

Before Starting the CoC Application

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

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

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

1. The FY 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2022 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2022 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: MD-601 - Montgomery County CoC

1A-2. Collaborative Applicant Name: Montgomery County Maryland

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Montgomery County Maryland

1B. Coordination and Engagement–Inclusive Structure and Participation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

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

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

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

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

(limit 2,500 characters)

1. The CoC has an open invitation process and new members can join at any time. To join, interested persons/groups complete an application and submit it to the CoC Coordinator. Information on how to apply for membership is posted on the CoC website. Once a year, a formal solicitation occurs for new members. There is no membership fee to join the CoC. Information about the process and activities of the CoC are shared through a list serve of nearly 1000 interested parties including nonprofits from adjacent systems, local officials, members of the public and people with lived experience.

2. The CoC, through the Department of Health and Human Services makes all documentation on the website and other materials accessible to those with visual or hearing impairments. Sign language interpretation, and other accommodations are available upon request. Meetings are held in ADA compliant facilities. Most CoC meetings offer a virtual option for those with limited mobility or other barriers to attending in person meetings.

3. The CoC has engaged organizations serving culturally specific communities experiencing and at risk of homelessness. The Reducing Racial Disparities work group of the ICH is chaired by a Black led organization providing homeless services actively recruits groups led by and serving culturally specific communities. Additionally the CoC has partnered with a local BIPOC led organization serving the Latino population to address the disparities in access to services for people identifying as Latino. The local NAACP regularly attends community wide meetings and is instrumental in promoting homeless prevention services to disadvantaged and at risk BIPOC neighborhoods. The CoC, in an effort to advance the work of ending youth homelessness has invited LGBTQ+ serving organizations to participate in the youth work group. Finally organizations who specifically serve people with disabilities are voting members of the Systems Coordination Committee of the CoC.

Special outreach is conducted to ensure participation of those with lived experience of homelessness serve on the various committees of the ICH and as a standing member of the governing board. A "People's Committee" has been formed to include members with lived experience. This committee reports directly to the ICH and plays an active role in informing policy and funding priorities. The ICH has also partnered with a PLE group that self-organized around decriminalizing homelessness.

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

Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1. The CoC is open to all organizations & persons that have knowledge of and/or an interest in preventing & ending homelessness and solicits input from members/stakeholders. The primary way to solicit feedback is through the Interagency Commission on Homelessness (ICH) & the eight standing committees as well as a number of workgroups focused on specific populations or project types. All ICH & committee meetings are open to the public and include membership from a diverse group of stakeholders. ICH members participate in other community forums including Citizen Advisory Boards, business groups, & other commissions within the county. Stakeholders include but are not limited to people currently experiencing homelessness in the CoC, other CoC leadership from neighboring jurisdictions, policy think tanks and universities, government agencies, homeless services providers, providers of adjacent systems like behavioral health and somatic healthcare, elected officials, and members of the general public.

2. The CoC provides multiple forums to communicate information and solicit input from the public. Individuals can join committees or issue specific workgroups. Community-wide meetings, held bi-annually, are open to the public, provide a forum for sharing information, & solicit feedback.. The CoC also uses online surveys to solicit feedback to ensure input from CoC members who are unable to attend in-person meetings. Meeting notification is made via email to the CoC membership, announced at CoC meetings and posted on the CoC website. All member organizations are encouraged to share posts with staff/clients. In addition to the formal meetings of the ICH, the CoC leadership presents the strategy to end homelessness to various advocacy groups, community partners and organizations working in adjacent systems and solicits feedback.

3. Information gathered at public meetings is used by the ICH/CoC to inform the CoC's approach. Recently the CoC has committed to ending homelessness for all populations by the end of 2025. The CoC engaged in a participatory, community-wide planning process to develop a shared vision & set of common goals and strategies to make strides towards ending homelessness in MD-601. For example, the CoC joined government officials including police & the justice system, people with lived experience, businesses and public members to make recommendations to the County Executive & Council on decriminalizing homelessness.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
NOFO Section VII.B.1.a.(4)		
Describe in the field below how your CoC notified the public:		
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	

4.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.
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(limit 2,500 characters)

1. The CoC posts on the website and emails out to the community-wide list that applications are now being accepted. An information session was held on August 12 to review funding priorities, requirements, scoring criteria, priority populations and timelines. This session was open to the public and clearly indicated that project applications would be accepted from any eligible entity, even those who had not previously received CoC funds. Participation was available via webinar. An audio and visual recording was posted on the CoC website on August 15 and emailed out community wide. All new project applications, regardless of previous funding history, submitted in accordance with competition deadlines by an eligible entity for an eligible project were included in the competition. Interested entities were required to submit a letter of intent to apply for new/bonus funding by August 19 and proposals were due no later than 5pm on August 31. Information and instructions on completing and submitting project applications was presented at the August 12 public meeting. Application materials including the scoring tool was posted on the CoC website.
2. A complete application included: a pdf version of the HUD application, a completed Addendum developed by the CoC, renewal project Policy and Procedures and full project budget. All information regarding project application requirements, application materials, scoring criteria and timelines was posted on the CoC website. TA was offered to any entity to ensure accessibility. Applications were submitted through SeamlessDocs.
3. The Allocation Committee used a standard scoring tool to review & rank projects based on HUD threshold requirements, priorities of the CoC, organizational capacity, quality of project description, use of Housing First model, and cost effectiveness.
4. The CoC, through the Department of Health and Human Services makes all documentation on the website and other materials accessible to those with visual or hearing impairments. Sign language interpretation is available upon request. Meetings are held in ADA compliant facilities.

1C. Coordination and Engagement

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

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC's geographic area.	

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

18.	Behavioral Health Orgs, Federally Qualified Health Centers, Orgs Serving Older Adults	Yes
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

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

(limit 2,500 characters)

1. Montgomery County (MC) government is the sole recipient of ESG funds in the MD-601 geographic area. As both the CoC Collaborative Applicant & the administering entity for ESG funds, the MC Dept. of Health & Human Services (DHHS) assures CoC input in the planning & allocation of funds. The CoC Governing Board, of which MC is a member, identifies needs based on a review of the CoC's strategic plan and a gaps analysis developed by the CoC that incorporated Point-in-Time, Housing Inventory Chart, and other local data. The CoC then recommends how to best use local ESG funds. The same process was followed to allocate the ESG-CV funds. DHHS in partnership with the ICH and full CoC, determined the majority of ESG-CV funds would be used to increase Rapid Rehousing to mitigate the impact of increasing number of people seeking emergency shelter. In addition, DHHS is also a member of the Maryland Interagency Council on Homelessness (MD ICH). The MD ICH identifies gaps and needs for the State of Maryland & provides input as to how Maryland ESG funds should be allocated.
2. The CoC Outcomes and Improvement committee develops performance outcomes for the CoC and reviews performance for all providers in the CoC geographic area, including ESG funded providers. The committee reviews HMIS data to assess performance regularly and reports out on findings.
3. DHHS provides PIT and HIC data to all jurisdictions within the region to inform the Consolidated Plan. In addition to PIT and HIC, DHHS provides data on overall system performance measures and related project outcomes.
4. DHHS collaborates with the Montgomery County Dept. of Housing & Community Affairs (DHCA), who develops the local Consolidated Plan. DHHS provides PIT, HIC data, & CAPER report which identifies needs in the homeless system, & helps draft the plan. DHHS also provides data on CoC systems performance measures and gaps in the CoC. DHHS also provides PIT & HIC data to the Maryland ICH which is used to determine need and inform the State's consolidated plan.

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	No
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	Yes
6.	Other. (limit 150 characters)	

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

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

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

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

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

(limit 2,500 characters)

MD-601 CoC policy requires all homeless service providers ensure that children are enrolled in school/connected to early childhood education. At program admission, the educational needs are assessed by homeless providers & information is obtained from the home school. A brochure developed by Montgomery County Public Schools (MCPS) is provided to all households & unaccompanied youth explaining their rights. If not currently enrolled, CoC provider staff will assist parents, or unaccompanied youth to enroll all children/youth in educational setting, including coordinating transportation. All programs/collaborations outlined below have a whole family approach to Social Determinants of Health including connecting with resources for food insecurity, mental health, & housing security.

