

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 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 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 2023 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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: MD-511 - Mid-Shore Regional CoC

1A-2. Collaborative Applicant Name: Mid Shore Behavioral Health Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Mid Shore Behavioral Health Inc.

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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- Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2022 to April 30, 2023:	
	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.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
9.	Law Enforcement	Yes	Yes	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	No	Yes
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	No	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	No	No	No
30.	State Sexual Assault Coalition	No	No	No
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.				
35.				

By selecting "other" you must identify what "other" is.

1B-2.	Open Invitation for New Members.	
	NOFO Section V.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 and access for persons with disabilities, including the availability of accessible electronic formats; and	
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)

The Mid Shore Roundtable continues to engage new members and include them in the conversation in efforts to end and prevent homelessness within our rural region. Our Community Outreach and Housing Resource Subcommittee works year-round to identify potential new members. The group is looking to strengthen partnerships between the CoC and local jails, detention centers, and hospitals to include all important community stakeholders at the table. The subcommittee also organizes new member welcome receptions annually, where introductions are made and gaps in our homeless services and coordinated entry system can be discussed. We have a large email distribution list that is relied on for communication of essential information and resources. The CoC page on our agency’s website features an open invitation to our monthly Roundtable meeting. The Roundtable primarily meets on a virtual platform, which allows for more attendance and eliminates a great barrier to access and participation. This year, we moved to a hybrid model, which will allow individuals to participate how they choose and increase member engagement. We also work with the DORS to identify opportunities for those persons with disabilities. The group continues to take a hard look at the division of services and identify potential stakeholders to include in our mission. Our CoC has access to Language Link for those who may be hearing-impaired, or English is not their primary language. The Roundtable offers training opportunities in cultural competence, and diversity and inclusion trainings. We are dedicated to working with individuals with disabilities and are sensitive to their needs. We work with translators to offer Spanish and Creole versions of event flyers, resource guides and other items as requested. The group works closely with the Chesapeake Multicultural Center, which serves Hispanic individuals and families. As we understand the invaluable insight of persons who are or have experienced homelessness, providers outreach to individuals in their program to encourage participation, and our CoC prioritizes recruiting persons with lived experience to our Roundtable. We are focusing on the equitable distribution of resources through collaboration with entities with a mission of equity in mind.

1B-3.	CoC’s Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.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;	
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
4.	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)

The CoC collaborates with all homeless service providers in our region through various means of outreach, which maintains quality services to our vulnerable population. We utilize email, telephone, social media, newsletters, local radio, community TV, and local newspapers to educate and bring new members into the conversation regarding homelessness in our communities. Our Community Outreach and Housing Resource Subcommittee provides strategic outreach throughout the CoC. Our coordinated entry system relies on collaboration and partnership with several organizations, such as social services, health departments, schools, and others, to ensure connection to services and resources. Roundtable partners continue to integrate other agencies into the CoC meetings, as well as to cultivate community involvement, which in turn provides more resources and opportunities for our participants. The CoC's developing relationship with The Arc Central Chesapeake Region offers invaluable insight into housing development projects to provide affordable housing to the community. The Roundtable's annual Bring An Elected Official to Roundtable Day connects members with local politicians, legislators, commissioners, and council members to partake in a mutual discussion on tackling homelessness in our community. Each year, the officials speak on their plans to address the homeless situation, and the providers offer insight into the state of homelessness on the Mid Shore. Local town and county council meetings are an added opportunity for our members to inform our community and collaborate with local politicians. Members attend community events to increase awareness, educate the community about our role as the CoC, and express our devotion to recruiting new partners. Public communications that are presented at the Roundtable are featured in our agency's bi-weekly newsletter, which is distributed widely across the Eastern Shore of Maryland to a variety of behavioral health, substance use, education, healthcare, and homeless service provider organizations. The Roundtable not only addresses ending homelessness but serves as an avenue for local agencies to connect and build partnerships, all while supporting each other in various aspects. We will continue to bring in new partners, specifically targeting substance use providers, victim-service providers, hospitals, jails, and local legislators that often connect to those experiencing homelessness.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
NOFO Section V.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.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

The CoC notifies the public of the opening of the Notice of Funding Opportunity CoC Competition in a number of ways. An email notification is sent to the Roundtable distribution list of 222 members, including nonactive meeting participants. An email notification is also sent out internally at Mid Shore Behavioral Health and forwarded to the various workgroups by the Behavioral Health Coordinators. We sent out an announcement through Mid Shore Behavioral Health weekly newsletter, which has a distribution list of over 500 recipients. Finally, we post the announcement on the Mid Shore Behavioral Health website, under News & Announcements (<https://www.midshorebehavioralhealth.org/news-events>) and our agency's social media pages. This notice also remains a standing agenda item on the monthly Roundtable meeting. Eligibility criteria for project applications are included in the NOFO notifications sent out by the CoC. As the lead agency for the CoC, MSBH offers support and technical assistance to agencies interested in applying for funding through the NOFO. This assistance is offered in the solicitation process to encourage interest, as well as encourage questions. Whether an organization has received CoC program funding prior to the current NOFO has no effect on the acceptance of its proposal. The CoC did not receive any interest from new organizations during this NOFO process but submitted applications from new organizations in many past competitions. The public notice is offered in a wide variety of formats to ensure inclusivity and transparency. We would also work to meet the needs of any requested modifications to the public notice for the information to be accessible to all. This includes translation services and electronic and written formats. Virtually all communications of the Competition announcement were transmitted electronically this year.

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 V.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)	Nonexistent
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.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

Describe in the field below how your CoC:	
1.	consulted with ESG Program recipients in planning and allocating ESG Program 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 to address homelessness within your CoC's geographic area so it could be addressed in the Consolidated Plan update.

(limit 2,500 characters)

Through ESG Program funds, the CoC was able to obtain additional funding for the region during a time where communities were in dire need. The CoC works congruently with the State ESG funded agency and the ESG subrecipients to plan for effective use of funding. All HSP funding subrecipients and staff from the State ESG funded agency are a part of the Roundtable and our HSP/CE subcommittee. Both groups meet monthly to evaluate program effectiveness and address any programmatic questions. The CoC uses guidance provided by both HUD and DHCD to help format CoC policy and procedures, and this is then discussed amongst all subrecipients prior to finalizing. The CoC serves as the lead agency and applies annually to the State agency for funding. In the past the CoC partnered with all ESG recipients to coordinate services, assess community needs, and monitor outcomes but did not directly oversee their funding. This consolidation has allowed for more streamlined services, consistent case management and strengthened our no-wrong door approach to CE. The CoC is tasked with the monitoring and evaluating of all subrecipients who are providing the direct, eligible services for HSP. This year, we will conduct in-person monitoring visits on four out of seven subgrantees, which was determined by completion of a risk assessment tool given by the state. Subgrantees are evaluated based on overall programmatic and financial management, as well as client files. Once the CoC completes the monitoring report, it is sent to the subgrantees for review. A response is required only if there are findings needing corrective action. Subgrantees are required to enter data into HMIS which is uploaded into a statewide data warehouse quarterly and the quality of this data determines the continuation of funding for our region. Performance is monitored and evaluated through HMIS reports which are discussed with the HSP/CE Subcommittee and the Data/HMIS Subcommittee to improve outcomes and overall data quality.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section V.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.	Yes
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 questions or requesting technical assistance to resolve noncompliance by service providers.	Yes

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

The Roundtable continues its partnerships with our local county Boards of Educations (BOE). There are active Roundtable members from each county, and we strive to engage with them continuously. Local shelters are educated on resources for homeless families with children and have contacts at each county board of education for pupil services and our Homeless Youth Program through His Hope Ministries is a valuable connection for the youth and the community. Homeless Youth Program staff regularly partners with schools in each mid-shore county providing an overview of available services and means to identify homeless youth. The McKinney-Vento State Education Agency (SEA) has constant communication with our Local Education Agencies (LEA) and the CoC to provide direction and coordination on surveying children who lack a fixed, permanent residence, specifically through the Youth REACH count. In prior years, the CoC did not have strong, formal partnerships with LEAs. However, due to the tremendous outreach efforts and connections made by Homeless Youth Program staff at His Hope Ministries, we have direct contacts to county schools and the CoC has a greater presence overall in the school systems. As the numbers of families with children and homeless youth continue to rise, the CoC continues to place emphasis on collaboration with school districts in the region. This is to ensure children are receiving proper services and consistent education despite their current living situation. Roundtable partners also provide school-based mental health which are able to assist with connecting student families with services as needed. Youth REACH has also allowed for strengthened partnerships as well as better strategizing to serve youth in need.

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

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

(limit 2,500 characters)

The CoC developed a policy which was placed in the Roundtable’s Governance Charter to address the educational needs of children and families experiencing homelessness. In article eighteen, Educational Access to Homeless Individuals and Families: Subtitle VII-B of the McKinney-Vento Act addresses the educational needs of homeless children and youth. The legislation’s core theme is to ensure educational stability and continuity, including allowing homeless children to remain in one, stable school environment and provide continuous access to teachers, programs, peers, and services. It provides the right to immediate enrollment in school, full participation in school activities, and transportation services if transportation otherwise is not accessible, for homeless students. The article also stresses the emphasis of school designation being the choice of the youth and their family regardless of current location if feasible. The Roundtable has developed an informational document that will be given to shelter guests upon entry, informing them of their educational rights. They are directed to speak with program staff if they have any questions regarding their rights. Members of each school district in the area are included in our roundtable correspondence and are regularly represented on our monthly roundtable meetings. The CoC’s involvement in the Youth REACH count has aided in education awareness for CoC members about how the needs of this special population are unique, and services must be tailored to reflect as such.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.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	No
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	No
6.	Head Start	No	Yes
7.	Healthy Start	No	Yes
8.	Public Pre-K	No	Yes
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–Collaboration with Federally Funded Programs and Victim Service Providers.	
	NOFO Section V.B.1.e.	

In the chart below select yes or no for the organizations your CoC collaborates with:

Organizations		
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

1C-5a.	Collaboration with Federally Funded Programs and Victim Service Providers to Address Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

Mid Shore Council on Family Violence (MSCFV) is the provider for domestic violence victims in the mid-shore region and has been an active CoC participant from the very beginning. Our CoC acknowledges the importance of collaborative efforts, as we do not operate in a one-stop shop fashion. It takes partnerships to get our clients connected to the appropriate services, especially when it is clients who have been victimized. MSCFV hosts a training for our CoC every year where they discuss their services and best practices for working with survivors. The agency works in tandem with other CoC organizations to ensure participants are receiving every service they are eligible for to help them in moving forward, and obtaining safe, permanent housing. Based on new guidance provided by MSCFV and HUD, related to VAWA, the CoC updates its policies to align with current regulations and practices. Given that this is an incredibly vulnerable population to serve, we understand the critical need for trauma-informed care. While our providers are not all mental health professionals, we do practice delivering trauma-informed services that are within our scope. When a person is identified to have experienced trauma, immediately, services are delivered through a trauma-informed lens. This is because the CoC continuously educates its members and service providers on the impact of trauma. It can change the way a person thinks, speaks, and behaves. The appropriate referral is always made when the needs are found to be outside of our scope, which again, emphasizes the importance of community collaboration. Case managers walk alongside the survivors while navigating those services, as we understand it can be rather intimidating.

1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.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
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	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).
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(limit 2,500 characters)

MSCFV is the sole DV provider for the mid-shore region. The primary focus is to empower victims from crisis to self-sufficiency by providing case management, mental health counseling, emergency shelter, legal assistance, and an array of other services to survivors of DV. All services are centered around trauma-informed, client-centered care, as well as evidence-based treatment practices. MSCFV staff attend monthly Roundtable meetings to provide agency updates and an overview of services to CoC members. They conduct an annual training on their services, signs of DV, trauma-informed care, and how to best serve this population. MSCFV also educates CoC members on how to effectively share this information in ways that do not put the victim in more danger. Training is made available to the public to increase awareness of services for people who are homeless and victims of DV. In addition, we provide training tailored to shelter staff and other service providers that are likely to encounter a survivor of DV on how to coordinate with MSCFV and get the individual the appropriate services. The CoC actively participates in and organizes regular trauma-informed trainings. As the population we serve is especially vulnerable, we work to provide timely, relevant, and applicable information regarding how to provide trauma-informed care. The CoC has held a trauma-informed care training specified for our homeless service providers. We continue to provide trauma-informed trainings to the Roundtable through community provider presentations. Our CE worker has completed several trauma-informed care training courses outside of what the CoC has organized and continues to prioritize these training to bring information back to the group. MSCFV assists homeless service providers in meeting the needs of DV survivors experiencing homelessness in a safe and effective way through CE. Initially, an assessment is completed to identify the best course of treatment for the individual or family and establish goals.

