)

Procedure:

1. The HMIS Lead will assess completeness by running quarterly reports for each agency. When the HMIS Lead finds average completeness for actively enrolled clients fails to satisfy requirements, it will notify the agency’s HMIS representative to provide an explanation and implement a plan for corrective action as needed.

8.4. Accuracy

1. All data entered into the CoC’s HMIS shall be a reflection of information provided by the client, as documented and update by the data collector with documentation for reference.
2. Intentionally recording inaccurate information is strictly prohibited, except in cases when a client refuses to provide correct personally identifiable information.
3. Agencies will implement appropriate policies and procedures to ensure accurate data collection. This policies may be monitored by the HMIS Lead at any time.
4. Inaccurate data is only acceptable when a client refuses to provide his or her personally identifiable information, as well as that of dependents, and the project, in accordance with all other requirements, does not prohibit it. In these cases, it is permissible for the agency to enter client data under an alias that will not be made visible or accessible to any other agency.
 - a. The agency is responsible for any internal duplication of services as a result of inaccurate data.
 - b. If accurate information is later obtained, then the agency should correct the client data in a timely manner; upon correction and provision of client consent to release information, the client data may be shared with agencies in HMIS.

Procedures:

1. HMIS Lead will assess accuracy by requesting that agencies certify the results of data quality reports for accuracy at least annually.

2. Reports will exclude data on outreach contacts not yet engaged in a project.
3. If the agency is unable to certify accuracy, the HMIS Lead will seek to review source documentation based on random sampling.
4. The agency is responsible for providing any and all documentation for the purposes of the review.
5. In consultation with the HMIS Lead, the agency will implement a plan for corrective action based upon the findings.

8.5. Consistency

Consistency refers to the standard and uniform practice for implementation, data collection and data entry across all projects in the HMIS. Inconsistency hinders an agency's ability to satisfy requirements as they relate to timeliness, completeness and accuracy.

1. All prospective agencies will implement HMIS in consultation with the HMIS Lead, providing access to project assets (e.g. intake and assessment forms, eligibility requirements) and complying with HMIS Lead's recommendations consistent with best practice.
2. The HMIS Lead may delay or cancel implementation if an agency does not faithfully participate in the process.
3. Upon implementation, all HMIS users shall complete training before they may access the system.

Procedure:

1. The HMIS Lead Agency will assess consistency by running a quarterly report to identify instances of duplicate client records.
2. To resolve duplication, the HMIS Lead may request additional information to properly identify clients with incomplete data and rule out any false positives. If duplication persists, the user in question must participate in additional training.

9. Compliance, Enforcement and Incentives

1. If the agency repeatedly fails to satisfy data quality requirements and implement corrective action, the HMIS Lead may find the agency in violation of the terms and conditions for HMIS participation which may culminate in loss of project funding for those agencies with HMIS participation requirements.
2. The agency may appeal to the Data and Performance Committee before any loss of funding based on HMIS compliance. Any decision by the committee is final.
3. To incentivize compliance with the plan, the HMIS Lead may choose to publically recognize achievement in the area of data quality.

**Housing Authority of Baltimore City
A Moving To Work Agency
Administrative Plan for Fiscal
Year 2017**

DRAFT VERSION: 02-17-2016

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I. SET-ASIDE VOUCHERS FOR FAMILIES WITH CHILDREN WITH ELEVATED BLOOD LEAD LEVELS

Subject to availability of funding two hundred fifty (250) Housing Choice Vouchers will be set-aside for issuance to families with children with elevated blood lead levels as determined and referred by the Baltimore City Health Department, the Maryland Department of the Environment or other appropriate agency.

J. SET-ASIDE VOUCHERS FOR CHRONICALLY HOMELESS HOUSEHOLDS

Subject to availability of funding, up to eight hundred fifty (850) Housing Choice Vouchers will be set-aside for issuance to eligible chronically homeless households as determined and referred by the Mayor's Office of Human Services / Homeless Services Program. Two hundred (200) of these vouchers are set-aside for the rolling RFP for Project-Based units designated for the homeless population.

K. SET-ASIDE VOUCHERS FOR RE-ENTRY CITIZENS

Subject to availability of funding, two hundred and fifty (250) Housing Choice Vouchers will be set-aside for issuance to re-entry citizens participating in a reentry program developed and operated by the Mayor's Office of Human Services and as determined and referred by the coordinator of that program. Fifty (50) of these vouchers have been set-aside for chronically homeless re-entry citizens.

L. SET-ASIDE VOUCHERS FOR EARLY CHILDHOOD FAMILIES

Subject to availability of funding, up to two hundred and fifty vouchers will be set-aside for issuance to eligible families with young children.

M. SPECIAL HUD FUNDING FOR VASH VOUCHERS

HABC was awarded four hundred and twenty-six (426) Veterans Affairs Supportive Housing (VASH) vouchers, funded by the U.S. Department of Housing and Urban Development, to provide rental assistance to homeless veterans and their immediate families. Referrals are received from the local Veterans Affairs Medical Center which is also responsible for providing intensive case management services to these veterans and their families.