Also a representative of MCPS sits on the ICH. 2. DHHS trains MCPS staff about CoC resources & how to refer families for shelter/assistance. The MCPS Liaison educates all homeless providers about the eligibility of youth & families for educational services. DHHS monitors homeless programs to assure that procedures are followed & reviews case records to ensure educational needs are met. The MD Department of Education includes CoC lead participation at annual meetings with McKinney-Vento LEAs. 3. DHHS has a data sharing agreement with MCPS and Implementation MOUs for the Linkages to Learning program which serves households in 29 elementary & middle schools in high need areas. We collaborate with MSDE, the SEA, through the State Child Care Subsidy program. 4 & 5. We have formal partnerships with MCPS, the LEA, for Linkages to Learning Program, Positive Youth Development programs, High School Wellness Centers, Cluster Support Teams, & Child Welfare System. We also have partnerships to provide mental health services to families. We collaborate with the SEA and the LEA to provides supports and services for families and their children, 0-3 who have special needs. 6. MD-601 has formal MOU/MOAs with Head Start and public pre-K and also has formal agreements with Early Head Start.

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

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

(limit 2,500 characters)

MD-601 CoC policy requires all homeless service providers, including those that are ESG and CoC funded, to ensure that children are enrolled in school and/or are connected to early childhood education. At program admission, the educational needs of children and youth are assessed by homeless providers and information is obtained from the home school. A brochure developed by Montgomery County Public Schools (MCPS) is provided to all homeless households and unaccompanied youth explaining their rights. If not currently enrolled, CoC provider staff will assist parents to enroll their children/youth in school or early childhood education. Unaccompanied youth are also assisted to enroll in school or other educational programming. Staff work with the MCPS Homeless Liaison to coordinate transportation to school so children/youth can continue without interruption.

To assure that all providers and school personnel are familiar with these procedures, Montgomery County Department of Health and Human Services (MCDHHS,) the Collaborative Applicant, trains MCPS staff about CoC resources & how to refer families for shelter/assistance. The MCPS Liaison educates all homeless providers about the eligibility of youth & families for educational services. MCDHHS monitors homeless programs to assure that procedures are followed & reviews case records to ensure educational needs of children/youth are met. "

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

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

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

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:
1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1. All CoC housing and service providers are required to provide annual training to their staff on trauma-informed and victim-centered. Training includes ensuring each agency has safety and planning protocols. Documentation of staff training is part of the annual contract monitoring report conducted by the Department of Health and Human Services (DHHS). Additional training is made available through DHHS learning collaborative for staff and contractors.

2. In addition, CoC Coordinated Entry staff are trained annually on the CoC emergency transfer plan, best practices in serving survivors, and ensuring safety for all CoC clients. On September 21, 2021 the Department of Health and Human Services held a community-wide training on trauma-informed, victim-centered care, and Coordinated Entry for survivors of domestic violence. The trainers included Colleen Bokman, LCSW-C – Montgomery County Trauma Services Supervisory Therapist and Jill Larson Manager of the Betty Ann Kranke domestic violence shelter. Members of the CoC and Coordinated Entry staff were in attendance. This training addressed best practices for serving people who have experienced trauma including survivors of domestic violence, dating violence, sexual assault, and stalking. This training will be provided annually.

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

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

(limit 2,500 characters)

1. All CoC housing and service providers are required to provide annual training to their staff on trauma-informed and victim-centered. Training includes ensuring each agency has safety and planning protocols. Documentation of staff training is part of the annual contract monitoring report conducted by the Department of Health and Human Services (DHHS). Additional training is made available through DHHS learning collaborative for staff and contractors.

2. In addition, CoC Coordinated Entry staff are trained annually on the CoC emergency transfer plan, best practices in serving survivors, and ensuring safety for all CoC clients. On September 8, 2022 the Department of Health and Human Services held a community-wide training on trauma-informed, victim-centered care, and Coordinated Entry for survivors of domestic violence. The trainers included Colleen Bokman, LCSW-C, Montgomery County Trauma Services Supervisory Therapist, Jerilin Mesa-Roberts, LCSW-C, BAK Interim Clinical Director and Tawana Lofton, MS, BAK Program Director. Members of the CoC and Coordinated Entry staff were in attendance. This training addressed best practices for serving people who have experienced trauma including survivors of domestic violence, dating violence, sexual assault, and stalking. This training will be provided annually.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below:	
	1. the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
	2. how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

1. The CoC uses data provided by the Montgomery County Victim Advisory Commission and from the Betty Ann Kranke Center (BAK), the County's domestic violence shelter, to assess community needs related to domestic violence, dating violence and stalking. This includes de-identified aggregate data on the total number of households served in domestic violence shelter, average length of stay in shelter and exit destination. For FY22, 177 households including 369 individuals were served by the domestic violence shelter. Households averaged 26 days in shelter with 81% exiting with 60 days of admission. Of those exiting, 24% exited to a permanent housing destination, 33% exited to family/friends, and 1% returned to their abuser.

2. To better assess the special needs of persons experiencing domestic violence the CoC, in partnership with BAK, utilize a protected database to collect personal identifiable information (PII) including name, age, gender, race and ethnicity as well as any other information that could disclose a person's location. All DV households are included on the Coordinated Entry System (CES) list to ensure access to all CoC Programs including Federal and State ESG programs. All PII data is kept confidential and is not entered in the CoC HMIS system in compliance with VAWA. Using unique client identification numbers for persons served at BAK, data on project start date and end date is entered into HMIS in an isolated data structure that is not accessible to other CoC projects. This enables the CoC to include this client data in CoC-wide summary reports and allows for full inclusion of domestic violence project participants in CES.

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
	1. the emergency transfer plan policies and procedures; and	
	2. the process for individuals and families to request an emergency transfer.	

(limit 2,500 characters)

1. The CoC embraces a victim-centered, trauma-informed, housing focused approach in all programs, services and policies. Safety is prioritized over all other vulnerabilities. To address the safety needs of victims of domestic violence, dating violence, sexual assault and stalking, the CoC has developed an emergency transfer plan that allows tenants to request an emergency transfer from the tenant’s current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.

2. Transfers are considered for victims of domestic violence where there is imminent threat of further harm should the tenant remain in their current housing and for tenants who have experienced sexual assault where the assault occurred in their dwelling unit within the previous 90 days of the request. The CoC works to honor transfer requests for tenants currently receiving assistance; however, availability may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether the CoC has another dwelling unit that is available and safe to offer the tenant for temporary or permanent occupancy. Whenever possible, an emergency transfer will occur within the tenant’s current CoC program. If this is not possible, the program can present the emergency transfer request to the Coordinated Entry staff to transfer the tenant to another program. Tenants are offered choice in location and program to the extent possible based on their service needs as well as availability. All emergency transfer requests are kept confidential and only shared on a need-to-know basis. The CoC recognizes that sharing victim information is a safety risk and should be avoided. All victim information is shared in a separate and secure database.

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

Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC’s geographic area.

(limit 2,500 characters)

The CoC embraces a victim-centered, trauma-informed housing focused approach in all programs, services and policies. The CoC ensures that survivors of DV, dating violence, sexual assault, or stalking have access to all housing options. The CoC utilizes standard assessment tools to assess vulnerabilities and acuity of needs. To ensure the safety and confidentiality of victims, these households are not placed in the Homeless Management Information System, but assessments are forwarded to Services to End and Prevent Homelessness (SEPH) leadership staff to review and be placed on the Coordinated Entry Systems (CES) prioritization lists. SEPH staff participate and collaborates with DV providers to review cases twice a month and explore appropriate and eligible housing options for both housing types, with and without minor children. DV providers participate in the bi-weekly CES meetings for either household with or without minor children for housing selection. DV providers have access to all CoC housing programs including CoC newly developed Exit Bonus, which provides direct cash assistance of \$5,000 for individuals and 8000 for families, Security Deposit and 1st month's rent to literally exit shelter or Short-Term Housing and Rental Assistance Program providing Security Deposit, 1st month's rent and 5 additional months to stabilize in permanent housing. Other housing continues to include Rapid Re-housing and Permanent Supportive Housing with a newly funded DV specific Rapid Re-housing and PSH projects.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

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

(limit 2,500 characters)

1. Safety protocols for DV, dating violence, sexual assault, and stalking were developed by our DV providers. Safety is prioritized over all vulnerabilities. All victims are screened by the CoC DV providers utilizing the Danger Assessment or Lethality Assessment Protocol to assist in safety planning. The CoC operates a secure and confidential victim shelter with an unpublished address. If a person scores high on the Danger Assessment tool, it triggers an alarm to the Crisis Center and DV Clinical Supervisors for additional safety planning and next steps. DV providers collaborate and coordinate with the CoC housing providers during bi-monthly case consultation meetings. All communications with CoC housing providers SEPH staff is encrypted if containing any person identifying information.
2. DV Victim Advocates are involved in homeless resource planning and collaboration with community organizations ensures that those serving victims of domestic violence, sexual assault, stalking and human trafficking are served according to the most up to date safety and confidentiality standards. Training and technical assistance is provided to all CoC partners and staff annually and as needed. Up to date information on DV shelter vacancies is provided to crisis center staff regularly to ensure those experiencing DV crisis will be placed in a safe environment as quickly as possible. DV providers create a domestic violence personalized safety plan in coordinating discharges and transitioning out of the shelter or planning to leave the abuser.
3. Meetings with the providers are held virtually twice a month for both the family and individual Coordinated Entry. An excel spreadsheet with list of clients that are in coordinated entry both that need to be referred to a Permanent Supportive Housing Programs and the clients who have been assigned but not housed yet is sent out to the meeting attendees prior to the meeting. Since this document has client information, we ensure that the document is password protected and the email distribution list is regularly updated to regulate access. When we have DV clients on the list we name them John Doe or Jane Doe and add their initials to the end of their last name since their information is not entered into HMIS.