1C-5c.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC's coordinated entry includes:

	1. safety planning protocols; and	
	2. confidentiality protocols.	

(limit 2,500 characters)

The central point of assistance for domestic violence on the Mid-Shore is Mid Shore Council on Family Violence, so often the agency receives a call by way of their 24-hour crisis hotline. The CoC Coordinated Entry screening tool quickly identifies DV victims and program staff are trained to refer to MSCFV. When a survivor is identified through our coordinated entry system, an immediate referral is made to MSCFV, as they are the sole DV provider in our region. A collaborative effort is made to ensure a warm-handoff of the individuals or families, so that they are kept safe while making their way to emergency shelter or emergency hotel placement. For the safety of the survivors, the only agencies involved are the agency that made initial contact and MSCFV. A plan is made between the two agencies to decide where the safest place to shelter the person is, which is primary, to ensure they are not kept in a dangerous situation. Next, needs of the person are identified and worked on through case management services while locating permanent, safe housing. The individual's name is kept confidential, as well as their whereabouts. MSCFV will also provide the individual with a new phone so they cannot be tracked by their abuser. It is a collaborative, intentional and sensitive approach that includes the participant, and what they deem to be their primary needs, clients work with case managers to develop individualized plans to address the person's needs and goals. Safety planning scores are measured to track how safe the client is at a particular time. A Threat Appraisal Scale is reported by the client to indicate changes in potential threat to the client. Safety plans are modified regularly based on changing circumstances. Clients are informed of the options and services available to them. MSCFV respects and adheres to client decisions as to what recourse to take to promote client empowerment. As a designated Comprehensive Domestic Violence Program in MD, MSCFV operates under the confidentiality regulations of COMAR and the Violence Against Women Act (VAWA). It is MSCFV and CoC policy to hold all identifying information, communications, observations, and information made by, between, or about clients, employees, volunteers, and the Board in the strictest confidence.

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

Describe in the field below:

1.	the de-identified aggregate data source(s) your CoC used 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)

For baseline data on the scope of community needs related to domestic violence, dating violence, sexual assault and stalking in Maryland, the CoC uses the annual Crime in Maryland Uniform Crime Report issued by the MD Department of State Police. In 2020, there were 43 reported domestic violence related deaths (victims only) in MD. Also in 2020, Maryland courts held 11,417 hearings for final protective orders. The 2020 Maryland Judiciary’s Statistical Report revealed that 722 domestic violence dispositions (e.g., protective orders, interim orders, temporary orders) were filed in both the District and Circuit Courts in the five mid-shore counties. The CoC recognizes that these numbers only reflect cases in which a report was written. To identify the prevalence of DV victims who are experiencing homelessness in the mid-shore, the CoC requests de-identified data from MSCFV. The collection of the data allows the CoC to assess the needs as well as the gaps in services for this particular population. Domestically related crimes are ever-present, even more so during the pandemic as many people were under significant duress and unable to leave their homes. Utilization of this data is critical in working to get as accurate a picture as possible of what is going on in our communities, therefore we are also working to partner more closely with police departments to receive data and input related to what needs of this population they are seeing out in their respective communities.

** **

1C-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
	1. whether your CoC has policies and procedures that include an emergency transfer plan;	
	2. the process for individuals and families to request an emergency transfer; and	
	3. the process your CoC uses to respond to individuals’ and families’ emergency transfer requests.	

(limit 2,500 characters)

Our CoC has developed and continues to revise our emergency transfer plan for DV victims in our PSH programs to ensure participants are aware of their right to safety in housing. This policy is included in all informational materials provided to those individuals seeking or receiving assistance through our CoC PSH programs. Through our coordinated entry system, eligible participants are screened for domestic violence. Specifically, they are screened for if they are currently fleeing as well. This is made note of as the individual or family is entered into the PSH waitlist. To maintain safety as the priority, a transfer request is prioritized by the CoC and all available staff work to identify new, safe housing for the participants, while also including Mid Shore Council on Family Violence in correspondence. MSCFV is the sole domestic violence provider for our region. The Mid Shore CoC uses HUD's 5383 form for individuals to request an emergency transfer. Our CoC revised HUD's 5381 form to fit our CoC. This form outlines what an emergency transfer is, the eligibility requirements for the transfer, the required documentation needed, the client's right to privacy and confidentiality, the timing and availability of units, and the safety and security of participants. Once identified to be eligible for the emergency transfer, the participant must complete the request and provide all of the necessary documentation. Once this step is completed, the CoC will alert the participant and case manager that the transfer request was approved. Then, as quickly as possible, the work is done to locate a new and safe unit for the participant, regardless of where it is geographically.

1C-5f.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC:	
1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and	
2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.	

(limit 2,500 characters)

The Mid Shore CoC works with Mid Shore Council on Family Violence to connect survivors of domestic violence, dating violence, sexual assault, or stalking to housing options. Through our CoC's coordinated entry process survivors are immediately identified and first connected to MSCFV via the domestic violence hotline. This is because MSCFV can do a safety assessment to determine the current risk and severity of need. If already working with a housing provider, MSCFV will provide supportive services, while the housing provider offers shelter and assists with locating permanent housing placement. In some cases, MSCFV will assist the individual with emergency shelter placement until they are able to connect with a housing provider. While working to locate safe affordable housing, any other necessary services are put in place for the individual such as mental health, substance use, and legal aid services. Depending on the current situation, the CoC also involved mobile crisis or law enforcement to intervene if the participant is in immediate danger. CoC partners work together to serve survivors and help them to obtain safe, affordable housing away from their abuser. DV cases are complex and it can be difficult for survivors to navigate the homeless services system when there are barriers identified. One of the barriers being that individuals may be housed because they do not want to make their children homeless. Given the amendment to VAWA, we are able to inform survivors that fleeing domestic violence classifies them as homeless and also prioritizes their placement in a housing program to protect their safety. Our CoC has ensured that we share this information with providers, so they are aware of the changes to VAWA and prioritize DV survivors. Through placements of survivors, providers also learn about barriers such as financial security, phone access, and things of the sort. With collaboration with MSCFV and the provider, everything is done to ensure services are given effectively and barriers are minimized.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
NOFO Section V.B.1.e.		
Describe in the field below how your CoC:		
1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and	
2.	accounted for the unique and complex needs of survivors.	

(limit 2,500 characters)

Admittedly, we have found it challenging to involve DV survivors in our CoC. For many, the issues are fear of exposure to their abuser as our meetings are open to the public. They are just getting back on their feet and are trying to adjust to a new normal, so we are mindful not to push for their participation. However, we understand there are complexities surrounding DV that we as providers are not privy to. Therefore, it is important to us that we have the voices of those with lived expertise included in some capacity. We are looking at universal methods of collecting client feedback that does not place much more work on providers, and is also consumer-friendly for participants. This continues to be a work in progress and a high priority to the CoC. One thing for certain is that the CoC works diligently to inform members of the unique and complex needs that come with DV survivors. There is not a one-size-fits-all approach that can be taken to adequately serve this population, which is why there are separate policies on how to best serve and where to connect these individuals.

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

Describe in the field below:

1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
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)

Our CoC has universal anti-discrimination policies that are used by all PSH projects, as well as ESG subrecipients. Participants cannot be screened out based on age, gender, sexual orientation, source of income, nationality, race, creed, religion, and those traits alike. Policies are reviewed at various points throughout the year, such as during site visits, and they are always updated in correspondence with feedback from Roundtable partners and other community stakeholders. Majority of providers utilize the CoC’s universal anti-discrimination policies; however, if a unique situation arises, it may trigger a necessary revision in policy. Providers will seek guidance and support from the CoC lead agency to develop and implement any necessary changes in the anti-discrimination policy. It is clearly outlined in the CoC-wide policy, as well as any providers receiving federal or state funds, that any eligible participant cannot be discriminated against on the basis of sexual orientation or gender identity, therefore the CoC ensures that the LGBTQ+ community has access to the same services as any other individual or family. The CoC partners with agencies who specialize in serving this population as well, and often try to connect those who identify as part of this community to their services for additional, tailored supports. Compliance with the CoC’s anti-discrimination policy is evaluated through monitoring visits and complaint procedures. A thorough review is completed of providers policies and procedures, specifically related to anti-discrimination. If an issue with these policies are found, it is noted in the report and the providers work with the CoC lead agency to adjust policies to reflect the mission and values of the CoC. If a complaint is filed related to discriminatory practices by a provider, a grievance hearing may be held and the provider may be obligated to provide a written plan of what they will do to prevent the incident in the future, and how they plan to modify policies and practices.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.	
	NOFO Section V.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 current 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 2022 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?
MD Dept. of Housing and Community Development Regional PHA	36%	No	Yes
Housing Commission of Talbot		Yes-Both	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.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)

We have a standing invitation to join our monthly meetings to all the PHAs in our region. PHA contacts are on our distribution list and receive all correspondence from the CoC. The DHCD regional PHA office is involved and has sent several representatives to monthly meetings. We have experienced great success with the “Move Up” initiative with them to help open space in our PSH programs that was established in 2019. We have continued partnership with Queen Anne’s County Housing Authority on the Tenant Protection Voucher for Foster Youth to Independence Initiative. Several youth in the county are aging out of foster care and these vouchers aid in prevention of future homelessness. The most recent initiative with regional PHA is the Emergency Housing Vouchers program MOU. DHCD received 196 vouchers and we are partnering directly with them to connect eligible individuals and families to more permanent housing. This program aims to connect those experiencing or at risk of homelessness with a voucher for rental assistance as well as Housing Search Assistance. This program is imperative in current times of a housing crisis and will assist in the backlog wait list for PSH for those who are not in need of intensive services, but rather need ongoing rental assistance. While the EHV program is separate from the normal HCV program, DHCD implemented a special admission under the EHV program for those experiencing homelessness. In total, 36% of the new admissions into the voucher program were homeless individuals. We deem this to be a pivotal step in the right direction in integrating a homeless preference in the traditional HCV program. The CoC has also been working with the regional PHA to administer Mainstream Vouchers for the non-elderly and disabled. This program has seen much success and has had a smooth implementation. We believe that if we can continue to strengthen the connection with our local PHAs they will find that many of the people they are serving have been affected by homelessness. With this information, we can encourage all of them to put this preference in the admission policies. The regional PHA has not established a preference for serving homeless persons in their programs, however, they continue to develop partnerships with supportive service agencies to assist homeless households.

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	Yes
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 V.B.1.g.	
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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	Yes
6.	Non-Elderly Disabled (NED) Vouchers	Yes
7.	Public Housing	Yes
8.	Other Units from PHAs:	

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness. NOFO Section V.B.1.g.	
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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)?	No
		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.	

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

PHA
MD Dept. of Housi...

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

Name of PHA: MD Dept. of Housing and Community
Development Regional PHA

1D. Coordination and Engagement Cont'd

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.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 V.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 2023 CoC Program Competition.	4
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 2023 CoC Program Competition that have adopted the Housing First approach.	4
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 2023 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 V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

	Describe in the field below:
1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are 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 your local CoC competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

Mid Shore Behavioral Health is the project applicant and our regional CoC, the Mid Shore Roundtable on Homelessness, is the collaborative applicant. Mid Shore Behavioral Health acts as the CoC lead agency, therefore is responsible for evaluating each recipient. As the overseer, our CoC lead agency ensures each CoC program recipient is compliant with all housing first program requirements. Our CoC's values align with the Housing First principle, as we believe that everyone deserves access to safe, affordable housing no matter their history or current circumstances. As part of our rating and ranking of project applications, we have designated questions around the Housing First model. Specific performance indicators that we use during our rating and ranking process are as follows; Project applicants can earn five points if their program allows entry of participants with no income, three points if their program allows entry of participants with \$185 income, and zero points if their program only allows entry of participants with SSI/SSDI benefits or earned income. Project applicants can earn five points if their program does not mandate participation in service, and will earn zero points if their program mandates participation in services. Project applicants can earn up to two points if their program considers one or more of the following vulnerabilities for admission: abuse/victimization or history of abuse, domestic violence, sexual assault, and childhood abuse, criminal histories, current or past substance use, youth homelessness, and low or no income. Our CoC uses these as indicators because we recognize how vulnerable and high-need the population that we serve is. PSH programs are designed to help these high need individuals obtain housing and connection to services. Outside of the competition, our CoC provides clarification on the Housing First approach and Housing First Compliance to any recipient in need via verbal, electronic or written communication. Our monthly Homeless Solutions Program/Coordinated Entry Subcommittee designates time to discuss any new program policies and regulations with providers in addition to reviewing current policies and responding to any inquiries. Through the aforementioned actions our CoC is able to maintain consistent Housing First Compliance across its entirety.