VASH Graduate Program. HABC will receive referrals from Veterans Affairs (VA) for eligible clients who have successfully completed case management services to receive permanent tenant-based subsidy.

*This number is subject to annual incremental increases established by HUD.

N. SPECIAL HUD FUNDING FOR VOUCHERS FOR NEDS

HABC was awarded forty (40) vouchers, funded through a grant from the U.S. Department of Housing and Urban Development, to provide rental assistance to non-elderly persons with disabilities who are transitioning into the community from nursing homes or other health care institutions. Referrals are received from the Maryland Department of Health and Mental Hygiene under Medicaid's Money Follows the Person (MFP) program. The department also provides care/case management to referees and links them to needed health and social services.

O. SPECIAL HUD FUNDING FOR FAMILY UNIFICATION PROGRAM (FUP)

HABC was awarded one-hundred (100) vouchers funded through a grant from the Department of Housing and Urban Development to provide rental assistance to:



**Mayor's Office of Human Services, Homeless Services Program
Coordinated Access Permanent Housing Prioritization**

In accordance with [HUD Notice CPD 14-012](#), Permanent Supportive Housing dedicated for homeless persons in Baltimore City is prioritized in the following order:

1. Households that meet the **housing program's eligibility criteria**.

For example, if the program is specifically funded to serve veterans, persons with HIV/AIDS, etc. only these households will be referred to the program unless there are no homeless households in the system that meet this criteria.

2. Households that are **chronically homeless**, defined as:

- a. A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 - i. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - ii. Has been homeless and living as described in paragraph (i) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;
- b. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering that facility; or
- c. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of

this definition, including a family whose composition has fluctuated while the head of household has been homeless.

This means that, among the pool of clients who are eligible for a given program, those who meet this definition will be matched first. If there are more openings after those who meet this definition are matched, then people who do not meet this definition will be matched.

3. Households with **severe service needs**, as identified by:
 - a. The Vulnerability Assessment Tool
 - b. Clients identified by a majority vote of Coordinated Access navigators at a case conferencing meeting as having severe health conditions not measured by the Vulnerability Assessment Tool (e.g. cancer) at parity with a high priority vulnerability score.

This means that, after the above priority levels are applied (if more than one client has the same chronic status) clients with the highest vulnerability scores will be prioritized.

4. Households that have an **existing service relationship** with the housing agency that has the opening.

This means that, after the above priority levels are applied and more than one client is prioritized for the same opening (i.e. more than one client has the same chronic status and the same vulnerability score within 3 points) and one (or more) of them is already enrolled in supportive services with the housing agency, this household(s) will be prioritized for that opening.

5. Households with documented **veteran status** are prioritized.

This means that, after the above priority levels are applied, if more than one client has the same priority level for an opening, and one or more of them is a veteran, the veteran(s) will be prioritized for the opening.

6. Households that have **had prior matches withdrawn** due to a lack of timely response to a housing offer that was caused by a member of the household's medical or behavioral health conditions (e.g. frequent hospitalizations, serious mental illness) or the fault of the housing or navigator agency.

This means that, after the above priority levels are applied, if a client is flagged as having lost prior matches for the reasons stated above, they will be prioritized for that opening.

7. If the prioritization factors above lead to a pool of clients that exceeds the available housing vacancies, the order in which clients are housed will be determined by the

length of time they have been living in shelters, Safe Havens, or places unfit for human habitation which can be verified by a third party.

This means that, after the above priority levels are applied, if more than one client with the same vulnerability score is prioritized for the same opening and all other priority conditions are equal, the earliest 3rd-party verified date of HUD Category 1 homelessness will be used to determine which client is referred.

Performance Measurement Module (Sys PM)

Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH		2321		86			48	
1.2 Persons in ES, SH, and TH		3756		206			105	

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	-	-	-	-	-	-	-
1.2 Persons in ES, SH, and TH	-	-	-	-	-	-	-	-

Performance Measurement Module (Sys PM)

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

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	49	1	2%	3	6%	3	6%	7	14%
Exit was from ES	309	10	3%	23	7%	21	7%	54	17%
Exit was from TH	559	41	7%	16	3%	25	4%	82	15%
Exit was from SH	22	2	9%	1	5%	1	5%	4	18%
Exit was from PH	456	20	4%	2	0%	10	2%	32	7%
TOTAL Returns to Homelessness	1395	74	5%	45	3%	60	4%	179	13%

Performance Measurement Module (Sys PM)

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

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

	Previous FY PIT Count	2015 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	2567	2796	229
Emergency Shelter Total	956	1055	99
Safe Haven Total	37	40	3
Transitional Housing Total	1279	1364	85
Total Sheltered Count	2272	2459	187
Unsheltered Count	295	337	42

Metric 3.2 – Change in Annual Counts

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

	Previous FY	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons		3776	
Emergency Shelter Total		2264	
Safe Haven Total		81	
Transitional Housing Total		1734	