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

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

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

	Describe in the field below:
1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;
2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

- The CoC has always ensures that persons of all gender identities can access the emergency shelter of their choice. All policies reflect the current HUD rules of Equal Access and Gender Identity. Specific program policies and CoC -wide policies are revised as needed based on feedback from stakeholders including LGBTQ+ serving organizations and LGBTQ+ program participants.
- In the recent past, the CoC assisted all homeless and housing providers to develop anti-discrimination policies to ensure equal access. Over the next year, the CoC plans to work with LGBTQ+ stakeholders more intentionally and service providers to update agency anti-discrimination policies to ensure LGBTQ+ households receive supportive services, shelter, and housing free from discrimination.
- The CoC monitors compliance with anti-discrimination policies through contract monitoring visits, interviews with participants, and through review of the Pulse for Good electronic real-time surveys of customer experience. Contract monitoring happens twice a year and the Pulse for Good surveys are reviewed weekly.
- Noncompliance with any CoC policy including the anti-discrimination policies is addressed through contract monitoring. If a program is found to be out of compliance, a corrective action plan is instituted. Failure to meet the requirements of the corrective action plan may result in a loss of funding.

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

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with--if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Housing Opportunities Commission	32%	Yes-Both	Yes
Rockville Housing Enterprise	0%	No	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	
	Describe in the field below:	
1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or	
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.	

(limit 2,500 characters)

1. Montgomery County as the Collaborative Applicant has met with Rockville Housing Enterprises (RHE) to discuss the possibility of creating a homeless admission preference and to invite RHE to become more engaged in CoC activities. RHE is not able to implement a preference at this time but continues to be willing to collaborate with the CoC to serve eligible homeless residents. RHE has limited housing vouchers and want to ensure they are able to serve the residents that lost permanent housing in their specific geographical area. The RHE and the City of Rockville is supportive to the CoC and is open to exploring a preference option in the future. As first steps, RHE will partner with the CoC to apply for the recently issued Housing Stability vouchers and work to improve data collection on housing status of applicants and the CoC will utilize HMIS to assist in collecting this data from homeless participants. Additionally, the City of Rockville has a representative that serves on the Interagency Commission on Homelessness (ICH), the governing body of the CoC and may have some influence over RHE.

Montgomery County continuously works with the Housing Opportunities Commission (HOC), the primary PHA to expand the homeless preference in the County. This year HOC has expanded a limited local preference from ten to twenty Housing Choice Vouchers as part of the Move-Up Initiative. Additionally the CoC partnered with HOC to administer the Emergency Housing Vouchers in which 100% of the referrals came from the CoC. Recently HOC is seeking partnership with the CoC to apply for the newly issued Housing Stability Vouchers. Any CoC program participant currently in a PBV is prioritized for a tenant-based voucher after one year of living in the PBV. HOC serves as a Commissioner on the ICH and regularly participates in the CoC. HOC also operates two PSH projects and has collaborated in writing and obtaining HUD Family Unification and the Non-Elderly Disabled (NED) Programs that do include homeless prioritization. Steps included developing questions to identify at risk, homeless, disabled persons when submitting their application to the PHA waitlist. The PHA pulls names from the database and informs the CoC lead. The CoC utilizes HMIS to locate the homeless participant and assist with PHA application process. In the most recent application for additional NED vouchers, HOC agreed to accept referrals for the Coordinated Entry System.

2. N/A

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

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

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	No
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

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

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

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

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

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

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

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored–For Information Only	

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

1C-7e.1. List of PHAs with MOUs

Name of PHA: Housing Opportunities Commission

1D. Coordination and Engagement Cont'd

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

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

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

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition.	15
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition that have adopted the Housing First approach.	15
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

Describe in the field below:

1.	how your CoC evaluates every recipient—that checks Housing First on their Project Application—to determine if they are actually using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1. The CoC has a strong commitment to Housing First principles and requires all projects funded by CoC or local dollars to demonstrate Housing First fidelity. As part of the local CoC competition all renewal and new projects must submit a Housing First Addendum that asks for a description of how the project prioritizes rapid placement and stabilization in permanent housing and does not require service participation or preconditions. Projects must provide program policies on intake, service coordination and termination. Projects are evaluated on ensuring low barrier access and how well they screen in versus screen out referrals. All projects must demonstrate rapid placement and stabilization and not require service participation or other preconditions.
2. All projects are required to submit detailed information through the Housing First Addendum on the screening and intake process; all required documentation; eligibility criteria that may pose barriers like criminal backgrounds, credit and housing history, and service participation; how choice in housing location, size, and amenities is offered; landlord recruitment and retention strategies; wraparound services including the frequency and intensity of said services; termination policies; and staff training plans. Narratives provided by applicants are verified through a review of program policies and procedures and case records.
3. Fidelity to Housing First is also part of the contract monitoring process for all CoC and locally funded projects. Contract monitors receive extensive training on Housing First equipping them to properly evaluate adherence to the model. Contracts are monitored twice a year and include a review of all program policies and protocols as well as interviews with staff and program participants. The Coordinated Entry System (CES) leadership tracks how often and for what reason provider deny referrals from CES. If a project is not adhering to Housing First principles, they are placed on a corrective action plan and are at risk of losing funding

1D-3.	Street Outreach—Scope.	
	NOFO Section VII.B.1.j.	
	Describe in the field below:	
	1. your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;	
	2. whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;	
	3. how often your CoC conducts street outreach; and	
	4. how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.	

(limit 2,500 characters)

1. The CoC conducts semi-annual “blitz” counts to identify trends and emerging hot spots. All outreach efforts are coordinated by the CoC lead and include collaboration with outreach providers and the business community. Clients are assigned to street outreach through the Coordinated Entry System, targeting those most resistant to services. Outreach teams have bilingual staff and access to a language line for those with Limited English Proficiency. The CoC widely publicizes the Homeless Information Line that provides 24/7 access to a live person to make referrals and receive information from concerned citizens. Outreach providers and the CoC website highlight that services are available to all including status protected by fair housing regulations.
2. The CoC has four primary homeless street outreach providers that serve 100% of the CoC geographic area.
3. Outreach is provided daily with all teams required to provide services during early morning, late evening, and on the weekends as well as during normal business hours.
4. Outreach is assertive and persistent. Services are provided on the streets and in locations where people experiencing homelessness frequent. Another part of the strategy involves partnering with library staff, police officers, meal programs, and businesses to identify individuals that are the most resistant to services. The CoC also operates a Homeless Outreach Hotline for community members to call and report locations of encampments and people sleeping outside, improving our knowledge of the unsheltered population. This year the CoC is partnering with BIPOC led and serving organizations to address the growing number of immigrants experiencing unsheltered homelessness to ensure services are both culturally and linguistically appropriate. Outreach providers are provided with palm cards that provide detailed information on available services. All outreach providers has access to the CoC language line for people with limited English proficiency as well as written materials in large print and Braille as needed. Finally, the street outreach teams partner with Health Care for the Homeless to provide medical and psychiatric services to people on the streets.

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

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

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	Yes
4.	Implemented community wide plans	Yes	Yes
5.	Other:(limit 500 characters)		
	Established a Homeless Diversion Program within our Court System	Yes	Yes

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.i.	

		2021	2022
	Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of "Current."	434	331

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

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

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	

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

Describe in the field below how your CoC:

1. systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2. works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3. works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1. The CoC systematically keeps program staff up to date on available resources through maintaining relationships with mainstream providers and colleagues in the Montgomery County Department of Health and Human Services (MC DHHS). Several members of the ICH Systems Coordination Committee are leaders of agencies/programs providing mainstream benefits. One of the goals of this committee is to co-locate services allowing easy access to apply for benefits onsite at shelters and day programs as well as removing any barriers to access. The above referenced partners regularly present to the community providers about new resources and how to access existing one. The trainings are facilitated by the CoC. The CoC shares information on the availability of mainstream resources via email, monthly CES meetings, and community-wide meetings. CoC Adult & Family Provider teams, which meet bi-monthly, provide a forum to train providers & share information about mainstream resources.
2. The CoC works with both healthcare organizations including substance use and mental health treatment and project staff to break down barriers to collaboration. CoC leadership attends healthcare led meetings like the High Utilizers and Hospital Discharge meetings to partner on individual persons experiencing homelessness to connect them to housing and healthcare as well as systemic issues with care coordination. The CoC contracts with community healthcare providers to provide primary care, substance use treatment, and mental services in emergency shelter, through street outreach and in permanent housing programs. This year the CoC has worked with Public Health officials to ensure access to specialty care like cancer treatment, podiatry, and dialysis. In addition, the CoC Lead operates the Health Care for the Homeless program that works with hospitals, inpatient psychiatric facility and inpatient substance use treatment providers to facilitate appropriate discharges as well as admission to said facilities for people experiencing homelessness.
3. The CoC offers SOAR training 4 times a year and actively promotes project staff to get certified as a SOAR specialists.