1D-3.	Street Outreach—Scope.	
	NOFO Section V.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)

Our CoC's street outreach covers 100% of our geographic region. Due to the rural and widespread nature of our communities, our coordinated entry system relies heavily on the partnerships we have with other community agencies. The CoC has worked tirelessly to nurture relationships with stakeholders in the community and educate them on our services, so they are aware of who to contact when an individual experiencing unsheltered homelessness is identified. Many of our street outreach workers have lived experience or have known someone who has had lived experience, which aids in building rapport with the unsheltered population. We have established points of contact for street outreach in each of the five counties, and the CoC lead agency can act as a liaison between those contacts and the community partner, when necessary. The Department of Veterans Affairs participates in our coordinated entry system, delivering street outreach to homeless veterans in our region. PATH workers are consistently conducting street outreach on a weekly basis, with a focus on our chronically homeless population. Each worker has a part of the region that they cover and identified areas they go to in each county to identify unsheltered homeless or discover encampments. We also collect this information from CoC partners on an ongoing basis and relay it back to our street outreach workers. A goal of outreach is an assessment of needs, provision of counseling information and physical needs, and linkages to services. Our focus is on pre-engagement, building of trust and safety, with those that may be hesitant to accept help. If local law enforcement responds to an individual experiencing homelessness and requiring services, they will likely contact the CoC lead agency, who will then connect with the appropriate provider. Our local crisis response system continues to train officers in crisis intervention, which is a first-responder model of police-based crisis intervention training to help persons with mental disorders and/or addictions access treatment rather than arrest them due to illness-related behaviors. As many of our chronically homeless have one or more of these issues, crisis intervention has been proven to be successful in connecting those who are least likely to request assistance, or have been chronically homeless. It often takes multiple interactions to engage this particular population, but we have dedicated street outreach workers who work to build that rapport.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section V.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:

	Your CoC's Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	No
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	No	No
5.	Other:(limit 500 characters)		

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1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.I.	

	HIC Longitudinal HMIS Data	2022	2023
Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	289	185

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.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:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.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, SSDI, 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)

The CoC keeps program staff informed of mainstream resources available to program participants, such as SSI/SSDI, TANF, Medicaid, SOAR, WIC, VA benefits, food stamps, substance use and/or mental health programs. Our coordinated entry system allows providers to identify the needs and eligibility of these benefits. We inform the group by way of community partner updates and presentations. Local and state partners provide updates on new and continuing programs available in their departments. At our monthly roundtable meetings, we request that any partners with new information give a brief presentation to the CoC. This information is later documented in meeting minutes for continued review. We continually provide updates on new resources brought to our region by disseminating the material through daily emails to the roundtable email distribution list, sharing flyers at meetings and events, through our biweekly newsletter, and posting on our agency social media websites. MSBH, as the CoC lead agency, updates a large resource guide annually that consists of resources available to the entire Eastern Shore. The SOAR program is a major link to mainstream benefits in our region and continues to be successful and a critical resource for participants. The regional SOAR case specialist regularly attends CoC meetings to share information with CoC members. SOAR supports eligible participants in receiving their IDs, birth certificates, SSI/SSDI benefits, etc. MSBH, as the CoC lead agency, is made aware of upcoming SOAR certification training and pushes that information out to the Roundtable to encourage project staff to become certified. Project staff collaborate with substance use and mental health treatment services, as well as primary care physicians, to assist those participants who are looking to engage in those services. Our mutual relationship with the local hospital's outreach team increases the quality of service available for program participants by providing direct access to hospital resources. The CoC lead agency, as the Core Service Agency for the region, has a strong connection to recovery housing, residential substance use treatment programs, psychiatric rehabilitation programs (PRP), and residential rehabilitation programs (RRP), in the event participants are deemed eligible for these levels of service. CoC providers will often contact MSBH to request information regarding these services for their participants and MSBH is able to make a referral.

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

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

(limit 2,500 characters)

The global pandemic has significantly increased the need for non-congregate sheltering, both for quarantine purposes and because of emergency shelters being at capacity. With the help of ESG-CV and HSP funds, our CoC has been able to provide emergency hotel placement for individuals and families when shelter is not appropriate, or when there is no bed availability. During the cold winter months our shelters experience increased demand, resulting in shelters quickly reaching capacity and making it even more challenging for individuals to access shelter. Providers have been able to form critical partnerships with hotels and motels all throughout our region in order to provide non-congregate emergency shelter for those experiencing homelessness. Since our CoC does cover such a large region, providers from each of the five counties had to take the lead on establishing partnerships with hotels in their community, with support from the CoC lead agency. In the past year, one of our providers partnered with a church to provide shelter for a number of people experiencing street homelessness. With that said, the CoC has recognized the need to nurture relationships with faith-based organizations to further increase non-congregate shelter capacity. A number of faith-based organizations in our region assist program participants with hotel and motel costs, allowing the CoC to stretch our funding and, in turn, enable us to support more individuals in need. We have recognized that these partnerships allow providers to save on hotel expenses and continue being able to provide case management to those individuals and families.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section V.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)

Despite the damage that the pandemic has done and the great impact it has had on the individuals and families we serve, it has allowed for the CoC to strengthen our response to infectious disease outbreaks. COVID-19 has taught our CoC that we have to stay informed and develop plans prior to an outbreak occurring. This is especially true for our congregate emergency shelters, as extra precautions have to be taken in order to keep all guests safe. We have created partnerships with emergency services and operations agencies that we did not have prior to the pandemic. Through partnering with DHCD and MDH, CDC funds were made available to us. Homeless services providers have put in place emergency policies and procedures that are able to be refined to be applicable to any infectious disease outbreak such as means on how to triage individuals who have fallen ill, quarantine locations, and how to modify shelter protocols to accommodate as necessary. Roundtable members built direct connections to hospitals and urgent care clinics that will greatly benefit the people we serve now, and in the future if another outbreak were to take place. The CoC was involved in conversations and initiatives in each of the five midshore counties related to the pandemic and will be included in future discussions around emergency planning for outbreaks, such as monkeypox. A representative from the CoC lead agency sits on each of the five county's community planning groups to address public health emergencies and inform stakeholders. In these groups, critical planning takes place with various different departments and agencies across the region. Any learned information deemed pertinent is presented and shared with the entire CoC. We have strengthened our coordinated entry system and improved our outreach to aid in the prevention of infectious disease outbreaks among people experiencing homelessness. Partners have equipped their agencies with PPE and health and safety informational materials to encourage clients to get their vaccinations, protect their own health, and to be mindful of others. Protective measures are put into place to avoid outbreaks, however, CoC members are prepared if one were to occur. This is particularly critical when referring to emergency shelter guests and those experiencing street homelessness as they are more susceptible to these diseases. Our CoC continues to spread awareness and necessary information to community stakeholders, as well as our participants.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC:	
1.	shared information related to public health measures and homelessness, and	
2.	facilitated 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)

The Mid Shore Roundtable on Homeless (CoC) has learned much about how to navigate infectious disease outbreaks and the importance of information sharing with providers. Mid Shore Behavioral Health, as the lead agency for the CoC, attends trainings and webinars related to infectious disease outbreaks and what providers can do to limit the spread, as well as prevent infection. This information is relayed to Roundtable members via email, telephone, and flyers. Due to how quickly new information arises when it comes to infectious disease outbreaks, the CoC continually shares information to keep Roundtable partners updated on what is happening on local, state, and federal levels. We put together several different documents to aid our homeless service providers in creating proper safety protocols and developing best practices through the pandemic, of which can be applied to any infectious disease outbreak. We created a health screening tool to be used CoC wide that can be modified depending on CDC guidance and the type of outbreak. We have the ability to print any documents providers need to keep on hand at their organizations or pass out in the community. Roundtable partners make it a priority to cultivate and strengthen relationships with public health agencies so that those providing outreach are equipped with what they need. Our local health departments are prepared to provide street outreach providers with informational materials, PPE, and other necessary supplies to aid in limiting the spread of an infectious disease. In the event of an outbreak, they are also prepared to assist in triage and care coordination for those experiencing homelessness who are infected. The CoC attends monthly calls hosted by the Maryland Department of Housing and Community Services, where all CoCs in the state of Maryland discuss any necessary updates and best practices in controlling an outbreak. Any information obtained from these meetings are always discussed at the following Roundtable meeting.

1D-9.	Centralized or Coordinated Entry System—Assessment Process.	
	NOFO Section V.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)

Our CoC coordinated entry system covers 100% of our geographic region using a no wrong door approach. All CoC partners use a CE Screening tool when first interfacing with persons seeking services. The tool helps to recognize the most vulnerable populations, such as veterans, those with disabilities, homeless youth, and domestic violence survivors. The tool streamlines the screening process which allows agencies to determine if they will be able to provide services, or they will need to refer to another provider or type of service. It also allows us to determine if diversion tactics are an option, which is something our CoC is working toward making a larger focus, given the lack of available affordable housing. This tool is updated frequently throughout the year based on feedback given by providers, participants, or other community partners. For example, we identified having pets as a barrier to service because animals are not permitted in shelter and most people are not willing to surrender them. Our CoC decided to collect this information for future advocacy, as well as overall educational purposes. The CoC's coordinated entry worker completes a VISPDAT assessment to assess vulnerability and prioritize our highest needs participants and determine the most appropriate services. The CoC recently created a referral form that is now used widely across the CoC, to refer someone to have an assessment completed. The referral form provides detailed information about the eligibility criteria, such as individuals needing to be literally homeless and have a mental health diagnosis or co-occurring disorder. This information helps providers make accurate and targeted referrals saving time and resources avoiding referrals that may be more appropriate for other services. The referral goes to MSBH, the CoC lead agency, then forwarded to the coordinated entry worker to schedule with the participant. The coordinated entry worker is the only one who administers the assessment for consistency and reliability purposes. The mobility of our Coordinated Entry worker allows the CoC to reach those who are less likely to apply for assistance and inform them of available resources. She also schedules regular meetings with emergency shelters to assess current shelter guests, specifically individuals and families who have had the most difficulty finding stable housing. To eliminate barriers, intakes are offered virtually or over the phone, in addition to in-person.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section V.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)

Due to the mid-shore being such a large region to cover, Roundtable partners use a coordinated entry screening tool when first interacting with persons looking for homeless services since a central point of entry is not viable. The screening tool helps to recognize the most vulnerable populations, so they can be connected with the most appropriate services in a timely fashion. Agencies collaborate to connect those least likely to apply for services and connect them to our coordinated entry worker for a more detailed, focused assessment. In the absence of special outreach, the CoC developed a referral form that is used to connect people to homeless assistance services. It is being used by partners even outside of the CoC and is being sent back to MSBH, who then makes the appropriate connection as the CoC lead agency. To ensure consistency and reliability, the CoC permits one Coordinated Entry worker to administer assessments, which increases the likelihood of successful placements. The CoC's CE worker schedules and completes a VI-SPDAT or VI-FSPDAT assessment once the referral is received, to assess vulnerability and determine the most suitable services. Our CoC has found the use of this widely used standardized assessment to be the most equitable way to prioritize individuals and families for service. Once a score is given, the CE worker reports back to the CoC lead with the score and HMIS ID. Those who score in the PSH range automatically are put on the PSH waitlist, which is sorted from highest to lowest score. From there, we follow up with CE worker to ensure the individual or family is connected to services quickly. Our CoC works diligently to get high need individuals into permanent housing, however, the lack of housing supply and increase in rent has made this difficult beyond measure. The mobility of our CE worker allows the CoC to meet clients right where they are, and engage those who are less likely to apply for assistance. This accessibility eliminates the time a participant may otherwise have to take away from work or family, and also eliminates the issue of transportation. The assessment can also be conducted virtually or over the phone. These methods contribute significantly in reducing the burdens of people using coordinated entry.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry—Reporting Violations.	
	NOFO Section V.B.1.p.	