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

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		1033	
Number of adults with increased earned income		83	
Percentage of adults who increased earned income		8%	

Performance Measurement Module (Sys PM)

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		1033	
Number of adults with increased non-employment cash income		343	
Percentage of adults who increased non-employment cash income		33%	

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		1033	
Number of adults with increased total income		406	
Percentage of adults who increased total income		39%	

Metric 4.4 – Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		719	
Number of adults who exited with increased earned income		191	
Percentage of adults who increased earned income		27%	

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

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		719	
Number of adults who exited with increased non-employment cash income		174	
Percentage of adults who increased non-employment cash income		24%	

Metric 4.6 – Change in total income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		719	
Number of adults who exited with increased total income		343	
Percentage of adults who increased total income		48%	

Performance Measurement Module (Sys PM)

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

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

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.		3609	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		831	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)		2778	

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

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.		4912	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		1087	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)		3825	

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

This Measure is not applicable to CoCs in 2016.

Performance Measurement Module (Sys PM)

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

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

	Previous FY	Current FY	Difference
Universe: Persons who exit Street Outreach		599	
Of persons above, those who exited to temporary & some institutional destinations		164	
Of the persons above, those who exited to permanent housing destinations		228	
% Successful exits		65%	

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

	Previous FY	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited		3303	
Of the persons above, those who exited to permanent housing destinations		1595	
% Successful exits		48%	

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

	Previous FY	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH		2321	
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations		2217	
% Successful exits/retention		96%	

Ask A Question

Thank you for submitting a question to HUD Exchange Ask A Question. x

This question has been answered, and the response to your question is below.

Note that AAQ correspondence occurs via email, so please add aaq@hudexchange.info (mailto:aaq@hudexchange.info) to your safe list and check your spam or junk folder for AAQ messages.

Question Text

Question Subject: Question 3A-1a

Sent by Elizabeth Botkin on 08/05/2016 08:38 AM (ET)

In the question 3A-1a about the PIT numbers, how should we record the Unsheltered count if we do not have a 2016 count our most recent years are 2013 and 2015. Should the 2015 data go in the 2016 column and the 2013 data go in the 2015 column? The detailed instructions do not specify.

Thank you for the additional guidance,

Elizabeth

Response

08/09/2016 06:09 PM (ET)

Thank you for your inquiry. For CoCs that did not conduct an unsheltered count in 2016 please use the following summary to determine what unsheltered data to enter into your application:

- 3A-1a: 2013 vs 2015
- 3B-1.1: 2013 vs. 2015
- 3B-2.5: 2015 vs. 2016 (this will show as no change if no count)
- 3B-3.1: 2015 vs. 2016 (this will show as no change if no count)

The different years of data for the PIT count data have to do with different policies in place for the different populations being counted. Please note that the sheltered data is always comparing the last two years (2015 versus 2016).

Question Information

Question ID:

82090

Status:

Answered

Question Pool:

e-snaps

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Question Text

Question Subject: Question 3B-3.3

Sent by Elizabeth Botkin on 08/08/2016 11:31 AM (ET)

Hello,

The instructions for Question 3B-3.3 say to use data from the 2010 PIT count but our community did not conduct either a sheltered or unsheltered count that year. I looked at the 2009 PIT count to use that per the instructions, but we did not ask individuals their veteran status in the unsheltered count in 2009. Should we use sheltered data from 2009 and unsheltered data from 2011 (the first year we have an unsheltered veteran count). Or should we just use both sheltered and unsheltered from 2011.

Additionally, we did not conduct an unsheltered count in 2016, should we use our sheltered 2016 count and unsheltered 2015 or should we just use our sheltered and unsheltered 2015 data? I am concerned about using our 2015 sheltered data because it does not show the efforts that our community has made over the last year. To better reflect our community, it would be better for us to use the sheltered 2016 and unsheltered 2015.

Thank you for any guidance you can provide,

Elizabeth

Response

08/15/2016 09:58 AM (ET)

Thank you for your inquiry. For responses to question 3B-3., follow the instructions below.

The data to report for 2016:

- For all **sheltered** data your CoC should enter 2016 PIT count data.
- If your CoC conducted an unsheltered PIT count in 2016, for all **unsheltered** data your CoC should enter 2016 PIT count data.
- If your CoC did not conduct an unsheltered PIT count in 2016, for all **unsheltered** data your CoC should enter 2015 PIT count data.

The data to report for 2010:

- If your CoC conducted both a sheltered and unsheltered count of veterans in 2010 then the CoC should use that data.

- If your CoC only conducted a sheltered count in 2010 and an unsheltered count of veterans in 2009, then your CoC should enter the 2010 sheltered data and 2009 unsheltered data.
- If your CoC only conducted a sheltered and unsheltered count of veterans in 2009, then your CoC should report 2009 sheltered and unsheltered data.
- If your CoC did not conduct a count of sheltered or unsheltered veterans in 2009 or 2010 then it should report zero for that field.

Question Information

Question ID:
82284

Status:
Answered

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