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

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

(limit 2,500 characters)

In 2022, the CoC significantly increased non-congregate shelter for all household types. Non-congregate shelter was created through rented hotel space. Prior to COVID, rented hotel space was only used as emergency overflow shelter for households with minor children. In total, the CoC increased funding for hotel space by more than \$6.5 million. Additional funding has been committed for hotel staffing, security, and meal delivery.

Non congregate shelter is offered to unsheltered households who previously unwilling to accept traditional shelter. This has helped the outreach providers can the trust of people experiencing unsheltered homelessness which, in turn, has led to more housing placements for the hardest to serve. In addition, non-congregate hotel space has been used as an alternative to traditional shelter for households whose behavioral health challenges make it difficult for them to live in congregate settings, LGBTQ households, and for youth adults. Rented hotel space is also used as overflow shelter for adult only households when in the past this was not available. Finally non-congregate shelter is offered to households whose medical condition or age puts them at higher risk of COVID complications.

The CoC contracted with one hotel that has been and continues to be used as the isolation/quarantine hotel for households who have tested positive for COVID or have been exposed. This facility is also used for households with other communicable diseases like Monkeypox. By isolating people who have tested positive, the CoC is preventing the spread of infectious diseases.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1. Montgomery County Department of Health and Human Services (MCDHHS) is an integrated department that includes both Services to End and Prevent Homelessness (SEPH), the CoC lead agency, and Public Health Services (PHS) led by the Health Officer. The Health Officer is both an employee of the state of Maryland and the county. Throughout the pandemic, the CoC participated in daily COVID calls with all county employees where health officials provided regular updates on case rates, mandates, testing and vaccinations. While the frequency of the briefing has decreased, the CoC continues to be in attendance for weekly briefing with PHS on COVID and other emerging infectious diseases including influenzas and monkeypox. A direct line of contact was established with PHS and SEPH to provide quarantine/isolation directives as well as to develop protocols for emergency shelter and home visiting among the housing programs including mask wearing, frequency of testing, and social distancing requirements.
2. SEPH partners with PHS to develop a COVID and other infectious disease protocols for congregate facilities, testing, vaccinations, and home visiting based on CDC guidance. These protocols are regularly reviewed and revised to ensure all safety measures were both communicated to and implemented by the CoC. One the primary ways the CoC partners with PHS to prevent outbreaks is to conduct surveillance testing and vaccinations to people living in emergency shelters and those that are unsheltered. For other infectious diseases like TB, testing is made available to all people experiencing homelessness free of cost any County health clinics. PHS partners with state health officials to ensure the CoC has enough testing kits and vaccinations including free flu shots for those living in congregate settings. PHS continues to work with the CoC to conduct contract tracing to minimize further spread of diseases.

Emergency funding through the state of Maryland allowed the CoC to increase medical services offered onsite at shelter and drop-in facilities as well as through street outreach. The CoC, partner agencies, and the people we serve have a established a trusting relationship with Kelly Collaborative, the agency providing primary care to the homeless continuum. Because of this trust, the CoC has been able to debunk COVID and Monkeypox myths and will be better equipped to address any other dis or mis- information about future public health emergencies.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by:	
1.	sharing information related to public health measures and homelessness, and	
2.	facilitating communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1. As an integrated department, leaders from Public Health Services (PHS) and Services to End and Prevent Homelessness (SEPH), who serves as the CoC lead, are in regular communication about emerging trends in infectious diseases and potential dangers of future outbreaks. This information is shared with the housing and homeless services providers at least monthly through a variety of CoC and Interagency Commission on Homelessness committee meetings. Additionally, our Healthcare for the Homeless Team provides updates to all providers as available through email and verbal communication in meetings. In partnership with PHS, information about how certain infectious diseases are impacting people experiencing homelessness and who is most at risk is shared with CoC leadership and frontline staff. In development of contracts and policies, SEPH staff collaborates with PHS to provide education to providers about how to best assess, identify potential signs and symptoms of infectious diseases and if necessary, coordinates testing procedures with supplies and training provided by PHS.

2. All housing and homeless service providers are given access to public health officials through facilitation of the CoC. The CoC Lead has coordinated to have leaders from within PHS present directly to service providers including street outreach, shelter, and all housing providers on infectious diseases and what can be done to mitigate the spread. The CoC facilitates discussion with services providers and PHS to develop facility specific protocols including social distancing, testing, and vaccination. Both SEPH and PHS ensure that all provider are equipped with both the knowledge, training, staff, and the tools (test kits, cleaning supplies, masks, etc.) to prevent or limit outbreaks. The CoC Lead also coordinates direct consultation between service providers with PHS on specific isolation and quarantine procedures including establishing cohort of program participants to quarantine in a facility.

1D-9.	Centralized or Coordinated Entry System—Assessment Process.	
	NOFO Section VII.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	covers 100 percent of your CoC's geographic area;	
2.	uses a standardized assessment process; and	
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

1. The CoC's Coordinated Entry System (CES) covers 100% of the CoC's geographic region. The CoC has parallel (CES) for single adults and families. Both cover the entire geographic region and can be accessed 24-7. The CES for single adults offers multiple access points throughout the CoC including emergency shelter, on the streets, transitional housing, meal programs, hospitals, behavioral health providers and treatment facilities, jails, and DV providers. The CES for families is more centralized with access points at the Department of Health & Human Services (DHHS) three regional service centers and the County's 24-7 Crisis Center. DHHS offices are located throughout the county and are convenient to all families experiencing homelessness. If a household identified by the community is unable to access the CES office locations, trained CES staff can conduct assessments in the community.

2. Both the single adult and family CES use the VI-/Family VI-SPDAT, Full SPDAT and the locally developed Acuity Scale to prioritize households for services and housing. The VI and Family VI-SDPAT do not use any other information sources except self report. Recognizing the limitation of this tool, the CoC utilizes both the full and the Acuity Scale to develop a better understanding of the particular vulnerabilities of the households. Information sources include HMIS case notes, collateral from other systems including healthcare, behavioral health, criminal justice systems, friends and family, case conferencing, and clinical observation of the assessor. The assessments are only part of the prioritization process. For all populations, the CoC prioritizes those with the greatest vulnerability including Veterans, unsheltered, those with disabilities, and those with the longest length of stay. This is information pulled directly from the HMIS record.

3. The prioritization process is reviewed regularly by CoC Leadership and with frontline staff. The most recent prioritization for PSH was developed by a group of stakeholders. Beginning in the next few months, a CES subcommittee of the CoC will be stood up to include providers, CoC staff, referring agency staff and people with lived experience. Feedback from families who participated in CES was the primary driver of completely revamping the Family CES due to their negative experiences. The CoC also relies on data analysis on how people are scoring and who is or is not getting assessed to inform CES policies.

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

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

(limit 2,500 characters)

1. The CoC's Coordinated Entry System (CES) reaches people who are least likely to apply for homeless assistance by having a robust network of street outreach providers; conducting in reach to meal programs, hospitals, and jails; educating adjacent systems such as substance use/mental health programs, the criminal justice system, child welfare, etc. on the CES process and accepting direct referrals to CES from these systems; working with trusted community partners who are BIPOC led and serving disadvantaged communities including BIPOC, LGBTQ, people with disabilities, and older adults; and advertising and promoting CES to the general public.
2. The CoC's CES not only prioritizes people most in need of assistance but strives to ensure there are housing options available to all those experiencing homelessness. This is done by offering alternative housing intervention beyond PSH and RRH such as direct cash assistance and short-term housing subsidy without case management. By offering more options, the CES is able to reserve PSH for those households with the most significant service needs and RRH for those with the longest lengths of stay.
3. People most in need of assistance receive permanent housing in a timely manner as they are prioritized for PSH and RRH. The CoC has a comprehensive landlord recruitment and retention strategy so those with housing vouchers can quickly access available units that are consistent with their preferences. The CoC has several PSH programs to meet the specific needs of people experiencing homelessness, particularly those that are unsheltered in disengaged from services. The CoC has a rented units on standby so where a highly vulnerable people who is most in need of housing is willing to get housed, they can be placed the same day.
4. The CoC's CES assessment process is always evolving to reduce barriers to access including the need to ask invasive and potentially bias assessment questions. The Montgomery County Acuity Scale does not require the person to answer any questions directly but is based on observation, collateral information and case records. The CoC recognizes that people, especially the BIPOC and LGBTQ population, may have a severe distrust of government and systems. Our CES accounts for this by using alternative assessment mechanisms. Complexities of assessments are mitigated by providing training and technical assistance to assessors and revising the assessment tools to better meet the needs of the people we

1D-10.	Promoting Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section VII.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	12/17/2021

1D-10a.	Process for Analyzing Racial Disparities—Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section VII.B.1.q.	