Describe in the field below how your CoC through its centralized or coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

(limit 2,500 characters)

The CoC works diligently to inform community members of the services offered by our housing providers. Our housing and homeless service providers are active in their marketing of services provided by their agencies. This marketing is done through hosting and facilitating community events. Information is constantly shared with outreach workers and case managers so that they can relay it to their clients. The Mid Shore Roundtable on Homelessness has a flyer for the monthly meetings that is shared widely through email blasts, website postings, and social media postings. With that flyer, it is shared that those experiencing homelessness or those with lived experience are encouraged to attend to learn more about the CoC. Program participants are made aware of their rights to things such as confidentiality and fair housing laws. The CoC has a universal grievance procedure for program participants who feel they may have been treated unfairly, and it is made known to all upon entering the program what the process entails. This includes their ability to further try and remedy with higher State and Federal points of contacts. We also ensure all program participants are aware of our legal partners, Shore Legal Access and MD Legal Aid that can assist in housing legal matters. Our CoC has been fortunate that we have not had to make a report regarding fair housing violations to the State; however, we understand the importance of making the report should any fair housing choices be violated. The CoC takes our duty to uphold fair housing and advocate for our program participants very seriously.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	No
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	

1D-10a.	Process for Analyzing Racial Disparities—Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.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)

The Mid Shore Roundtable on Homelessness is continually improving our strategies in analyzing racial disparities in our homeless services system. It is known that racial disparities exist among the homelessness population, and the reasons for the disproportionality varies. The CoC lead agency runs HMIS reports, at least quarterly, to see the demographic breakdown in the homeless service system. Between CoC-wide HMIS reports and point-in-time count numbers, our CoC takes a look at the present disparities in the system. Currently, the data shows that there are more White people being served than any other race. We have also identified that there are very few individuals and families who identify as Hispanic/Latino being served, despite local knowledge that they are a population in need of homeless assistance. This particular finding emphasizes the barriers in our system, including language and fear. While it is evident language can present as a barrier to access, the fear some have of the system, whether related to bad experiences or shared cultural knowledge, is also a barrier that is very present. As a CoC is our responsibility to identify inequities and work toward a more fair, equitable service delivery process. Our coordinated entry process is not perfect and can always improve, however, it is very clear that the White racial group more easily accesses services. Our CoC plans to do more intentional outreach to the groups we are not capturing, despite knowing the need for services is there. This begins with going to locations such as the multicultural center, where specific racial communities are known to be. The CoC/HMIS Lead Agency will also be working with our HMIS vendor to create ways to identify racial disparities at various stages in our homeless service system.

1D-10b.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.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.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

In order to address disparities, we first need to be aware of them. Given how widespread our region is, there are a number of shared barriers to accessing services among all racial groups. According to Maryland’s 2020 census, the state demographics were as follows: 53.5% White, 33% Black, and 51.5% Hispanic/Latino. Although our most recently conducted racial disparity assessment shows White people being more represented in the homeless services system, we can infer that is because they make up a larger percentage of the population; rather than the reason being they are experiencing homelessness at a higher rate. The CoC lead agency has recently hired a Data and Quality Monitoring Coordinator, who will aid the CoC in properly analyzing the disparities within our homeless service system. This person will be provided reports run by the CoC’s HMIS system to identify disparities, analyze them, and report back. The CoC will discuss the identified disparities and work toward adjusting policies, practices, and procedures to address disproportionalities in the provision of services. Additionally, the CoC continues to provide education and awareness related to Fair Housing Laws through partnerships with Maryland Legal Aid and Mid Shore Pro Bono. We have found that many landlords are not as well-versed in the area of fair housing, or just have trouble keeping up to date with new developments. Therefore, the CoC takes on the responsibility of providing that education and creating opportunities for learning.

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

Describe in the field below:

1.	the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and
2.	the tools your CoC uses.

(limit 2,500 characters)

Through our CoC's coordinated entry system, we are able to track client demographics and from there, this is tracked on HMIS. We are able to see if the client accessed services, what the services were, and how long they were receiving them. We can also see the end result of their housing situation to see if they were successfully transitioned into permanent housing. Our providers are not only tracking those who they are able to serve, but those they are not able to serve. During annual monitoring, we are able to go back and look at who was denied services, and the reasons why. From here, we can look at what barriers were present that prevented them from accessing services, other than eligibility requirements, and see where the gaps are in our system. Once identified, these gaps are discussed at our Roundtable, specifically at our HSP/CE meetings with providers. With recent guidance from a Federal and State level, our CoC plans to take a more intentional look at tracking disparities throughout our homeless system in the coming year. Therefore, we will be able to identify solutions to eliminating barriers to access. The CoC lead agency's new Data and Quality Monitoring Coordinator will be a big support in these efforts.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section V.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)

Our CoC is very intentional in our outreach to those with lived experience of homeless, in an effort to bring them to the table. The Mid Shore Roundtable on Homelessness has a flyer for our monthly meeting, which is shared via email distribution and posted directly on the CoC lead agency's website. The flyer is also included in Mid Shore Behavioral Health's e-newsletter. We request that Roundtable partners reach out to current and past program participants to engage them in our decision-making process. The voice of those who have lived experiencing with homelessness is invaluable, and quite frankly, critical to the work we are trying to do. Those with this experience are much more familiar with the needs of the population we are serving than we ever could be. The CoC Housing Specialist works to engage current permanent supportive housing participants as many of them have been through various parts of our homeless system, given the severity of their needs. These individuals are uniquely attune to what it means to access homeless services and the barriers associated with obtaining services. Announcements are made via Mid Shore Behavioral Health's Facebook page to spread awareness to community members about the Roundtable's open meeting. Homeless service providers also inreach to current and past RRH participants to request their feedback. Though, we have found it can be very difficult to engage those with lived experience as many of them are focused on maintaining their own housing stability or simply do not want to relive the difficult times of their past. Nonetheless, their participation is always encouraged and welcomed. Through the most recent Homelessness Solutions Program application, our CoC was provided the opportunity to request funds to provide stipends to those with lived experience of homelessness. We have found that incentives are key to engaging these individuals so we are hopeful that it aids us in increasing participation in the coming year.

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

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.
 Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four 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 in the decisionmaking processes related to addressing homelessness.	12	5
2.	Participate on CoC committees, subcommittees, or workgroups.	12	5
3.	Included in the development or revision of your CoC's local competition rating factors.	12	5
4.	Included in the development or revision of your CoC's coordinated entry process.	12	5

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

Our CoC promotes and encourages the professional development of those with lived experience, as the primary goal is permanent housing and self-sufficiency for our participants. The CoC has strong partnerships with community stakeholders that offer job training to participants, such as learning trade skills. CoC members set goals collaboratively with the individual, as this has proven to increase motivation and boost confidence among participants. Goals may look like enrolling in a new class, obtaining a GED, opening a checking or savings account, learning a trade, constructing a resume, and various other things that ultimately contribute to their professional development. Our providers understand that we must meet the people we serve right where they are, help them set attainable goals, and work with them to reach those goals. Additionally, our providers integrate supported employment into their case management structure for each program participant. Supported employment consists of job skills training, resume writing classes, educational resources, and transportation when available. This tool has proven to be especially effective as many of those we serve are just starting out in the job field or are still working to find their career path. Through this, individuals with lived experience are able to find their niche, learn new skills, and obtain employment. The support of the program and case management aid individuals in sustaining employment, and potentially obtaining higher-earning employment.

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

(limit 2,500 characters)

It can be very difficult to solicit feedback from those who are experiencing homelessness or who have received assistance through the CoC or ESG program, however, our CoC does work to gather this feedback. Our Roundtable Executive Committee includes persons with lived experience who provide insight and firsthand knowledge about the challenges and needs of individuals experiencing homelessness. The presence of persons with lived experience serves as a valuable feedback mechanism, providing ongoing feedback on the effectiveness of our programs and policies and the best way to address challenges. Upon exiting, CoC housing program participants are asked to do an exit interview. During this time, they are provided the opportunity to give feedback on services rendered and areas they see for improvement, including areas of success. A similar process is completed for individuals and families who receive assistance through ESG funds. An exit interview is part of the client intake packet and is also put into HMIS. Case managers will put notes in as well to explain if the client gave feedback regarding services. Typically, challenges raised by people with lived experience have come by way of grievances. Within the past year, our CoC has only had one grievance. It was quickly resolved and the participant eventually had a successful exit from the program. Any difficulties raised by those with lived experience are taken seriously in the CoC and a collaborative effort is made to make improvements to overall service delivery.

1D-12.	Increasing Affordable Housing Supply.	
NOFO Section V.B.1.t.		
Describe in the field below at least 2 steps your CoC has taken in the past 12 months to 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)

The lack of available, affordable housing continues to be the greatest challenge that our CoC is facing to date. Our CoC has consistently worked to nurture relationships with new and existing landlords to successfully place participants. However, due to a number of reasons, rents remain on the incline. We have recognized that even with emergency funding, our participants cannot sustain the housing that is available and will inevitably find themselves experiencing homelessness in the future. This has caused homeless service providers and other community stakeholders to take a hard look at our relationships with city councilmembers, commissioners, and state government representatives and work to engage them in our conversations. Our CoC held a Bring An Elected Official to Roundtable Day. Each regular Roundtable attendee was tasked with focusing on one local or state government official in their area, and inviting them to attend our meeting. At the meeting, we discussed the issues of increased rents and lack of available housing with the elected officials present. It was a very productive meeting, and essentially solidified the CoC's need to cultivate stronger partnerships with local and state government officials. The mid-shore region is unique in that we are a large, rural, five-county region. Thus, making it more difficult to form those relationships because there are so many different counties and agencies involved. This is precisely why CoC partners in each county will need to take a more intentional approach to link to their particular county elected officials, and work to bring them to the bigger table. The CoC lead agency is always available and willing to provide support in these efforts. In addition to the Bring An Elected Official to Roundtable Day, CoC members have participated in local county council meetings, in Caroline, Kent and Talbot counties. The issue we are seeing in our region is not that homes are not being built, but that the homes being built cannot be afforded by the population we are serving. Our duty is to raise awareness of that and help elected officials see the realities of those experiencing homelessness in our communities, which participation in council meetings helps to do.

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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 V.B.2.a. and 2.g. You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	
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1.	Enter your CoC’s local competition submission deadline date for New Project applicants to submit their project applications to your CoC—meaning the date your CoC published the deadline.	07/28/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC’s local competition—meaning the date your CoC published the deadline.	07/28/2023

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 V.B.2.a., 2.b., 2.c., 2.d., and 2.e. 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:	
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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
6.	Provided points for projects based on the degree the projects 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.	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 V.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?	4
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 V.B.2.d.	

Describe in the field below:

1.	how your CoC 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)

By using systems performance measures our CoC is able to collect and analyze data for each project. We are able to regularly examine the number of persons successfully housed as well as the length of time between entry into the program and their exit into permanent housing. Our Data/HMIS subcommittee monitors data quality reports to ensure the integrity of the data and look for improvement opportunities. It must be noted that given the lack of housing supply and increase in rents, projects bound by FMR and rent reasonable standards are having tremendous difficulty in placing participants. Thus, that is another factor we are seeing that is contributing to the length of time it takes to house people in permanent housing. The CoC is committed to prioritizing individuals and families experiencing homelessness with the highest severity of needs and vulnerabilities. All projects are required to operate under a housing first principle and low barrier to program entry model. All PSH programs in the region follow our written order for priority, found in our CoC Governance Charter, which addresses serving those with the highest needs. The VI-SPDAT measures vulnerability during the Coordinated Entry Process. Severity of needs and vulnerabilities is a component of our rating and ranking process as well. Our rating and ranking tool awards points to projects that consider the following when entering a participant into their program: abuse/victimization or a history of abuse, domestic violence, sexual assault and childhood abuse, criminal histories, current or past substance abuse, youth homelessness, low or no income. We know that oftentimes, the above mentioned, contribute to the inability to access permanent, safe housing. We recognize that this consideration may result in lower performance levels when assessing measures such as participant income, however, PSH is designed specifically to assist those harder to serve individuals and families. Therefore, stability in other areas is likely to take a longer period of time. Nonetheless, we believe housing is primary and cannot be contingent on those other factors.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
NOFO Section V.B.2.e.		
Describe in the field below:		
1.	how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
3.	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)

Our CoC believes that we cannot effectively administer services without the inclusion of those being affected by homelessness. Therefore, we aim for inclusion of all races in the process as these are services that they would be utilizing and overall benefit from. Currently our data shows that White/Caucasian people are over-represented in our local homelessness population, however, we recognize that due to the rural nature of our region it can be difficult to capture accurate numbers. The majority of those involved in the review, selection, and ranking process identify as White/Caucasian. In contrast, overall, on a national level, Black/African American, Indigenous, and people of color have been over-represented in the homelessness population. CoC members are encouraged to gather input from their program participants prior to project application review. Using data in HMIS, the CoC looks at the racial demographics of participants in the housing programs to determine where inequities lie. This then plays a factor into prioritization of placements, in tandem with the VI-SPDAT assessment. Promoting racial equity, as well as inclusion, in our local review and ranking process is an ongoing goal for the CoC. In an effort to foster this, we plan to do more intentional outreach in Black/African American, Indigenous, and people of color's communities, with the intent to provide services but also gather data points to aid in our racial equity work. Our most recent rating and ranking committee represented almost 50% of Black/African Americans of which the person with lived-experience also represents the Black/African American community. We will continue to strive for greater inclusion of all races in our project view, rating, and ranking process so that the individuals and families mostly affected are heard by the larger community and have a say in the services provided for them.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.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 low performing or less needed projects through the process described in element 1 of this question during your CoC's 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)