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

(limit 2,500 characters)

1. The CoC uses a variety of methods to analyze and identify racial disparities in the provision or outcomes of homeless assistance including:

- CSH's Racial Disparities and Disproportionality Index ("RDDI") The RDDI compares the likelihood of one group experiencing an event to the likelihood of another group experiencing the same event.
- Regional work with C4 on disparities which utilized the CoC Racial Equity Analysis Tool as well as system performance measures and housing assessment data by race/ethnicity. Finally the CoC has worked with the research group Evident Change to identify bias in the locally developed Acuity Scale housing assessment. The data/research team of the CoC regularly conducts its own analysis of disparities. The CoC has evaluated how much HUD funded CoC project participants mirror the demographics of those experiencing homelessness. To identify disparities in outcomes, the data team reviews length of stay, rate of returns, exits to permanent housing by race/ethnicity at the project type level (RRH, PSH, TH and OPH). Over the next year, the CoC intends to dig deeper and look at outcomes by race/ethnicity by individual programs.

In addition to quantitative data, the CoC has engaged in qualitative analysis about people's experience with the homeless system and factors that contributed to them entering, exiting, and potentially returning. Focus groups and interviews were conducted by BIPOC led and serving organizations.

2. The CoC has identified many disparities. Here are some highlights:

- Black African American households without children are 5.66 more likely to experience homelessness and Black households with children are 11.7 times more likely to experience homelessness.
- Black households are more likely to enter RRH and to be assessed as "self resolve"
- Black households are less likely to be assessed for housing
- White Hispanic households are both the most likely to exit to permanent destinations and to return to homelessness from all destinations
- Black and white households were prioritized for PSH resources at virtually identical rates(10.7% and 10.5%, respectively)
- 16% of households identified as Black and received no housing intervention. 5.6% of households identified as white and received no housing intervention.
- Black households are disproportionately overrepresented in the number of households experiencing homelessness for the first time
- Black households take on average 8 days longer to get housed

1D-10b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.q.	

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1D-10c.	Actions Taken to Address Known Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC has engaged in the following activities to advance racial equity in homelessness:

- a. To address disparities in the time it takes Black/AA households to secure housing the CoC partnered in the development of legislation to limit a landlord's ability to deny applicants based on their criminal record. The Housing Justice Bill recognizes that people of color are overrepresented in the criminal justice system and such involvement serves as a barrier to accessing safe, affordable housing.
- b. Contracted with Evident Change to conduct an analysis of all assessment tools including the locally developed Acuity Scale to determine if any racial bias exists in the administration of assessments or the tools themselves. This analysis seeks to eliminate the disparities in how people are "scored" and which housing intervention they are connected with.
- c. Selected by CSH as one of five communities to participate in a project funded by Wells Fargo to develop systemic solutions to overcoming racial disparities. Through this project, CSH overlaid their Racial Disparities and Disproportionality Index (RDDI) with local data on child welfare and behavioral health involvement. The analysis was shared with BIPOC led agencies serving marginalized groups and these groups conducted focus groups to provide context to the data.
- d. Created a Homeless Prevention Index to ensure federal funding went to households most likely to experience homelessness. The tool combines data on social determinants including BIPOC neighborhoods, COVID impact, and housing stress to determine the census tracts with the highest composite score. SEPH used this data to target outreach efforts to specific neighborhoods. The goal of this targeted approach to eviction/homeless prevention funds is to reduce the number of BIPOC households entering homelessness for the first time or returning to homelessness.
- e. To address the disparity that 16% of Black/AA households receive no housing intervention, the CoC developed new programs targeted to this population including a direct cash assistance program and a medium term housing subsidy.
- f. The CoC has partnered with a local BIPOC led small business, Wayfinding Partners to facilitate a mandatory implicit bias and equity training for all CoC. The CoC has also invested in a leadership development program for emerging leaders with a focus on BIPOC leaders. "

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

Describe in the field below the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance.
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(limit 2,500 characters)

The CoC reviews both PIT, System Performance Measures, and service provision by race/ethnicity at least twice of year. Project level performance measures and service provision are measured quarterly and shared with the Outcomes and Improvement Committee of the Interagency Commission on Homelessness (ICH). At least annually the CoC lead presents data on racial disparities to the full ICH and to elected officials in public County Council hearings. The CoC data team uses HMIS to disaggregate data, pull reports, and conduct deeper analysis on raw data to track progress on preventing and eliminating disparities of all kinds through tools like Microsoft Power BI and Tableau. The CoC is also participating with Community Solutions Built for Zero program. Montgomery County is one of a handful of communities committed in the ""Zero for All"" cohort focused on ending homelessness for all populations within the next three years. The CoC has committed to regularly reporting data to Community Solutions as an effort to ensure accountability and credibility to stakeholders around CoC progress on eliminating racial disparities. The data team must also report on disparities of all kinds to the Coordinated Entry Subcommittee of the ICH which is made up of homeless service providers, referring agencies, county government and people with lived experience. This year, the CoC asked all HUD CoC funded programs to review their program outcomes by race/ethnicity, age, gender, etc. and develop their own plan to address the disparities. Over the next year, the CoC will also conduct analysis not only at the project level (RRH, PSH, OPH) but for each specific program.

The CoC will continue the partnership with CSH to use the Racial Disparities and Disproportionality Index to dig deeper into the analysis and measure progress over time.

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

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

(limit 2,500 characters)

The CoC has a variety of outreach efforts to engage those with lived experience in homelessness in leadership roles and decision-making processes. At the public meetings of the Interagency Commission on Homelessness (ICH) and its committees and work groups, the CoC regularly announces opportunities for people with lived experience to join. These announcements are also blasted out through listservs and partners in adjacent systems. The CoC staff leans on homeless and housing service providers to nominate their staff with lived experience and program participants to join the any of the committees, subcommittees, or work groups. Staff of Services to End and Prevent Homelessness (SEPH) as the CoC lead frequently visits emergency shelters and housing programs to recruit new members of the People's Committee. The People's Committee is a standing committee of the ICH composed of and led by people with recent lived experience of homelessness in Montgomery County. Members of the People's Committee are our best recruiters of new members. That canvass the streets, shelters, day programs, etc. to engage people with lived experience and encourage them to join the committee, participate in focus groups, join other groups of the ICH, and generally make their voices heard. For the youth action board, recruitment is handled by our partner agency the Montgomery County Collaboration Council for Children and Families who also serves as the designated Local Management Board. The Collaboration Council recruits youth who participate in various programming at MoCO Reconnect, a youth re-engagement and homeless drop-in center. They also use social media to spread the word.

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

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	40	10
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	12	2
3.	Participate on CoC committees, subcommittees, or workgroups.	12	2
4.	Included in the decisionmaking processes related to addressing homelessness.	12	2
5.	Included in the development or revision of your CoC's local competition rating factors.	6	0

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

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

(limit 2,500 characters)

The primary way the CoC provides professional development to people with lived experience of homelessness (PLEH) is through the CoC sponsored Lead for Impact (LFI) program. LFI is a 6-month leadership development program targeted to new and emerging CoC leaders. While the application has always been open to PLEH, this is the first year that two people applied and were accepted to the program. Through LFI, PLEH participants learn side by side with other professionals about what it takes to be a leader. The program consists of six learning sessions, two one-on-one coaching sessions, small group work, and the development of a personalized leadership development plan. The CoC intends to be more purposefully in future years to encourage PLEH to participate and pay them for doing so. The CoC is committed to paying people an hourly wage as employees of the CoC for participating in any CoC or Interagency Commission on Homelessness (ICH) activities.

The CoC and its member organizations share and appreciation of the value added by including people with lived experience of homelessness in positions of power and influence. Many service providers seek to employ people with lived experience and share employment opportunities for PLEH. Through their employment they receive supervision and support from their colleagues.

The CoC leadership who staff the People's Committee of the ICH also share employment opportunities with the Department of Health and Human Services and serve as mentors to the members of the committee. The People's Committee is a standing committee of the ICH composed of and led by people with recent lived experience of homelessness in Montgomery County.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	
	Describe in the field below how your CoC:	
1.	how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and	
2.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness	

(limit 2,500 characters)

1. The CoC has several ways of gathering feedback. Services to End and Prevent Homelessness (SEPH) as the designated CoC lead and the issuer of match funds for ESG/CoC programs is responsible for monitoring performance and compliance. As part of the monitoring, SEPH randomly selects a group of participants to interview. Monitoring occurs twice annually. In addition, SEPH requires all projects to conduct an annual satisfaction survey of participants and report results to the contract monitor. SEPH also periodically facilitates focus groups of program participants to do a qualitative analysis. Members of the People's Committee of the Interagency Commission on Homelessness also provide their feedback as many of them are currently being served by CoC funded PSH or RRH programs. The People's Committee is a standing committee of the ICH composed of and led by people with recent lived experience of homelessness.

In addition, the CoC has provided all emergency shelter providers with Pulse for Good kiosks that allow participants to provide real time feedback anonymously on their experiences. Over the next year, the CoC intends to expand the use of the kiosks to site-based PSH programs.

2. CoC has responded to concerns raised by people with lived experience of homelessness (PLEH). Through the contract monitoring process, SEPH saw a trend with participants in both RRH and PSH expressing concerns about the condition of their units and feeling like they have not been provided the opportunity to relocate to a unit of their choosing. After receiving this feedback from PLEH, SEPH worked with providers to educate them on tenant rights, stress the importance of maintaining contact with property management and landlords, tracking repairs requests and completing monthly home visit reports. Also the People's Committee, who all had recently had negative experiences in shelter, reviewed all the contracts for adult-only shelter to make recommendations to revise and improve the contracts focused on the individual experience. Many of their recommendations have now been incorporated in any new or amended emergency shelter contracts.

Finally and most notably, the CoC included the People's committee in the Ranking and Review Process. They reviewed all project applications and scored them based on factors they determined were important including PLEH in decision-making, training on best practices, and meeting the needs of PLEH.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section VII.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

1. The CoC has been involved in master planning throughout Montgomery County. This includes the County's new 30 year plan Thrive2050. CoC leadership were directly interviewed about impediments to housing and opportunities to create more housing access in the County through changes in zoning and land use. The plan is currently with the local County Council for review and adoption. Additionally, a bill was passed, led by a Montgomery County delegate, to require the State Department of Planning to analyze all State owned properties to identify any excess properties that may be suitable for affordable housing development. The Bill, which was signed into law by the Governor in May 2022 also requires the dedication of an additional \$30 million in funding to support affordable housing development.

2. CoC leadership strives to reduce regulatory barriers in two ways. First, CoC members serve on the local Department of Housing and Community Affairs Selection Advisory Committee (SAC). This Committee advises the release of local funds to proposed affordable housing projects. As access to funding is one of the largest barriers, the CoC's role in the SAC allows up to directly inform housing development in the County. Additionally, CoC leadership regularly provides opinions and supports County public positions on State legislative issues as they affect housing development. This past year that included providing guidance on access to energy assistance programs on the individual and multi-family level and addressing mold remediation including tax credits to ensure properties stay safe without needing to pass on the costs to tenants. Finally, the CoC membership intentionally includes housing developers in many of our committees so that we can stay in close connection with them to identify other opportunities to support housing development options.

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/08/2022
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1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	
	You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	

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

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

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

1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	13
3.	What renewal project type did most applicants use?	PH-PSH

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

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

(limit 2,500 characters)

1. The CoC utilized HMIS data and Coordinated Entry data to evaluate successful housing placements.
2. The CoC utilized HMIS data and Coordinated Entry data to length of time from assigned to housed.
3. The Allocation Committee (AC), who reviews and ranks projects, took special care this year to ensure they were accounting for the severity of needs and vulnerabilities of the populations served. As the system has adopted a Housing First philosophy, all projects are required to accept households with low or no income, current or past substance use, DV survivors, chronic homelessness, and serious mental illness. Historically, applicants were asked to describe in narrative their participant population. Using this criteria, nearly all projects received the highest score on severity of needs. To distinguish between the projects, the Allocation Committee considered the % of households with high service needs and the % of households with extreme vulnerabilities for PSH and % with intermediate service needs for RRH based on a local assessment tool- Montgomery County Acuity Scale. The Acuity Scale assesses for a number of vulnerabilities including economic indicators (income, benefits, money management), social/emotional indicators (DV, history or risk of exploitation, limited English, natural supports, and life skills) and extreme vulnerabilities (cognitive deficits, mental health, substance use, and medical conditions). The more vulnerabilities, the higher the score.
4. The CoC recognizes the need to account for the severity of needs of the population served by projects in an objective way and the potential impact on performance measures. The severity of needs score accounts for 18% of the overall application score. Performance measures or contribution to CoC system performance measures were worth 20% of the total score. The severity of need and the performance measures are worth comparable points. For example, a program that provides assistance to the hardest to serve, may receive the full 18 points for severity of needs but only 10 points for performance measures. On the opposite end, a program serving low need households may score 20 points on performance measures but only 6 points on severity of needs. Having a balanced scoresheet allows projects that serve those with the most vulnerabilities to not be penalized for having poorer outcomes or costing more than the average project.

1E-3.	Promoting Racial Equity in the Local Competition Review and Ranking Process.	
	NOFO Section VII.B.2.e.	
	Describe in the field below:	
1.	how your CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population;	
2.	how the input from persons of different races, particularly those over-represented in the local homelessness population, affected how your CoC determined the rating factors used to review project applications;	
3.	how your CoC included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; and	
4.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

(limit 2,500 characters)

1. The Interagency Commission on Homelessness (ICH) determines the funding priorities for the CoC competition as well as confirms all members of the Allocation Committee. The Interagency Commission on Homelessness includes a high percent of members from different races, specifically Black or African American persons who are overrepresented in the local homeless population. 57% of the ICH are BIPOC and 38% identify as Black/AA. In addition to the ICH, input was solicited from people with lived experience and frontline homeless service providers was are predominately BIPOC.
2. The rating factors incorporated feedback from the ICH and other stakeholders, particularly those served by the CoC and those serving CoC participants. The feedback, particularly from those identifying as Black/AA affected how we evaluated how projects incorporated input from people with lived experience in a meaningful way and how applicants were addressing racial disparities in their programs.
3. The Allocation Committee members are also diverse, and they determine the score sheets, rank and review projects, and decide on reallocation of funding. 60% of the Allocation Committee identify as Black. More than 60% of people experiencing homelessness in the CoC identify as Black. In addition, the People's Committee of the ICH, a standing committee composed of and led by people with recent lived experience of homelessness in Montgomery County scored a portion of the application. The People's Committee is 85% BIPOC and 71% people with identify as Black/AA.
4. This year, all renewal projects were asked to address any racial disparities in their program implementation. HMIS data was used to determine how closely project participants mirror the race and ethnicity of the local homeless population. Where there were discrepancies, projects were asked to specifically state how that seek to remedy the discrepancy. In addition, applicants were asked to provide the demographics of their leadership team; a copy of their Diversity Equity and Inclusion Policy; and how they evaluate disparities in outcomes of programs participants as well as what efforts they have made to reduce the disparities. This information was used to determine the final ranking and equated to 5% of the total score.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section VII.B.2.f.	
	Describe in the field below:	
	1. your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
	2. whether your CoC identified any projects through this process during your local competition this year;	
	3. whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	
	4. why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

(limit 2,500 characters)

1. As stated in the written policy, the Montgomery County Continuum of Care will reallocate HUD CoC program funds as needed, in accordance with the Montgomery County CoC's strategic plan, to improve CoC performance, reduce homelessness and promote housing stability. Funds can be reallocated on a voluntary or involuntary basis. The policy describes voluntary and involuntary reallocation. Over the past few years, the CoC has reallocated funding from projects that were less needed, so all existing renewal projects are aligned with the Strategic Plan to End Homelessness and support the overall goal of ending homelessness for all populations. Through the ranking and review process, low performing projects that align with CoC priorities but have poor outcomes, may be ranked below a new project that also addresses any gaps in services and is aligned with CoC priorities.
2. One renewal project was identified as appropriate for reallocation in this process. Based on discussions between the CoC and the project, Catholic Charities chose to voluntarily reallocate \$112,000 to the competition. In addition, three projects received reduced funding due to poor outcomes including cost effectiveness, CoC need to serve those with the greatest barriers, and fidelity to the Housing First model.
3. The funds from available through voluntary reallocation were reallocated during this process. Additionally the funds recouped from lower performing projects were reallocated to allow submission of a second bonus project.
4. N/A

1E-4a.	Reallocation Between FY 2017 and FY 2022.	
	NOFO Section VII.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	Did your CoC inform applicants why their projects were rejected or reduced?	Yes
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/14/2022

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/14/2022
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1E-5b.	Local Competition Selection Results—Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank—if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes
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1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting—CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/28/2022
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC’s website or partner’s website.	09/28/2022
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2A. Homeless Management Information System (HMIS) Implementation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC’s HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

	Enter the date your CoC submitted its 2022 HIC data into HDX.	04/28/2022
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2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in databases that meet HUD’s comparable database requirements; and	
2.	state whether your CoC is compliant with the 2022 HMIS Data Standards.	