The Governance Charter covers Reallocation in Article sixteen: The Mid Shore Roundtable on Homelessness will collaborate with each CoC funded PSH Projects to ensure that HUD and CoC objectives are being met based on the rating criteria included in the HUD CoC Rating and Ranking tool and CoC identified priorities. If the CoC determines that a CoC funded program is not meeting the objectives/goals on the HUD CoC Rating and Ranking Tool, additional assistance will be given by members of the CoC Executive Committee. If these efforts are not successful, the Governance Board may recommend reallocation to the CoC for a vote. In addition, at the start of the CoC Competition, CoC funded programs will be asked if they desire to reallocate their projects and will solicit new projects highlighting the reallocation process. As all CoC Funded Projects provide permanent supportive housing, reallocation to provide programs that do not include more PSH in the CoC does not help achieve the goal of increasing the availability of PSH units in the CoC. Therefore, if a CoC funded Program that provides permanent supportive housing is determined to be in need of reallocation, the CoC Executive Committee will work with other CoC members to reallocate to another project that will provide at least the same level of housing as the project being reallocated. The Mid Shore Roundtable on Homelessness supports the Reallocation of funding from low performing projects to better meet the needs of the community. The Governance Charter is reviewed and approved at least annually by the Executive Committee with input from the general membership. As such the Reallocation process has been approved by the CoC. The CoC has reallocated funding in the past. No projects were deemed low performing during this competition and reallocation was not needed. The CoC will continue to look at the possibility of reallocation in future competitions.

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	No
4.	If you selected Yes for element 1 or element 2 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 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.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 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/07/2023
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	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.	09/25/2023
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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 V.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 was posted on your CoC’s website or partner’s website.	09/25/2023
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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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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.	Bowman Systems, LLC. - A WellSky Company
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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 V.B.3.a.	

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/07/2023
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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 V.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 HMIS comparable databases;
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2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2022 HMIS Data Standards; and
3.	state whether your CoC’s HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

Although MSCFV does not receive direct funding from the CoC, we request deidentified data from MSCFV to identify the prevalence of DV victims who are experiencing homelessness in the mid-shore region. Between July 2019 and June 2020, MSCFV served 440 victims of family violence and their 687 children. In FY2020, MSCFV provided 736 nights of temporary emergency shelter for 18 survivors and their 15 children. The wraparound services offered to these survivors include hotline calls, crisis counseling, safety planning, non-crisis counseling, information and referrals, follow up contacts, legal advocacy, legal information, medical or legal accompaniments, medical advocacy services, housing advocacy services, financial advocacy, public benefits advocacy, personal advocacy, translation services, and food services. The collection of this data allows the CoC to assess the needs as well as the gaps in services for DV victims in our communities. The CoC also tracks data on the DV history of participants served through programs administered by CoC partner providers. To ensure confidentiality of clients, MSCFV uses a comparable database to HMIS that collects their data due to VAWA restrictions. The safety and privacy of participants who have experienced DV is the primary concern of the CoC. The aggregate data from these assessments help identify the housing and other needs of victims and survivors. Our CoC is compliant with 2024 HMIS data standards.

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

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	78	0	78	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	20	0	20	100.00%
4. Rapid Re-Housing (RRH) beds	185	0	185	100.00%
5. Permanent Supportive Housing (PSH) beds	92	0	92	100.00%
6. Other Permanent Housing (OPH) beds	0	0	0	

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section V.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)

Our CoC HMIS bed coverage rate is above 85%.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	Yes
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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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2023 PIT count.	01/25/2023
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/27/2023
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:	
	1. engaged unaccompanied youth and youth serving organizations in your CoC’s most recent PIT count planning process;	
	2. worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC’s most recent PIT count planning process; and	
	3. included youth experiencing homelessness as counters during your CoC’s most recent unsheltered PIT count.	

(limit 2,500 characters)

Our entire CoC serves transitional aged youth, 18-24 years old. We have one emergency shelter in our region that is approved to allow minors to consent to shelter, which is His Hope Haven. His Hope Ministries is also the agency that houses our unaccompanied homeless youth program, has designated youth shelter beds, and is the one of the lead agencies for conducting our Youth REACH count. Our region conducts two separate counts: the PIT count and the Youth REACH count, which is a count of homeless youth. The definitions of youth homelessness differs from the standard homeless definitions, thus making having two counts more effective in accurately counting youth experiencing homelessness. Individuals under 18, who are unaccompanied, are not able to be included in our regular PIT count. Our CoC members identify homeless youth and immediately connect them to the unaccompanied homeless youth program, which helps tremendously in having this population counted in our PIT because youth coordinators are able to get in touch with them. School districts and local DSS offices have always been engaged in our PIT count, and they often encounter homeless youth compared to other agencies. There are youth with lived experience who are members of the CoC and employed with some of our partnering organizations. These individuals are instrumental in helping to identify where homeless youth may be during the count. Our CoC has found that many homeless youth are connected with one another for resources and peership. Our youth coordinators have these relationships with the youth in the community or are able to build a better rapport, which makes them significant assets in our PIT count. We are able to incentivize both youth coordinators and youth who participate in the count, which helps increase engagement.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.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 2022 and 2023, if applicable;	
	2. describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, 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 2023.	

(limit 2,500 characters)

Our CoC recognized a need for better data accuracy, accessibility, and data analysis for the PIT count. As a result, we implemented a methodology change to our sheltered and unsheltered PIT count in 2023 transitioning from a paper-based survey to a digital one, Qualtrics XM. This software platform allows us to preserve the original PIT survey questions our providers and partner agencies are familiar with. Several training sessions were organized for staff before PIT count day to learn the new digital survey and ensure the technology was used effectively. The digital version of the survey allows staff to use various means of collecting data such as smartphones, tablets, laptops, and QR codes. Survey administrators can access the survey at any time and from various locations including options to download the survey in the event a location has no internet access. Even though the CoC provided trainings for staff on the new methodology, there were still moments of technical difficulties during the collection of data. Qualtrics XM allows us to monitor progress during the count and make necessary adjustments in real-time. Compiling PIT data for reporting purposes was a challenge in previous years, but data analysis and compilation are more manageable and efficient with the digital survey. Our CoC was able to create reports from the PIT data organized by the counties in our jurisdiction so providers can have a visual representation of localized data and of our entire region. The county-specific reports are also a valuable tool for providers and agencies to share with stakeholders and local government officials. Based on the data collected from the reports our providers are developing action plans to increase access to the survey to ensure the count accurately reflects homelessness in our region. The PIT count survey is a standing item on our HSP/CE subcommittee meeting to ensure providers are able to communicate any questions or concerns with the new digital method.

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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 V.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)

The process of identifying risk factors is primarily the VI-SPDAT, which reviews the strengths and challenges of the participant. The assessment gives us a better picture of what services are most appropriate and will best meet the needs of the client. Shelters use the ACEs screening tool, which helps to identify trauma experienced by the client. The higher a score, the more incidents of trauma experienced. It is a way for case managers and staff to empathize with the client and implement trauma-informed services, which we believe to be a critical component of the work. During case management meetings with participants, staff are able to identify prominent exposures to individuals and families at risk of becoming homeless, such as utility debts or rental arrears. Due to budget billing, third party power providers and inefficient energy housing units, people accrue very large utility balances. If utilities are disconnected, people may be unable to stay in their housing. This large balance is an indication of a person becoming in danger of losing their housing. Through HSP homelessness prevention funds and community partnership, we have been able to address these balances and help participants with budgeting moving forward, which prevents first-time homelessness. With the end of eviction moratoriums and emergency funds, we continue to see an increase in large rental arrears, which is a clear risk factor of homelessness. Our CoC has worked diligently with other local programs such as The Salvation Army and The Good Neighbor Fund to link these individuals to funding streams to catchup on back balances. Our coordinated entry system quickly links people to these programs to avoid displacement. The CoC also participates in community outreach to make people aware of our services, because oftentimes people will approach us when it is too late, and we want to employ interventions as early as possible. We also work with legal services so that tenants are aware of their rights. Tenants must know their housing rights and we work to ensure our participants are fully informed. During the pandemic, providers partnered with local legal services, such as Mid Shore Pro Bono and Maryland Legal Aid to provide program participants with the best support available to maintain their housing. MSBH is the lead agency responsible for overseeing this strategy and making sure the CoC is constantly improving its services to reduce first-time homelessness.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

1.	natural disasters?	No
2.	having recently arrived in your CoCs' geographic area?	Yes

(limit 2,500 characters)

While the CoC cannot give numerical data as to who was classified as first-time homeless due to having recently moved into our CoC's geographic region, we are able to infer this has and is occurring. The CoC lead agency, as well as partner providers, have received numerous calls from individuals who inform us that they used to live outside of our jurisdiction and moved here essentially to homelessness. Specifically, from individuals and families on the Western Shore and few from the Lower Shore.

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section V.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)

Since the pandemic and overwhelming shortage of affordable rental units, the CoC had to employ innovative strategies to reduce the length of time individuals and families remain homeless. Through our coordinated entry assessments and intakes, we are able to identify and prioritize those who have had long periods of homelessness and get them quickly connected to our available housing programs. We are able to use the VI-SPDAT assessment as well as HMIS to identify those with the longest lengths of homelessness. With the implementation of HSP, ESG-CV, and ERAP, we can assist families with past arrears that may be interfering with their ability to access housing. Through collaboration with legal services, we are able to work with individuals who may have a criminal background that prevents them from obtaining housing. Providers work with clients to begin the expungement process of charges that are eligible. Additionally, we are working on expanding housing options through landlord engagements, which will include presentations of the programs and the supports participants will have throughout their transition into housing. This has proven extremely beneficial in building landlord relationships. We have created documents describing our housing programs specifically targeted to landlords. Any opportunity we are afforded, our CoC is pitching our program to property managers and landlords to form partnerships. Our homeless service providers also participate in outreach to current and new landlords to identify open units. We have created a spreadsheet for CoC members to use when they come across available units in our communities. Individuals and families identified as having the longest length of time in homelessness are connected with our PATH Outreach Workers to identify needs and evaluate eligibility for PSH and other permanent housing options. Then, or even prior to PATH connections, clients are connected to our coordinated entry worker to have an assessment completed. The entire CoC is responsible for reducing the length of time participants remain homeless. MSBH, the CoC lead agency, is responsible for the review of outcomes and development of coordinated entry.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing—CoC’s Strategy	
	NOFO Section V.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)

Our CoC aims to increase exits to permanent housing for all programs, as part of the goal is to stably house individuals and families. We do this by connecting people with services, such as case management, legal aid, financial literacy, mental health and/or substance use treatment, and employment. We have seen that these factors play a huge role in a person’s ability to maintain or obtain housing. Targeted case managers in the region are SOAR trained, so they work to quickly help participants apply for benefits in which they are eligible for. We also have a dedicated SOAR case specialist in the mid-shore region to provide assistance. Increased case management funds have allowed us to set up a comprehensive system, where multiple supports are in place to help participants exit to permanent housing. Providers work to make sure clients are connected to all possible community resources prior to housing and while housed if they so choose. Case managers and our CoC Housing Specialist educate individuals and families of their rights such as VAWA protections, lead based paint policies, non-discrimination laws and other safeguards which allow participants to feel protected. We are working with the local PHA to identify eligible people for the emergency housing vouchers. These individuals are also connected to case management services to assist them in locating the housing. This will result in availability of PSH units for those who have been literally homeless for longer periods of time. We will be able to cultivate and prioritize a cycle of housing stability and keep persons housed. Providers are sure to provide follow-up and case management after exits to permanent housing, depending on the level of need for that particular client. Our CoC Housing Specialist works closely with participants to promote self-determination and encourage self-sufficiency. The involvement of participants in the process is imperative to successful outcomes and retention of permanent housing, and overall stability. It also fosters a sense of empowerment and permits them to take control of their life, which is something they may not have had before experiencing homelessness. The entire CoC collaborates to ensure the success of permanent housing placements, however MSBH is the CoC lead agency responsible for oversight of these strategies.