(limit 2,500 characters)

1. The CoC ensures DV housing and service providers in the CoC collect data that meet HUD's requirements by storing in a comparable database and provided by the Montgomery County Victim Advisory Commission and from the Betty Ann Kranke Center (BAK), the County's domestic violence shelter, to assess community needs related to domestic violence, dating violence and stalking. This includes summary data on the total number of households served in domestic violence shelter, average length of stay in shelter and exit destination. BAK also collected the required HUD data elements. To better assess the needs of persons experiencing domestic violence the CoC, in partnership with BAK, has developed a comparable database to collect personally identifiable information (PII) including name, age, gender, race and ethnicity as well as any other information that could disclose a person's location. All PII data is kept confidential and is not entered in the CoC HMIS system. Using unique client identification numbers for persons served at BAK, data on project start date and end date is entered into HMIS in an isolated data structure that is not accessible to other CoC projects. This enables the CoC to include this client data in CoC-wide summary reports and will allow for full inclusion of domestic violence project participants in the Coordinated Entry System.
2. Yes, the CoC and all participating organizations are compliant with 2022 HMIS Data Standards.

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

Enter 2022 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	582	49	542	101.69%
2. Safe Haven (SH) beds	5	0	5	100.00%
3. Transitional Housing (TH) beds	71	23	48	100.00%
4. Rapid Re-Housing (RRH) beds	331	0	331	100.00%
5. Permanent Supportive Housing	2,244	0	2,103	93.72%
6. Other Permanent Housing (OPH)	167	0	167	100.00%

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

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

- | | |
|----|--|
| 1. | steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and |
| 2. | how your CoC will implement the steps described to increase bed coverage to at least 85 percent. |

(limit 2,500 characters)

n/a

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	
Did your CoC submit LSA data to HUD in HDX 2.0 by February 15, 2022, 8 p.m. EST?		Yes

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC conducted its 2022 PIT count.	01/26/2022
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	04/28/2022
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2B-3.	PIT Count–Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

	Describe in the field below how during the planning process for the 2022 PIT count your CoC:	
	1. engaged stakeholders that serve homeless youth;	
	2. involved homeless youth in the actual count; and	
	3. worked with stakeholders to select locations where homeless youth are most likely to be identified.	

(limit 2,500 characters)

1. In preparation of the PIT, the CoC engaged the Youth Work Group of the Interagency Commission on Homelessness (ICH) to get their input and to make them aware that the count was happening. The Youth Work Group includes a variety of stakeholders including organizations specifically providing services to homeless youth, public school system, juvenile justice services, community health workers, the youth action board (YAB) and other homeless service providers. The CoC requested the group share information about the PIT count to youth experiencing homelessness and the community.

Montgomery County also participates in the state of Maryland Youth Reach count. Youth Reach is a statewide youth specific count that generally occurs in the Spring over a period of 2-3 weeks. CoC and Youth Work Group leadership discussed with the state having the two counts overlap to ensure the regular PIT count was not inadvertently missing young people experiencing homelessness.

2. For the 2022 PIT Count, the CoC did not enlist volunteers and only used seasoned outreach workers to conduct the unsheltered count. At the time of the count, Montgomery County was experiencing a significant outbreak due to the Omicron variant. In the 2023 PIT, the CoC intends to use youth volunteers to participate in the unsheltered count.

3. The CoC worked with the Montgomery County Collaboration Council for Children and Families, the agency responsible for co-leading CoC efforts to end youth homelessness, and two specific youth providers to gather information about potential youth hot spots. These groups engaged the youth participating in their program and the Youth Action Board about where they sleep and where youth they know sleep when they can't find a place inside.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section VII.B.5.a and VII.B.7.c.	
	In the field below:	
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;	
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and	
3.	describe how the changes affected your CoC's PIT count results; or	
4.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2022.	

(limit 2,500 characters)

1. In the 2022 PIT sheltered count, the CoC made some data quality changes including creating a PIT sub-assessment in HMIS and added new questions to collect our data points. Extensive training on how to enter PIT surveys was conducted with ES and TH providers to ensure timely reporting and quality data.
2. In the 2022 PIT unsheltered count, the CoC resumed the full survey to collect more data elements. In 2021, the survey was based on observation only due to COVID community infection rates. The CoC also improved data quality by shifting from Survey Monkey to ArcGIS to collect data on the unsheltered count. Finally all persons observed on the night of the count were entered into HMIS under a newly created provider called Unsheltered PIT Count.
- "3. The changes in data quality made to the sheltered count helped to simplify the process for both the HMIS administrators and providers. The new sub-assessment streamlined PIT reporting for our Sheltered Count and enabled the providers to complete the required data elements all in one spot. For the unsheltered count, the changes to the survey tool allowed the CoC to capture real-time information on the location of persons counted and encampments. This information was shared with the network of street outreach workers to follow up. Additionally entering all previously unknown persons found on the night of the count in HMIS with a location, increased the outreach workers ability to follow up and offer services. "
4. see above

2C. System Performance

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section VII.B.5.b.	
	In the field below:	
	1. describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
	2. describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time	

(limit 2,500 characters)

1. Using local data and research on community level indicators of homelessness, the CoC created a Homeless Prevention Index to identify communities most at risk of homelessness. The tool combines data on social determinants, COVID impact, and housing stress to determine the census tracts within the county with the highest composite score. Eviction/ Homeless Prevention Rental assistance is prioritized to residents in these census tracts. The CoC uses HMIS data and data from other systems of care to determine risk factors at the individual level. Prevention providers also provide feedback about emerging trends based on their work with at-risk households.
2. As part of the Coordinated Entry System, DHHS is the primary point of contact for residents at risk of homelessness and operates three sites throughout the CoC where individuals and families can apply for emergency housing assistance. The CoC built on the success of using centralized intake/ homeless diversion for families seeking shelter and implemented a parallel process for adult only households. Any household seeking emergency shelter is engaged in a homeless diversion discussion. Flexible funds are available to keep the households in place and other services including problem-solving, conflict mediation, education on tenants' rights is offered prior to shelter placement. Local data on returns showed that many people were entering homelessness from an institution. In response, the CoC has focused on providing diversion training for hospitals and MH/ SUD treatment programs to prevent people from being discharged to homelessness. In recent months, the CoC has seen an increase in the number of migrants seeking emergency shelter and housing resources. Finally the CoC provides a permanent shallow rental subsidy for households at imminent risk of homelessness and who have a family member with a disability or who is over 55 years old. Last year the max benefit amount increased from \$200 to \$400 to account for rises in rent for the shallow subsidy. This year, we have already submitted a request to the County Executive to increase benefit even higher to \$500. The extra rental assistance fills a gap in the household budget and decreases the likelihood of becoming homeless in the future.
3. The Montgomery County Department of Health and Human Services, Chief of Services to End and Prevent Homelessness is responsible for overseeing this strategy.

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section VII.B.5.c.	
	In the field below:	
	1. describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
	2. describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,500 characters)

1. Montgomery County is experiencing extremely low vacancy rates and increasing high rents. The state of Maryland has limited tenant rights. This has posed a serious challenges in reducing the length of time homeless even for individuals with a housing subsidy. To mitigate the problem, the CoC has responded more aggressively by taking the following actions:
 - a. Developed a landlord risk mitigation fund that offers incentives to landlord to house people exiting homelessness and provides insurance for unpaid rent or damages.
 - b. The County enacts the Housing Justice Bill that provides protections for rental applicants with criminal records about a year ago. Now the CoC is working with the Fair Housing offices to enforce the new legislation.
 - c. Added several new housing programs to connect more people to permanent housing beyond traditional PSH or RRH programs including direct cash assistance and 6 month rental subsidy.
 - d. Offered incentives to people referred to Rapid rehousing to move into housing more quickly. Incentives includes a full set of furniture and a laptop.
 - e. Organized Housing Fairs at all emergency shelters to inform shelter guests of new programming, answer, questions, and sing people up for a housing intervention on the spot.
 - f. Used ESG-CV funds to significantly increase the number of RRH slots for the CoC.
 - g. Created a “corporate lease” permanent supportive housing project targeted to unsheltered individuals unlikely or unwilling to complete paperwork or sign a lease. This provides the lowest barrier access to those hardest to house.
 - h. During the bi-weekly Coordinated Entry System (CES) meeting, the CES specialist discusses barriers to housing those who have remained homeless for the longest through case conferencing with community providers. The CES Committee develops solutions to find the most immediate and appropriate housing for these households.