2C-4.	Returns to Homelessness—CoC’s Strategy to Reduce Rate.	
	NOFO Section V.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)

Our CoC has been able to identify those who are chronically homeless through coordinated entry. As part of the screening and intake process, program participants confer their homeless status and whether or not they are returning to homelessness. We acknowledge that this population has a difficult time remaining housed due to a number of factors. Therefore, we work to coordinate care with more intensive services such as mobile treatment, crisis intervention, and ongoing case management for those who meet the definition of chronically homeless. Shelters work to identify any repeat guest(s) to the CoC, so that partners can discuss care and supports during case conferencing, schedule a VI-SPDAT to determine highest needs and prioritization, and put the appropriate services in place. During the intake process, a housing stability plan is created with the goal of a successful and sustainable exit to permanent housing, as well as any other goals participants may want to meet. The housing stability plan also assists case managers in identifying and proactively addressing barriers to entering and maintaining permanent housing. We also implement flexible and responsive guidelines for our RRH programs to allow for extended supports to individuals and families at risk for returning to homelessness. It is challenging for many of our participants who have been homeless for an extensive period of time to be a tenant and abide by "rules." Some often feel they have had parts of their independence taken away. However, we work with participants to inform them that the majority of those rules are in place to keep them and others safe. Providers administer tenant education classes for program participants to familiarize themselves with landlord expectations and learn tenant rights. The CoC partners with various agencies to facilitate coordinating job skills trainings and financial literacy courses across the CoC to assist participants in managing their money, as well as learn skills that are necessary for gainful employment. We partner with local banks to help participants set up checking and savings accounts to further help with the management of money. These banks offer Emergency Savings Accounts to program participants which eliminates account service fees and gives the participant a chance to build their life savings. All CoC members and partners play an important role in the implementation of these strategies, but MSBH is the lead agency responsible for oversight.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section V.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 employment 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)

All CoC programs, both CoC and ESG funded, work to help participants increase their employment income. Our homeless service providers can assess the education and literacy of participants, as well as their current income to identify possible pathways to employment or higher-paying employment. Providers have community partners come into their shelters and resource centers to teach financial literacy classes, give presentations on banking and savings, skills training, and any other skills needed to maximize cash income, which contributes to stabilizing housing. These services are brought directly to program participants to eliminate the transportation or childcare barriers to service. Partners are consistently seeking to fill positions within their organization, and we share that information via the roundtable distribution list and the MSBH e-newsletter. As mentioned, transportation is one of the biggest barriers to access that our region faces, which in turn makes maintaining a steady job that much more difficult for participants. We collaborate with the local transportation system to help facilitate scheduled rides for our participants so they can get to their work, job fairs, or any scheduled interviews. Also, as mentioned is the barrier of childcare. To reduce this barrier, our providers help participants engage with DSS respite services and local day care services to seek childcare. The CoC also partners with local resources such as Supported Employment, Workforce Investment Boards, DORs, and DLLR to arrange information sessions on their services. We have close partnerships with our local community college, where a variety of education and job training are held and open to the public. The college also hosts job fairs that participants can attend and network with various employers in the community. In addition, we continue to prioritize bringing more local employers to the Roundtable to spread knowledge of our programs and develop direct partnerships. We have had a successful year in developing relationships with new community programs that either seek to train individuals in certain trades or offer skills that lead to new job opportunities for our participants. The entire CoC works to increase job opportunities and employment income, however MSBH is the CoC lead agency responsible for oversight of these strategies.

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section V.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)

Our CoC recognizes that some participants are unable to sustain gainful employment, whether that is due to physical illness, mental illness, substance use issues, or any other life circumstances. Therefore, we are continuously improving strategies to help them increase their non-employment cash income. During the initial intake, we are able to see if participants are receiving any mainstream benefits and if they are not, we can determine if they may be eligible. We maintain strong partnerships with our local DSS offices to get individuals and families applying for benefits such as SSI/SSDI, TCA, TDAP, SNAP, unemployment benefits, and other state benefits. Our DSS offices are represented at our roundtable, where they provide partners with any updates on benefits and programs that our participants may be eligible for. We also have a SOAR case specialist at MSBH, who is a resource for the entire mid-shore region, and several other case managers have been SOAR trained as well to help participants gain access to SSI/SSDI benefits. It can be a cumbersome process so having help goes a long way for our participants. We work to ensure that providers are aware of the resources at their disposal by having presentations by DSS representatives and our SOAR case specialist at our Roundtable meetings throughout the year. All partnering agencies play a key role in the implementation of these strategies, while MSBH is the lead agency responsible for overseeing our CoC's 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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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 V.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?	No
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.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?	No
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.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
This list contains no items			

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.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 V.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)

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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 V.F.	

	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
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

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)

4A. DV Bonus Project Applicants for New DV Bonus Funding

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.I.	

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

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
 - . 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).
 - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	09/19/2023
1D-11a. Letter Signed by Working Group	Yes	Letter Signed by ...	09/21/2023
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	09/19/2023
1E-1. Web Posting of Local Competition Deadline	Yes	Local Competition...	09/22/2023
1E-2. Local Competition Scoring Tool	Yes	Roundtable Rating...	09/07/2023
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	09/21/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	FY2023 Rejected a...	09/07/2023
1E-5a. Notification of Projects Accepted	Yes	2023 Accepted Pro...	09/07/2023
1E-5b. Local Competition Selection Results	Yes	Final Project Sco...	09/19/2023
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		

1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	2023 HDX Competit...	09/19/2023
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Letter Signed by Working Group

Attachment Details

Document Description: Housing First Evaluation

Attachment Details

Document Description: Local Competition Deadline Web Post

Attachment Details

Document Description: Roundtable Rating and Ranking Tool 2023

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: FY2023 Rejected and Reduced Project Applications

Attachment Details

Document Description: 2023 Accepted Project Applications Notification

Attachment Details

Document Description: Final Project Scores for All Projects

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 2023 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	07/28/2023
1B. Inclusive Structure	09/25/2023
1C. Coordination and Engagement	09/25/2023
1D. Coordination and Engagement Cont'd	09/25/2023
1E. Project Review/Ranking	09/25/2023
2A. HMIS Implementation	09/25/2023
2B. Point-in-Time (PIT) Count	09/25/2023
2C. System Performance	09/25/2023
3A. Coordination with Housing and Healthcare	09/25/2023
3B. Rehabilitation/New Construction Costs	09/25/2023
3C. Serving Homeless Under Other Federal Statutes	09/25/2023

4A. DV Bonus Project Applicants	09/25/2023
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required



WES MOORE
Governor
ARUNA MILLER
Lt. Governor
JACOB R. DAY
Secretary
OWEN McEVOY
Deputy Secretary

September 20, 2023

Jazzmine Davis, CoC Lead
Mid-Shore Round Table on Homelessness – MD 511
Mid-Shore Mental Health Systems
28578 Mary's Court, Suite 1
Easton, MD 21601

RE: Homeless Families Assisted

Dear Ms. Davis:

I am pleased to submit this letter on behalf of the Maryland Department of Housing and Community Development's (DHCD) regional Public Housing Authority (PHA), supporting the Mid-Shore roundtable on homelessness.

DHCD serves as the regional PHA for parts of the Eastern Shore and Western Maryland and works in partnership with the U.S. Department of Veterans Affairs in providing permanent supportive housing to homeless Veterans. During the past fiscal year, from July 1, 2022, through June 30, 2023, there were over seventeen new admissions into DHCD's VASH programs. Additionally, DHCD, in partnership with the local Continuum of Care Providers, admitted over fifteen households into the Emergency Housing Voucher program (EHV); therefore, 36% percent of the Housing Choice Voucher program's new admissions were for homeless individuals.

During the 2021 Fiscal Year, the Voucher program did not implement a homeless preference; however, we did implement a special admission under the EHV program. Additionally, as of July 1, 2019, we added a new preference for Permanent Supportive Housing (PSH), under our "Move Up Initiative", for households living in PSH-funded units needing rental assistance but no longer requiring the level of services associated with PSH units. So, we recognize the need for housing assistance for homeless families and will continue to develop partnerships with supportive service agencies to assist eligible homeless households.

Don't hesitate to contact me if you need further assistance at 301.429.7759 or Gregory.Hare@Maryland.gov.

Sincerely,

Gregory Hare, Deputy Director

GH
Gregory Hare
Director, Community Development Administration
Maryland Department of Housing and Community Development





September 21, 2023

Jazzmine Davis, CoC Lead

Mid Shore Roundtable on Homelessness – MD 511

Mid Shore Behavioral Health, Inc.

RE: Working Group Letter

Dear Ms. Davis,

The Roundtable Executive Committee is writing this letter to show its support for the Mid Shore Roundtable on Homelessness' application for the FY2023. The Mid Shore Roundtable on Homelessness is dedicated to ending homelessness in its five-county region. The group is comprised of individuals with lived experience, community members, and community stakeholders to address barriers to housing.

As the overseers of the local Continuum of Care (CoC), who receive federal and state funding in response to homelessness in the mid-shore jurisdiction, we know that the demand for permanent supportive housing (PSH) outweighs the supply. This makes the continued funding granted by the NOFO critical in maintaining housing for those participants currently in the PSH programs. In maintaining CoC participants stability, the CoC is able to move them on and make space for other high need individuals and families experiencing homelessness.

The Roundtable Executive Committee strongly supports the CoC's efforts to secure continued and new funding for the mid-shore communities to increase PSH units, reduce lengths of time of homelessness, assist with quicker transitions from homelessness to permanent housing, and provide wraparound care to sustain housing. The CoC and the CoC Lead Agency has demonstrated much success with managing homeless programs that provide housing to the region's most vulnerable populations reinforce our confidence in their ability to have another successful fiscal year serving PSH eligible individuals and families.

Sincerely,

Roundtable Executive Committee Members

John McKin Esq — Ben Hoo

Mid Shore Roundtable on Homelessness - COC PROJECT APPLICATION EVALUATION CRITERIA 2023

Applications shall be evaluated by members of the Roundtable Executive Committee using the following criteria. Applications must pass threshold criteria to be included in the FY2023 NOFO submission. Once past threshold criteria the scoring will be used to determine how applications will be submitted in the CoC Priority Listing FY2023

Name of CoC Applicant: Mid Shore Behavioral Health, Inc.

CoC Project Application Title: MSBH Continuum of Care Housing Renewal 2023

	Threshold CRITERIA	Approval
1	Applicant has Active SAM Registration	Yes / No
2	Applicant has Valid UEI Number on Application	Yes / No
3	Applicant meets eligibility requirements of the CoC Program	Yes / No
4	Applicant has no delinquent federal debt	Yes / No
5	Applicant has no debarments and/or suspensions regarding federal funding	Yes / No
6	Submitted the required certifications as specified in the NOFO.	Yes / No
7	Population to be served meets eligibility requirements	Yes / No
8	Participates in or agrees to participate in HMIS	Yes / No
8	Project works to meet HUD Program Goals	Yes / No
9	Project works to meet HUD Fiscal Goals	Yes / No
10	Project is consistent with The State of Maryland’s Consolidated Plan	Yes / No
Project Approved to be Ranked (if accepted please move to the scoring section)		Yes / No

	EVALUATION CRITERIA	Scoring
1	Project has reasonable costs as assessed by CoC: Yes – 2 Higher – 1 No – 0 Application as documented secured match: Yes – 2 No – 0 Application is complete and meets CoC expectations: Yes – 2 Received Help - 1 No – 0 Applicant is an active CoC Participant that attends 75% of meetings: Yes – 2 Less than 75% but more than 45% - 1 No – 0 Applicant has documented organizational financial stability: Yes – 2 No - 0	10
2	Coordinated Entry participation – Compliance with CoC Prioritization Policy Applicant has been active in the Coordinated Entry Assessment Process: Yes – 5 Some – 3 None – 0 Applicant has taken all new entries from CoC wait list in the last 12 months: Yes – 5 Some – 3 None – 0 HMIS Projects: Capable of Coordinated Assessment Yes – 10 No – 0	8
3	This program will contribute to ending Chronic Homelessness & Evaluating Needs and Vulnerabilities: Project serves chronics @ 100% – 4 Project Serves more than 40% chronics – 3 Project Serves 20-39% chronics – 2 Project Serves 5-19% chronics – 1 Project Serves 1-4 % chronics – 0 Project Services Considers one or more of the following vulnerabilities for admission: One or more – 1pt None – 0 points Abuse/Victimization or a history of abuse Domestic Violence, Sexual Assault and Childhood Abuse Criminal Histories	4