These combined strategies aim to lower the average LOT homeless in the CoC.

2. The Outcomes and Improvement Committee regularly reviews both project level and system wide performance on exits to permanent housing and length of time homeless. Through the CES, the LOT is tracked for all households active on the By-Name list and is used to prioritize housing placements.
3. The Montgomery County Department of Health and Human Services, Chief of Services to End and Prevent Homelessness is responsible for overseeing this strategy.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing–CoC’s Strategy	
	NOFO Section VII.B.5.d.	
	In the field below:	
	1. describe your CoC’s strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
	2. describe your CoC’s strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)

1. The following actions have been taken to increase the rate of exits to permanent housing in ES, TH, and RRH:
 - a. Used CARES Act CRF and now local funding to create pathways to housing for all households regardless of their vulnerability. The CoC created the COVID Rent Relief Program that provides a 6-month housing subsidy to households exiting homelessness and a direct cash assistance Exit Bonus program that provides \$5000 for individuals and \$8000 to families exiting shelter to resolve their homelessness. The CoC is also offering \$6000 Exit Bonus to Veteran's to support efforts to end Veteran homelessness.
 - b. Increased the number of RRH slots
 - c. Used the EHV program as a Move-Up strategy for households ready to graduate from PSH. This frees up capacity of PSH programs to accept new referrals of the hardest to house.
 - d. Increased the number of locally funded PSH slots including extremely low barrier PSH. Service costs will in part be provided through an expansion of CoC's participation in the state 1115 Medicaid Waiver Pilot that leverages Medicaid to pay for services.
 - e. Hosted a number of Housing Fairs at emergency shelters to sign up people for housing programs on the spot and answer questions.
 - f. Developed FAQs and fact sheets for shelter and outreach caseworkers to ensure they were aware of all available housing interventions.

2. The CoC maintains a high rate of housing retention in permanent housing due to a commitment to Housing First and the policy of rehousing households. Another way the CoC has increased housing retention is by amending the regulations for the shallow permanent housing subsidy program to target households exiting homelessness and increase the max benefit from \$200 to \$400 creating an exit path for households exiting RRH but who still need a housing subsidy to fill the gap. The CoC has also improved partnerships with adjacent systems including behavioral health and in home medical care to allow households in PSH to remain housed rather than exiting to an institution. The CoC has seen a rise in the number of older adults in PSH requiring more supports than a typical PSH program can offer. Bringing in home medical and behavioral care to these households will allow them to age in place.

3. The Department of Health and Human Services, Chief of Services to End and Prevent Homelessness is responsible for overseeing this strategy.

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

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

(limit 2,500 characters)

1. The CoC uses HMIS data to track exit reasons and destinations and to track returns to homelessness by person and by program type. Of the 1250 clients that exited to PH destinations, 9% (112) returned in 6 months. In FY22, the highest rate of return to homelessness within 6 months was for those exiting from ES to PH 71% (80 clients - 65% Black 25% White 88% Non Hispanic). HMIS data is also used to identify for trends with specific programs or project types.

2. Based on the data analysis, the CoC is employing the following strategies to reduce the rate of return:

a. Since the Latino population has a higher rate of return, the CoC is engaging community partners led by and serving this population to facilitate focus groups with people at risk or with histories of homelessness to provide context to way we see in the data. After these discussions, the CoC will have a better sense of what we can do to improve outcomes.

b. For the SH and SO population, the CoC is engaged with other systems of care on how to increase services to this group including peer support, psychiatric services, and home health care. Additionally, a group has been formed with the CoC and the behavioral health system to determine gaps and how to prevent people placed in residential BH care from returning to shelter.

c. To address the needs of the population returning from permanent housing, the CoC is working to improve access to the locally funded shallow subsidy program and provide light touch case management to those connected to permanent housing without intensive support services. This will provide an opportunity to households to get connected to available resources before returning to homelessness.

d. Individuals who are long stayers in RRH and those who received alternative housing interventions like direct cash assistance or the 6 month housing subsidy are more likely to return to homelessness than other groups. For families, long stayers in RRH are the most likely to return. In an effort to combat this, the CoC is piloting a guaranteed basic income pilot for randomly selected households meeting these criterion. Each household is receiving \$800/mo. with no strings attached. There is a research component to this pilot so if it is successfully, the CoC hopes to expand the program.

3. The Montgomery County Department of Health and Human Services, Chief of Services to End and Prevent Homelessness is responsible for overseeing this strategy.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section VII.B.5.f.	
	In the field below:	
1.	describe your CoC's strategy to access employment cash sources;	
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.	

(limit 2,500 characters)

1. The CoC promotes access to employment opportunities by sharing job postings from local businesses and information on job fairs in the area. The CoC has formed a work group on Workforce Development. They meet with vocational service program providers monthly to assess service gaps, training opportunities, and to bring resources to the CoC. The group outreaches to employers to match with targeted job seekers with multiple barriers to employment. The CoC has shifted to an “employment first” model that connects people who want to work with jobs immediately. Many of the homeless service providers in the CoC offer education and job training programs. These providers also maintain relationships with certain employers. The CoC is working to strengthen relationships with employment partners outside of the CoC that offer internships and employment opportunities. This includes working with local business improvement groups and the Chamber of Commerce to connect employers desperately seeking a work force to job seekers.

The CoC has contracted with a local employment service provider with expertise in working with people experiencing homelessness, Career Catchers. To date, Career Catchers has received 300 referrals and served 198 individuals. Of those served, 74% gained employment and 88% maintained employment after six months. the CoC has emphasizes the need to focus on employment in all Rapid Rehousing programs and this will lead to shorter lengths of stay and allow the CoC to serve more households annually.

2. The CoC works with mainstream employment groups such as WorkSource Montgomery, Cornerstone Montgomery, DORS, & ResCare to help homeless persons increase income. WorkSource Montgomery operates the American Jobs Centers which provides help with job search, resume writing, referrals to training programs & work readiness training. In addition, WorkSource Montgomery provides specialized help to youth & persons with criminal history to obtain employment. Cornerstone Montgomery & DORS provide assessment, work readiness training, supportive employment, & placement services to persons with disabilities. ResCare, the area’s Welfare to Work agency, provides job readiness, workforce experience, employment coaching, & job search assistance to families receiving TANF benefits.

3. The Montgomery County Department of Health and Human Services, Chief of Services to End and Prevent Homelessness is responsible for overseeing this strategy.

2C-5a.	Increasing Non-employment Cash Income–CoC’s Strategy	
	NOFO Section VII.B.5.f.	

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

(limit 2,500 characters)

1. All CoC providers screen persons for mainstream benefits such as TANF, SNAP, state Temporary Disability Assistance Payments, SSI, SSDI, Home Energy Assistance and other non-employment cash assistance to maximize income and benefits. CoC project case managers are trained to assist with benefit applications & help obtain needed documentation. Outreach, Safe Haven and emergency shelter staff are SOAR trained. The CoC Adult & Family Provider teams, which meet bi-monthly, provide a forum to train providers & provide information. In addition, CoC provider staff are able to attend training about mainstream benefits and programs offered by the Montgomery County Department of Health and Human Services (DHHS) Center for Continuous Learning. Households apply for benefits through the DHHS Office of Eligibility and Support Services and the Office of Home Energy Program. The CoC has a partnership with this office and can provide alternative methods for applying if there are barriers to applying at the office in a traditional manner.
2. The Montgomery County Department of Health and Human Services, Chief of Services to End and Prevent Homelessness is responsible for overseeing this strategy.

3A. Coordination with Housing and Healthcare

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
Pathways MoCo Home	PH-PSH	14	Both
NCCF Rapid Rehaus...	Joint TH-RRH	15	Housing

3A-3. List of Projects.

1. What is the name of the new project? Pathways MoCo Home
2. Enter the Unique Entity Identifier (UEI): LVNURJ2A7PY3
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 14
5. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? NCCF Rapid Rehousing Youth
2. Enter the Unique Entity Identifier (UEI): SQL1GPL7U487
3. Select the new project type: Joint TH-RRH
4. Enter the rank number of the project on your CoC's Priority Listing: 15
5. Select the type of leverage: Housing

3B. New Projects With Rehabilitation/New Construction Costs

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

N/A

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

N/A

4A. DV Bonus Project Applicants

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?	No
Applicant Name		
This list contains no items		