	<p>Current or past substance Abuse Youth Homelessness Low or no Income</p> <p>HMIS Projects: All CoC/ESG Providers enter data including chronic homelessness – 5 75% of CoC/ESG Providers enter data, including chronic homelessness – 3 50% of CoC/ESG Providers enter data, including chronic homelessness – 1</p>	
4	<p>Project identifies barriers to participation faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken steps to eliminate identified barriers. Yes – 5 No – 0</p> <p>HMIS Projects: HMIS can produce reports that identify racial and ethnic disparities in homelessness – 5 HMIS can not produce reports that identify racial and ethnic disparities in homelessness - 0</p>	0
5	<p>This program will follow a “Housing First” & “Low Barrier” program model: Program allows entry of participants into program with no income – 5 Program allows entry of participants into program with \$185 income – 3 Program only allows entry of participants with SSI/SSDI benefits or earned income – 0</p> <p>Program does not mandate participation in service – 5 Program mandates participants participate in service – 0</p> <p>HMIS Projects: HMIS has functionality to run all required HUD Reports – 5 HMIS does not have functionality to run all required HUD Reports – 0 HMIS can produce un-duplication quality reports – 5 HMIS cannot produce un-duplication quality reports – 0</p>	10
6	<p>Participates in HMIS – entering client specific data on a timely basis so that quarterly/yearly reports can be run from HMIS and has high data quality: Data Quality 100% – 10 Data Quality 95% or above – 8 Data Quality 90% or above – 7 Data Quality 80% or above – 5 Data Quality 60% or above – 3 Data Quality below 60% – 0</p> <p>If the applicant is a Domestic Violence Provider, they are not required to enter data into HMIS, but must have a data generated from a comparable data base: Has a comparable database that is submitted to CoC monthly – 10 Has a comparable database that is submitted to CoC quarterly – 5 Has a comparable database that submits to CoC yearly – 3 Does not have a comparable data base – 0</p> <p>For new projects, has a plan to implement program data on HMIS: Solid Plan – 10 Plan Needs work – 5 No plan – 0</p> <p>HMIS Projects: HMIS has the ability to store detailed client-level data and run program reports – 10 HMIS does not have the ability to store detailed client-level data and run program reports - 0</p>	10
7	<p>Project meets or exceeds HUD Bed Utilization Rates of between 65 – 100%: 100% – 10 90 – 99% – 8 80 – 89% – 6 70 – 79% – 4</p>	10

	<p>69 – 65% – 2 Less than 65% – 0</p> <p>For new projects, has a plan to meet HUD Bed Utilization rates: Solid Plan – 10 Plan Needs work – 5 No plan – 0</p> <p>HMIS Projects: Cover entire CoC geographic area – 10 Does not cover entire CoC geographic area – 0</p>	
8	<p>Budget is complete and funding has been expended at a rate to minimize those funds recaptured by HUD:</p> <p>Existing Projects: Budget complete and spending is 100% of budgeted amount. – 10 Budget complete and Spending is over 90% of budgeted amt. – 8 Budget complete and Spending is 80% – 89% of budgeted amount – 6 Budget complete and Spending is less than 70 – 79% of budgeted amount – 4 Budget complete and Spending is less than 70% of budgeted amount – 2 Budget incomplete and/or spending is less than 65% of budgeted amount – 0</p> <p>New projects: Budget is complete and appropriate – 10 Budget needed assistance – 5 Budget incorrect or incomplete – 0</p>	8
9	<p>The application meets the HUD objectives of maintaining housing at 80%:</p> <p>Existing Projects: Housing Stability 100% – 10 Housing Stability 95 – 99% – 8 Housing Stability 90 – 94% – 6 Housing Stability 85 – 89% – 4 Housing Stability 80 – 84% – 2 Housing Stability less than 80% – 0</p> <p>New Projects : Has a detailed plan to meeting HUD objectives – 10 Has a plan to meet HUD objectives that needs work – 5 Does not have a plan to meet HUD objectives – 0</p> <p>HMIS Projects: Training provided to all new users – 5 Annual training provided – 5</p>	10
10	<p>The application meets the HUD objectives of obtaining & increasing income. If new, has a plan to address HUD objectives is in place:</p> <p>Existing Projects: Incomes of Adults is 100% – 10 Income of Adults is 90 – 99% – 8 Income of Adults is 80 – 89 – 7 Income of Adults is 70 – 79% – 5 Income of Adults is 60 – 69% – 3 Income of Adults is less than 60% – 0</p> <p>New Projects: Has a detailed plan to meeting HUD objectives – 10 Has a plan to meet HUD objectives that needs work – 5 Does not have a plan to meet HUD objectives – 0</p> <p>HMIS Projects: Used to complete CoC wide reporting requirements Point in Time – 2</p>	10

	Housing Inventory Chart – 2 Longitudinal Systems Analysis Report – 2 Annual Performance Measures – 2 Project Annual Performance Reports – 2	
11	The project completes draw downs of funds at least quarterly in eLOCCS Existing Projects: Draw Downs completed more than quarterly – 10 Draw Downs completed quarterly – 5 Draw Downs completed less than quarterly – 0 New Projects: Placement of this project above existing projects will result in the displacement of participants currently housed, therefore contributing to increased homeless – remove 10 pts.	10
Project Scoring Total:		<u>90</u> out of 100pts
	Comments:	

Mid Shore Roundtable on Homelessness

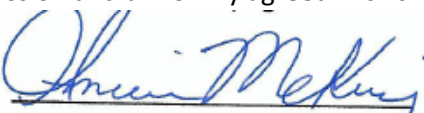

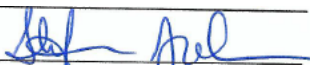
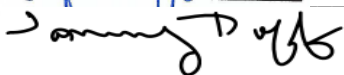


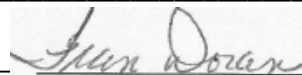
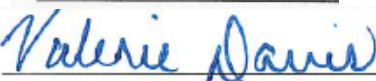


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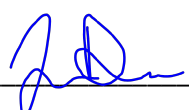
FY2023 NOFO Roundtable Rating and Ranking Meeting

Executive Committee Signature Page

All Roundtable Executive Committee members were present during the Roundtable rating and ranking meeting for FY2023's Notice of Funding Opportunity Competition, on Thursday, September 7th from 9:00AM – 11:00 AM. This meeting took place virtually via Go To Meeting. Each member actively participated in the discussion and uniformly agreed with the decisions included in CoC Evaluation Criteria form.

America McKinney:		DATE: <u>9/8/23</u>
Sabrina:		DATE: <u>9/10/23</u>
Stefanie Johnson:		DATE: <u>9/8/23</u>
Tammy Duff:		DATE: <u>9/10/23</u>
Bernie Vervin:		DATE: <u>9/7/23</u>
Ashley Kessinger:		DATE: <u>9.7.2023</u>
Fran Doran:		DATE: <u>9/8/23</u>
Valerie Davis:		DATE: <u>9/11/23</u>

By signature below, Jazzmine Davis, Roundtable Chair, who is responsible for the writing of the HUD 2023 CoC Application will post this notice along with the CoC Priority Listing on the Mid Shore Roundtable on Homelessness CoC Website (<https://www.midshorebehavioralhealth.org/continuum-of-care-housing-program>)

Jazzmine Davis:  DATE: 9.11.23

Mid Shore Roundtable
on Homelessness



Serving Caroline, Dorchester, Kent,
Queen Anne's and Talbot Counties

FY2023 NOFO Competition

Rejected or Reduced Projects 15-Day Notification Outside of e-snaps

All project applications received by the Roundtable on Homelessness for the FY2023 CoC NOFO Application were accepted, rated and ranked for inclusion in the CoC Project Priority Listing. Therefore, there was no communication to project applicants regarding rejected or reduced project applications

From: [Jazzmine Davis](#)
To: [Priya Arokiaswamy](#); [Mona Figueroa, M.A.](#)
Cc: [Ashley Kessinger](#)
Subject: 2023 CoC NOFO Project Application Status Notification
Date: Thursday, September 7, 2023 4:23:00 PM

Good afternoon all,

Congratulations, your BHA PSH Mid Shore FY2023 Project Application has been approved by the Roundtable's Executive Committee and will be ranked in the priority listing for the 2023 HUD Continuum of Care (CoC) NOFO Competition.

This project will be eligible to receive funds through the 2023 HUD CoC NOFO Competition. Final funding decisions and project awards will be determined by HUD after the submission of the full NOFO CoC Consolidated Application for the Mid-Shore Roundtable on Homelessness, which is due on Friday, September 28th, 2023 by 8:00pm EST.

If you have any questions about this process, please let me know.

Congratulations and the Roundtable thank you for your commitment to working towards ending homelessness on the mid-shore.

Jazzmine Davis, LMSW
Continuum of Care Manager
She/Her/Hers
Mid Shore Behavioral Health, Inc.
28578 Mary's Court, Suite 1
Easton, MD 21601
410-770-4801 ext. 305
Fax: 410-770-4809



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From: [Jazzmine Davis](#)
To: [Maria Daniels](#); [Tim Wright](#); [Kathryn Dilley](#); [Kelley Moran](#)
Cc: [Ashley Kessinger](#)
Subject: 2023 CoC NOFO Project Application Status Notification - Bonus
Date: Thursday, September 7, 2023 4:23:00 PM

Good afternoon all,

Congratulations, your MSBH Rural Chronic Homelessness FY2023 Project Application has been approved by the Roundtable's Executive Committee and will be ranked in the priority listing for the 2023 HUD Continuum of Care (CoC) NOFO Competition.

This project will be eligible to receive funds through the 2023 HUD CoC NOFO Competition. Final funding decisions and project awards will be determined by HUD after the submission of the full NOFO CoC Consolidated Application for the Mid-Shore Roundtable on Homelessness, which is due on Friday, September 28th, 2023 by 8:00pm EST.

If you have any questions about this process please let me know.

Congratulations and the Roundtable thank you for your commitment to working towards ending homelessness on the mid-shore.

Jazzmine Davis, LMSW
Continuum of Care Manager
She/Her/Hers
Mid Shore Behavioral Health, Inc.
28578 Mary's Court, Suite 1
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410-770-4801 ext. 305
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From: [Jazzmine Davis](#)
To: [Maria Daniels](#); [Kathryn Dilley](#); [Tim Wright](#); [Kelley Moran](#)
Cc: [Ashley Kessinger](#)
Subject: 2023 CoC NOFO Project Application Status Notification - CoC Housing
Date: Thursday, September 7, 2023 4:22:00 PM

Good afternoon all,

Congratulations, your MSBH Continuum of Care Housing Renewal FY2023 Project Application has been approved by the Roundtable's Executive Committee and will be ranked in the priority listing for the 2023 HUD Continuum of Care (CoC) NOFO Competition.

This project will be eligible to receive funds through the 2023 HUD CoC NOFO Competition. Final funding decisions and project awards will be determined by HUD after the submission of the full NOFO CoC Consolidated Application for the Mid-Shore Roundtable on Homelessness, which is due on Friday, September 28th, 2023 by 8:00pm EST.

If you have any questions about this process please let me know.

Congratulations and the Roundtable thank you for your commitment to working towards ending homelessness on the mid-shore.

Jazzmine Davis, LMSW
Continuum of Care Manager
She/Her/Hers
Mid Shore Behavioral Health, Inc.
28578 Mary's Court, Suite 1
Easton, MD 21601
410-770-4801 ext. 305
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From: [Jazzmine Davis](#)
To: [Maria Daniels](#); [Tim Wright](#); [Kathryn Dilley](#); [Kelley Moran](#)
Cc: [Ashley Kessinger](#)
Subject: 2023 CoC NOFO Project Application Status Notification - HMIS
Date: Thursday, September 7, 2023 4:22:00 PM

Good afternoon all,

Congratulations, your MSBH Homeless Management Information Systems Renewal FY2023 Project Application has been approved by the Roundtable's Executive Committee and will be ranked in the priority listing for the 2023 HUD Continuum of Care (CoC) NOFO Competition.

This project will be eligible to receive funds through the 2023 HUD CoC NOFO Competition. Final funding decisions and project awards will be determined by HUD after the submission of the full NOFO CoC Consolidated Application for the Mid-Shore Roundtable on Homelessness, which is due on Friday, September 28th, 2023 by 8:00pm EST.

If you have any questions about this process please let me know.

Congratulations and the Roundtable thank you for your commitment to working towards ending homelessness on the mid-shore.

Jazzmine Davis, LMSW
Continuum of Care Manager
She/Her/Hers
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410-770-4801 ext. 305
Fax: 410-770-4809



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From: [Jazzmine Davis](#)
To: [Maria Daniels](#); [Kathryn Dilley](#); [Kelley Moran](#); [Tim Wright](#)
Cc: [Ashley Kessinger](#)
Subject: 2023 CoC NOFO Project Application Status Notification - IHOP
Date: Thursday, September 7, 2023 4:22:00 PM

Good afternoon all,

Congratulations, your MSBH Independent Housing Opportunity Program FY2023 Project Application has been approved by the Roundtable's Executive Committee and will be ranked in the priority listing for the 2023 HUD Continuum of Care (CoC) NOFO Competition.

This project will be eligible to receive funds through the 2023 HUD CoC NOFO Competition. Final funding decisions and project awards will be determined by HUD after the submission of the full NOFO CoC Consolidated Application for the Mid-Shore Roundtable on Homelessness, which is due on Friday, September 28th, 2023 by 8:00pm EST.

If you have any questions about this process please let me know.

Congratulations and the Roundtable thank you for your commitment to working towards ending homelessness on the mid-shore.

Jazzmine Davis, LMSW
Continuum of Care Manager
She/Her/Hers
Mid Shore Behavioral Health, Inc.
28578 Mary's Court, Suite 1
Easton, MD 21601
410-770-4801 ext. 305
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From: [Jazzmine Davis](#)
To: [Maria Daniels](#); [Tim Wright](#); [Kelley Moran](#); [Kathryn Dilley](#)
Cc: [Ashley Kessinger](#)
Subject: 2023 CoC NOFO Project Application Status Notification - CoC Planning
Date: Thursday, September 7, 2023 4:22:00 PM

Good afternoon all,

Congratulations, your CoC Planning Project FY2023 Project Application has been approved by the Roundtable's Executive Committee and will be submitted with the 2023 HUD Continuum of Care (CoC) NOFO Competition.

This project will be eligible to receive funds through the 2023 HUD CoC NOFO Competition. Final funding decisions and project awards will be determined by HUD after the submission of the full NOFO CoC Consolidated Application for the Mid-Shore Roundtable on Homelessness, which is due on Friday, September 28th, 2023 by 8:00pm EST.

If you have any questions about this process please let me know.

Congratulations and the Roundtable thanks you for your commitment to working towards ending homelessness on the mid-shore.

Jazzmine Davis, LMSW
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Mid Shore Roundtable on Homelessness



FY2023 Notice of Funding Opportunity Continuum of Care Program Competition Project Applications Ratings and Rankings

MSMHS HMIS Renewal: 96 / 100 (ACCEPTED)

MSBH CoC Housing Program Renewal: 90 / 100 (ACCEPTED)

BHA CoC Housing Program Mid Shore: 87 / 100 (ACCEPTED)

MSBH Independent Housing Opportunity Program: 85 / 100 (ACCEPTED)

MSBH Rural Chronic Homelessness Bonus : 63 / 100 (ACCEPTED)

**Mid-Shore Roundtable on Homelessness CoC Ranking - 2023 NOFO Competition
Projects Approved and Ranked - 2023 NOFO**

Tier	Rank	Applicant Name	Project Name	Expiring Grant #	Project Type	Component Type	Amount Requested	Amount Ranked	Running Total
1	1	Mid Shore Behavioral Health	MSMHS HMIS Renewal	MD0170L3B112013	Renewal	HMIS	\$60,487.00	\$60,487.00	\$60,487.00
1	2	Mid Shore Behavioral Health	MSBH CoC Housing Program Renewal	MD0173L3B112013	Renewal	PH - TRA	\$225,421.00	\$225,421.00	\$285,908.00
1	3	Behavioral Health Administration	BHA CoC Housing Program Mid Shore	MD0174L3B112013	Renewal	PH - TRA	\$179,633.00	\$179,633.00	\$465,541.00
1/2	4	Mid Shore Behavioral Health	MSBH Independent Housing Opportunity Program	MD0171L3B112013	Renewal	PH - TRA	\$273,590.00	\$273,590.00	\$739,131.00
2	5	Mid Shore Behavioral Health	Rural Chronic Homelessness Bonus Project	N/A	NEW - CoC Bonus	PH - TRA	\$51,739.00	\$51,739.00	\$790,870.00

Tier 1 - \$149,046
Tier 2 - \$124,544

Projects Not Required to be Rated and Ranked - Will be included in NOFA Application

Mid Shore Behavioral Health	CoC Planning Project FY2022	Planning Grant	Planning	\$50,000	Planning grants are not required to be ranked in to tier 1 or tier 2 priority
-----------------------------	-----------------------------	----------------	----------	----------	-------------------------------------------------------------------------------

Tier 1 = Annual Renewal Amount (\$739,131) -7%(\$51,739)=\$687,392

Tier 2 = Remaining Annual Renewal Amount plus available bonus project funds = anything over \$687,392

Amount available with housing bonus and planning project \$840,870

2023 HDX Competition Report

PIT Count Data for MD-511 - Mid-Shore Regional CoC

Total Population PIT Count Data

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count	157	122	116	139
Emergency Shelter Total	106	89	79	127
Safe Haven Total	0	0	0	0
Transitional Housing Total	23	24	32	10
Total Sheltered Count	129	113	111	137
Total Unsheltered Count	28	9	5	2

Chronically Homeless PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	28	19	5	28
Sheltered Count of Chronically Homeless Persons	25	16	3	26
Unsheltered Count of Chronically Homeless Persons	3	3	2	2

2023 HDX Competition Report

PIT Count Data for MD-511 - Mid-Shore Regional CoC

Homeless Households with Children PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	30	21	26	32
Sheltered Count of Homeless Households with Children	25	21	25	32
Unsheltered Count of Homeless Households with Children	5	0	1	0

Homeless Veteran PIT Counts

	2011 PIT	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	1	6	4	0	1
Sheltered Count of Homeless Veterans	1	3	4	0	1
Unsheltered Count of Homeless Veterans	0	3	0	0	0

*For CoCs that did not conduct an unsheltered count in 2021, 2020 data were used.

2023 HDX Competition Report
HIC Data for MD-511 - Mid-Shore Regional CoC

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Current, Year-Round, HMIS Beds	Total Year-Round, Current, Non-VSP Beds*	HMIS Bed Coverage Rate for Year-Round Beds	Total Year-Round, Current VSP Beds in an HMIS Comparable Database	Total Year-Round, Current, VSP Beds**	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Current, Year-Round, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
ES Beds	78	78	78	100.00%	0	0	NA	78	100.00%
SH Beds	0	0	0	NA	0	0	NA	0	NA
TH Beds	20	20	20	100.00%	0	0	NA	20	100.00%
RRH Beds	185	175	185	94.59%	0	0	NA	175	94.59%
PSH Beds	92	92	92	100.00%	0	0	NA	92	100.00%
OPH Beds	3	3	3	100.00%	0	0	NA	3	100.00%
Total Beds	378	368	378	97.35%	0	0	NA	368	97.35%

2023 HDX Competition Report
HIC Data for MD-511 - Mid-Shore Regional CoC

2023 HDX Competition Report

HIC Data for MD-511 - Mid-Shore Regional CoC

Notes

*For OPH Beds, this does NOT include any beds that are Current, Non-VSP, Non-HMIS, and EHV-funded.

**For OPH Beds, this does NOT include any beds that are Current, VSP, Non-HMIS, and EHV-funded.

In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

In the HIC, Current beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2020 HIC	2021 HIC	2022 HIC	2023 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	2	2	2	2

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH units available to serve families on the HIC	21	15	19	33

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH beds available to serve all populations on the HIC	86	70	77	185

2023 HDX Competition Report
HIC Data for MD-511 - Mid-Shore Regional CoC

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Summary Report for MD-511 - Mid-Shore Regional CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Revised FY 2021	FY 2022	Submitted FY 2021	Revised FY 2021	FY 2022	Difference	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
1.1 Persons in ES and SH	356	372	84	98	158	60	40	53	85	32
1.2 Persons in ES, SH, and TH	371	387	114	130	199	69	51	55	90	35

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Revised FY 2021	FY 2022	Submitted FY 2021	Revised FY 2021	FY 2022	Difference	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	425	417	292	274	338	64	133	120	179	59
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	440	432	292	277	341	64	144	137	188	51

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY 2021	FY 2022	Revised FY 2021	FY 2022	% of Returns	Revised FY 2021	FY 2022	% of Returns	Revised FY 2021	FY 2022	% of Returns	FY 2022	% of Returns
Exit was from SO	25	23	0	0	0%	0	0	0%	4	1	4%	1	4%
Exit was from ES	178	153	11	22	14%	5	12	8%	7	22	14%	56	37%
Exit was from TH	9	0	0	0		0	0		0	0		0	
Exit was from SH	0	0	0	0		0	0		0	0		0	
Exit was from PH	148	137	4	2	1%	5	3	2%	8	5	4%	10	7%
TOTAL Returns to Homelessness	360	313	15	24	8%	10	15	5%	19	28	9%	67	21%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2021 PIT Count	January 2022 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	122	116	-6
Emergency Shelter Total	89	79	-10
Safe Haven Total	0	0	0
Transitional Housing Total	24	32	8
Total Sheltered Count	113	111	-2
Unsheltered Count	9	5	-4

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Unduplicated Total sheltered homeless persons	340	406	400	-6
Emergency Shelter Total	340	392	384	-8
Safe Haven Total	0	0	0	0
Transitional Housing Total	0	24	23	-1

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	59	72	74	2
Number of adults with increased earned income	1	5	4	-1
Percentage of adults who increased earned income	2%	7%	5%	-2%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	59	72	74	2
Number of adults with increased non-employment cash income	16	9	24	15
Percentage of adults who increased non-employment cash income	27%	13%	32%	19%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	59	72	74	2
Number of adults with increased total income	17	12	26	14
Percentage of adults who increased total income	29%	17%	35%	18%

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	6	6	20	14
Number of adults who exited with increased earned income	0	0	4	4
Percentage of adults who increased earned income	0%	0%	20%	20%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	6	6	20	14
Number of adults who exited with increased non-employment cash income	3	4	2	-2
Percentage of adults who increased non-employment cash income	50%	67%	10%	-57%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	6	6	20	14
Number of adults who exited with increased total income	3	4	6	2
Percentage of adults who increased total income	50%	67%	30%	-37%

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	272	320	307	-13
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	63	69	64	-5
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	209	251	243	-8

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	406	464	386	-78
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	115	114	98	-16
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	291	350	288	-62

2023 HDX Competition Report
FY2022 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2022 (Oct 1, 2021 - Sept 30, 2022) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Persons who exit Street Outreach	9	7	2	-5
Of persons above, those who exited to temporary & some institutional destinations	1	1	0	-1
Of the persons above, those who exited to permanent housing destinations	8	6	2	-4
% Successful exits	100%	100%	100%	0%

Metric 7b.1 – Change in exits to permanent housing destinations

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	345	366	219	-147
Of the persons above, those who exited to permanent housing destinations	219	233	106	-127
% Successful exits	63%	64%	48%	-16%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Persons in all PH projects except PH-RRH	96	98	93	-5
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	94	96	93	-3
% Successful exits/retention	98%	98%	100%	2%

2023 HDX Competition Report
FY2022 - SysPM Data Quality
MD-511 - Mid-Shore Regional CoC

	All ES, SH			All TH			All PSH, OPH			All RRH			All Street Outreach		
	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022
1. Number of non-DV Beds on HIC	80	73	61	23	24	42	100	109	109	86	70	77			
2. Number of HMIS Beds	80	73	61	23	24	42	100	109	109	82	60	76			
3. HMIS Participation Rate from HIC (%)	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	95.35	85.71	98.70			
4. Unduplicated Persons Served (HMIS)	304	393	393	12	27	28	113	107	100	315	354	263	41	25	15
5. Total Leavers (HMIS)	244	287	246	0	7	8	7	11	4	164	225	89	32	12	8
6. Destination of Don't Know, Refused, or Missing (HMIS)	13	35	28	0	2	0	0	0	0	8	2	4	0	5	0
7. Destination Error Rate (%)	5.33	12.20	11.38		28.57	0.00	0.00	0.00	0.00	4.88	0.89	4.49	0.00	41.67	0.00

2023 HDX Competition Report
FY2022 - SysPM Data Quality

2023 HDX Competition Report

Submission and Count Dates for MD-511 - Mid-Shore Regional CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2023 PIT Count	1/25/2023	

Report Submission Date in HDX

	Submitted On	Met Deadline
2023 PIT Count Submittal Date	4/27/2023	Yes
2023 HIC Count Submittal Date	4/27/2023	Yes
2022 System PM Submittal Date	2/27/2023	Yes